Transgender service in the U.S. military: A scoping review

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Background: U.S. policies on transgender military service have changed five times over nine years, amid litigation and public debate, affecting service members diagnosed with Gender Dysphoria or who have received gender-affirming care. Opposition has centered on concerns regarding healthcare costs, unit cohesion, and service member character. This scoping review synthesizes the existing literature to characterize the evidence on transgender service in the U.S. military and inform policy discussions.

Method: A systematic search of ten academic databases and six grey literature sources conducted between May and June 2025 identified 1713 records. Fifty-eight studies met the inclusion criteria and were analyzed following PRISMA-ScR guidelines, with attention to study characteristics and outcome domains.

Results: Most studies were quantitative and conducted during periods of open transgender service. First authors were primarily affiliated with civilian universities in disciplines including political science, law, and policy. Common outcome domains included transition-related healthcare access and utilization, mental and physical health, and perceptions of transgender personnel by others. Transgender service members were estimated to comprise ~0.7% of the force, are predominantly younger, junior enlisted, and more often trans women. Findings indicate fewer transgender members than estimated, minimal impact on deployment readiness, and no evidence of harm to unit cohesion. Supportive leadership and affirming environments were consistently associated with improved mental health outcomes.

Discussion: This scoping review found that evidence on transgender service is inconsistent with claims that these members compromise unit cohesion, impose disproportionate costs, or that access to gender-affirming care significantly affects readiness. These findings provide an empirically grounded basis for ongoing policy deliberations.

Keywords: Gender affirming care, mental health, military, policy, scoping review, transgender

Introduction

In recent years, shifting policies and increasing public debate have directly affected transgender individuals' integration within the United States (U.S.) military (Department of Defense, 2025a; Flink, 2023). As the inclusion of transgender individuals serving in their affirmed gender remains a topic of ongoing debate, it is crucial to explore what is currently known about this population. This includes understanding their demographics, access to healthcare, service experiences, acceptance within the military, effects on unit cohesion, and the overall impact on mission readiness.

A scoping review is warranted given the absence of comprehensive syntheses of research on transgender service members (SMs) in the U.S. military. The objective of this review is to map the breadth of existing scholarship, summarize what is currently known about transgender military personnel, and characterize the literature in terms of study design, author expertise, timing of studies, and identified gaps. This review is intended to serve as a foundation for future systematic reviews on more specific outcomes related to transgender military service (Munn et al., 2018). Guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR), this article systematically identifies and synthesizes the current evidence base (Tricco et al., 2018).

History of gendered policies and culture in the U.S. military

U.S. military policy has been explicitly shaped by gender since 1792, when the Militia Act mandated conscription of White male citizens aged 18 to 45 (U.S. Congress, 1792). Women contributed in support roles but were excluded from official service for over 150 years (Department of Veterans Affairs, 2011). Some women disguised themselves as men to serve in combat, though historians generally do not classify these individuals as transgender (Department of Veterans Affairs, 2011). Cisgender women participated unofficially or temporarily as early as the Revolutionary War, with a formal shift occurring after the 1948 Women's Armed Services Integration Act, which granted women permanent military status (U.S. Congress, 1948; USO, 2023). Over subsequent decades, their roles expanded to include competition for direct combat positions

beginning in 2016 (King & DiNitto, 2019; MacKenzie, 2012). Despite these advances, integration and equal opportunity for female service members remain contested (Baldor, 2024; Ismay, 2025).

The military continues to reinforce a binary gender framework through dress codes, grooming standards, and gendered salutations (Department of the Air Force, 2024; Department of the Army, 2021; Department of the Navy, 2021). Physical fitness assessments are generally gender-normed, although recent policy now requires men and women to meet identical standards in certain combat roles (Department of the Air Force, 2021; Department of the Army, 2022; Department of the Navy, 2025; Schmitt, 2025).

Transgender individuals typically align their presentation with conventional male or female norms (Herman et al., 2022). Non-binary identities also exist, as documented by Fram and Sheridan (2025), though institutional recognition is limited, and the use of gender-neutral pronouns remains nascent within the military.

History of transgender service and policies in the U.S. military

The first documented American military member likely recognized today as transgender was Private Albert D. J. Cashier, who enlisted in Illinois' Ninety-Fifth Volunteer Infantry in 1862. In 1911, a medical exam revealed Cashier's sex assigned at birth, yet he was buried in his military uniform with full honors (Gallagher, 2022). Today, military entrance exams include comprehensive medical evaluations, including an external genital exam (United States Military Entrance Processing Command, n.d.).

For much of U.S. military history, transgender identity was pathologized as "sexual perversion," most notably interpreted as such under President Eisenhower's Executive Order 10450 (Office of the Federal Register & National Archives and Records Administration, 1953). Public attention intensified in the 1950s following the case of Christine Jorgensen, a former U.S. Army soldier, during a period when U.S. "mayhem

laws" were interpreted to restrict gender-affirming surgeries due to concerns about bodily integrity and military fitness (Meyerowitz, 2002). Consequently, transgender service members faced decades of administrative separation, justified through evolving psychiatric classifications in the DSM-III ("Transsexualism"), DSM-IV ("Gender Identity Disorder"), and DSM-5 ("Gender Dysphoria") (American Psychiatric Association, 1980, 1994, 2013). Accordingly, transgender SMs were barred from serving openly and were not afforded gender-affirming care.

In 2016, the Department of Defense lifted the ban, allowing open service for those who met medical standards, and began providing transition-related care (Rizzo & Cohen, 2016). This was accompanied by an implementation handbook outlining policies, medical guidance, and leadership responsibilities (Department of Defense, 2016a). Defense Secretary Ashton Carter stated, "This is the right thing to do…We can't allow barriers unrelated to a person's qualifications" (Department of Defense, 2016b).

In 2017, President Trump reinstated the ban, citing medical costs and unit cohesion concerns (Davis & Cooper, 2017; Trump, 2017). Legal challenges led to preliminary injunctions delaying implementation until the Supreme Court confirmed presidential authority in 2019 (Liptak, 2019). Exceptions allowed those diagnosed by a military medical provider before April 12, 2019, to serve in their affirmed gender and access gender-affirming care (Department of Defense, 2019).

In 2021, the Biden administration changed the policy. Accession standards allowed transgender individuals to serve, however those with symptoms of Gender Dysphoria within the previous 18 months, or a diagnosis of Gender Dysphoria *and* comorbid mental health disorders were not permitted. Under this Biden policy, retention standards allowed continued service of transgender members, provided they met all medical and fitness standards (Department of Defense, 2021, 2022b; Office of the Federal Register & National Archives and Records Administration, 2021). In 2025, the second Trump administration renewed the ban on accession of transgender individuals, this time also requiring administrative separation of actively-serving transgender personnel, stating: "Adoption of a gender identity inconsistent with an individual's sex conflicts with a soldier's commitment…A man's assertion that he is a woman…is not consistent with the

humility and selflessness required of a service member" (Office of the Federal Register & National Archives and Records Administration, 2025).

Scoping approach

This review addresses the broad question: What characterizes research on transgender service in the U.S. military?, with special attention to study types, outcomes, thematic findings, disciplines, institutions, and gaps for future inquiry. A scoping review is appropriate given the heterogeneity of methods and outcomes in this literature (Tricco et al., 2018). Following the PRISMA-ScR framework, this review maps extant studies, highlights key findings, and identifies knowledge gaps. Synthesizing the current landscape of research can inform military leadership, policymakers, researchers, and the public regarding military policy and healthcare for transgender SMs.

Methods

Inclusion and exclusion criteria

Inclusion criteria required studies to report on transgender SMs in the U.S. military (Active Duty, National Guard, or Reserve; any branch), present novel empirical data (either quantitative or qualitative), and be available in English, with no date restrictions. Exclusions applied to studies that did not include data related to transgender SMs during service, lacked empirical data, or were not in English. These criteria enabled thorough mapping of existing research while maintaining the focus of the broad scoping research question.

Study selection

To identify relevant studies, the authors searched LGBT+ Source, Military & Government Collection, PsycINFO, CINAHL, SocINDEX with Fulltext, Academic Search Premier, PubMed, Dissertations and Theses, ProQuest One Academic, and

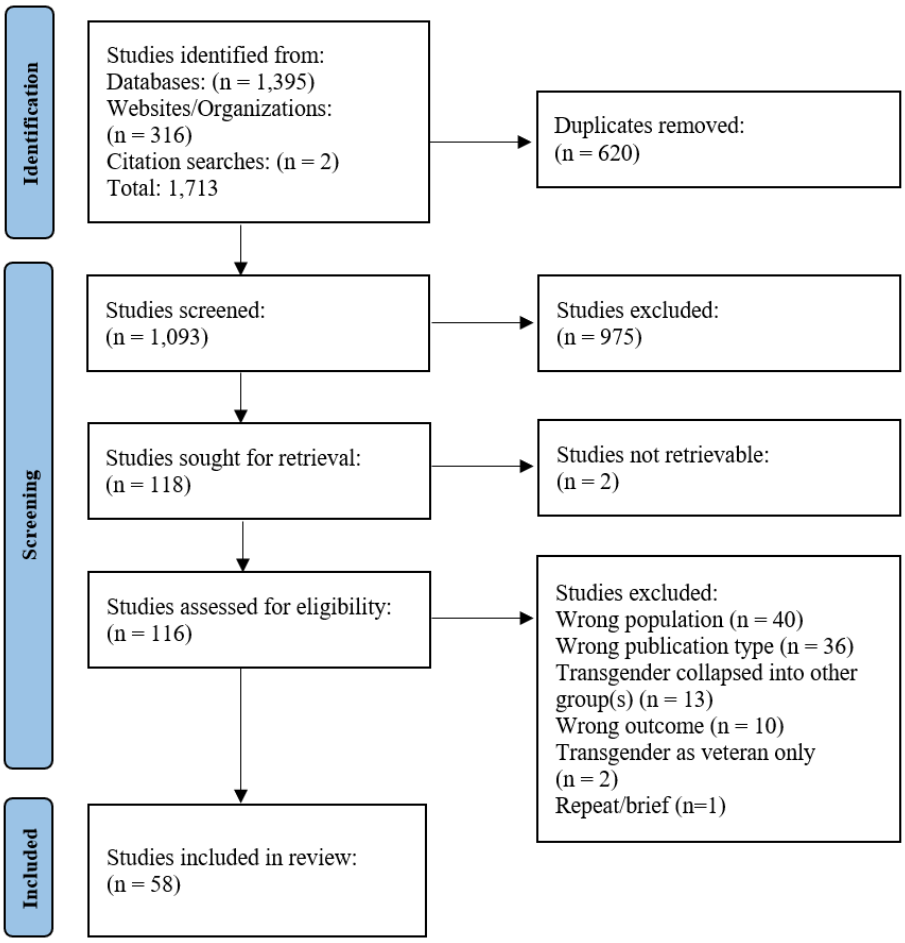
GenderWatch, supplemented by grey literature sources (Google Scholar, Google [.gov/.mil], Science.gov, Think Tank Search, RAND.org, The Palm Center). Searches were drafted by an experienced librarian (Ms. Susie Skarl), refined through team discussion, exported to Rayyan for deduplication (Ouzzani et al., 2016), and supplemented by reference list screening. Database searches occurred from May to June 2025 using Boolean keyword combinations (Table 1) applied across title, abstract, and summary fields as appropriate for each database. Of note, this scoping review uses the term “transgender” throughout, in place of the shortened “trans,” to align with terminology used by the Department of Defense.

Table 1. Search terms.

Concept	Search terms
Transgender	transgender OR transsexual OR “gender non*” OR “gender diverse” OR “gender expansive” OR LGBT OR queer OR intersex
Military service	military OR “armed forces” OR navy OR “air force” OR army OR marine* OR “coast guard” OR “space force”

To enhance reviewer consistency, KM, SS, and SSe screened an initial 50 publications, refined the screening and extraction protocol, and then screened all titles and abstracts (n = 1,093). KM reviewed all articles, and full-text review was conducted on 128 publications, with 58 ultimately included. Disagreements were resolved by consensus (Figure 1). Notably, the “Mattis report” (Secretary of Defense, 2018) and blog-type opinion pieces (Spoehr, 2020) were excluded for lacking new, empirical findings.

Figure 1. Flowchart of study selection.



Data extraction

Data extraction and outcome categorization were developed iteratively. KM drafted the extraction form and preliminary outcome themes; team members independently extracted data from assigned articles, discussed, and revised the form. After eight articles, the extraction table was finalized, with four authors extracting from 14 articles and KM verifying all 58. Outcome domains were agreed upon by all authors. Consistent with scoping review guidance, no assessment of evidence "weight" (i.e. study quality or risk of bias) was conducted (Arksey & O'Malley, 2005; Pollock et al., 2023).

Author positionality

Three authors served as commissioned officers in the U.S. military, two in the Army and one in the Air Force, and a fourth author is the spouse of a U.S. Naval officer. A fifth author has a family member who served a single tour in the U.S. Army in the mid-twentieth century. Two authors identify as transgender and transitioned after separating from military service. To mitigate potential bias, this scoping review adhered to strictly-defined inclusion and exclusion criteria and followed PRISMA-ScR guidelines (Tricco et al., 2018). Study selection and data extraction focused on documented study characteristics and findings rather than author interpretations or policy recommendations. The authors remained agnostic to study outcomes during screening and inclusion, and no studies were excluded on the basis of their conclusions.

Results

Of the 58 included articles, 38 (66%) were peer-reviewed, 11 (19%) were non-peer-reviewed reports, and 9 (16%) were doctoral dissertations. Data were primarily collected between 01 July 2016 and 11 April 2019, using quantitative methods during open transgender service. Political science/policy/law were the most common fields of study for first authors, with civilian universities as the most frequent institutional affiliation (see Table 2). Several journals published multiple articles: five in *Armed Forces & Society*; three each in *Transgender Health*, *Journal of Traumatic Stress*, and *Sexuality Research and Social Policy*; two each in *LGBT Health*, *Military Medicine*, and *Journal of Homosexuality*; all others published only one study.

Table 2. Study Characteristics, n=58

Study Characteristic		n (%)
Study methodology	Quantitative	28 (48)
	Qualitative	11 (19)
	Mixed methods	9 (16)
	Case study	5 (9)
	Predictive	5 (9)

Source type	Peer-reviewed article	38 (66)
	Non-peer-reviewed report	11 (19)
	Doctoral dissertation	9 (16)
First author's field of study	Political Science/Policy/Law	13 (22)
	Psychology	10 (17)
	Sociology/Gender Studies	9 (16)
	Social Work	8 (14)
	Business/Management/Leadership	5 (9)
	Pediatrics/Adolescent Medicine	3 (5)
	Public Health	3 (5)
	Psychiatry	2 (3)
	Medicine, unspecified	2 (3)
	Urology	1 (2)
	Nursing	1 (2)
	Family Medicine	1 (2)
First author's institutional affiliation	Civilian university	29 (50)
	Military academy	11 (19)
	Military hospital	7 (12)
	Non-profit research institute	7 (12)
	VA/US Government	4 (7)
Time periods of data collection [chronological order]	Pre-DADT*: Before 02/28/94	3 (5)
	During DADT: 02/28/94-09/19/11	3 (5)
	Post-DADT: 09/20/11-06/30/16	19 (33)
	Open trans service 1 of 2: 07/01/16-04/11/19	25 (43)
	Trans "ban": 04/12/19-01/25/21	11 (19)
	Open trans service 2 of 2: 01/26/21-01/19/25	6 (10)

Military branches represented in studies	Army	44 (76)
	Air Force	42 (72)
	Navy	39 (67)
	Marines	34 (59)
	Coast Guard	15 (26)
	[Not specified]	10 (17)
	Space Force	1 (2)
Military components represented in studies	Active Duty	49
	Reserve	15
	Guard	16
	Academy/ROTC	6
	[Not specified]	5
Study outcome domains	Transition-related healthcare access and utilization	22 (38)
	Mental and physical health	22 (38)
	Perception of TG personnel by others	20 (34)
	Workplace climate for TG inclusion	17 (29)
	Disclosure of gender identity	16 (28)
	Abuse and discrimination	15 (26)
	Demographic characteristics	11 (19)
	Estimations about TG personnel	8 (14)
	Social Support	7 (12)

Notes:

- First authors with multiple included studies are tallied based on the number of studies they first authored.
- Totals exceed 58 when multiple characteristics were present within single studies.
- *DADT: Don't Ask, Don't Tell; DADT was used as a milestone to mark episodes of inclusion/exclusion for the broader non-cisgender and non-heterosexual communities, with awareness that gender identity was not addressed under DADT or the DADT repeal.

Most studies included participants from multiple branches, with Active Duty most represented, though Reserve, National Guard, Military Academies, and ROTC members were also represented. Seventy-three percent (41 studies) intentionally sampled transgender participants, and 70% (39 studies) sampled exclusively active personnel, with the remainder including veterans, mixed samples, or civilians. The most common outcome domains were transition-related healthcare access and utilization, mental and physical health, and perceptions of transgender personnel (see Table 2). All sample sizes, aims, key findings, and implications are summarized in Table 3, and findings are discussed by frequency of outcome domain.

Table 3. Study Sample Sizes, Aims, Key Findings, and Implications

	Author, Year Published (chronological order)	**Title**	**Sample Size** Total sample (TG personnel)	**Aims**	**Key Findings Related to TG Service in the U.S. Military**	**Implications and Recommendations**
1	Jones et al., 1984	Sexual reassignment surgery and the military: Case reports	6 (3)	To examine military units' reactions and concerns about individuals who have requested or undergone sex reassignment surgery.	The Army primarily excludes transsexuals from service based on beliefs that they are sexual deviants and that their inclusion would harm unit morale. Even with satisfactory performance and a desire to continue serving, military leaders often separate transsexuals due to unclear regulations and administrative burdens like name changes.	Sexual deviants and variants should be excluded from military service mainly due to the presence of adverse attitudes against these individuals.
2	Clements & Wicks, 1987	Transsexualism and flight safety	(1)	Review of historical and psychiatric aspects of transsexualism, focusing on a male-to-female TG individual, highlighting flight safety concerns related to hormonal, surgical, and psychiatric treatments.	Though the transsexual tends to have more episodes of anxiety and depression than the norm, through practitioner awareness and rapport with the patient, the transsexual need not be considered unsafe to fly.	Constant supervision, support, and follow-up of the transsexual aircrew member will encourage them to avail him/herself of medical support and assist in continued safe flight activities.
3	Brown, 1988	Transsexuals in the military: Flight into hypermasculinity	11 (8)	To explore why the prevalence of transsexualism in the US military may be greater than among the civilian population.	Transsexualism may be more prevalent in the military than in the civilian population, possibly due to a hypermasculine military culture, policies reinforcing masculinity and heterosexuality, or non-gender-related reasons. Transsexual SMs are commonly diagnosed with a personality disorder and administratively discharged as "unadaptable to military service."	Further study is needed on the prevalence of gender disorders in the military, especially among active duty personnel, to inform optimal mental health care. While data on male Gender Dysphoria are limited, no information exists on women with gender disorders in military careers.

4	Harrison-Quintana & Herman, 2013	Still serving in silence: Transgender service members and veterans in the national transgender discrimination survey	(1,261)	To describe TG soldiers and veterans, their military experiences, and reported challenges with identity documents, military healthcare access, and discrimination.	Military TG respondents were more often White (82% vs. 75%) and assigned male at birth (68% vs. 41%) compared to nonmilitary TG respondents. They were more likely to transition later in life, with half transitioning after 45, and were less likely to be out about their gender identity (48% vs. 39%). 9% reported discharge for being TG or gender nonconforming, and qualitative responses described denied promotions, forced exits, harassment, and sexual assault.	While the Veterans Health Administration has started addressing TG veterans' healthcare, further military policy changes are needed to allow TG individuals to serve openly and with honor.
5	Gates & Herman, 2014	Transgender military service in the United States	n/a*	Uses multiple data sources to estimate how many TG individuals have served in the U.S. armed forces.	About 8,800 TG individuals are on active duty (7,300 male-assigned at birth, 1,500 female-assigned), and 6,700 serve in the Guard or Reserve (5,300 male-assigned, 1,400 female-assigned). TG people are overrepresented in the U.S. military.	None stated
6	Belkin, 2015	Caring for our transgender troops: The negligible cost of transition-related care	n/a*	To analyze the cost that the military will incur by providing transition-related care.	Providing transition-related care to the estimated188 SMs who require it would cost about $5.6 million annually—$438 per TG member, or 22 cents per SM per month. Denying care carries potential medical and psychological costs. Overall, the financial impact is negligible due to the small number treated and potential cost savings.	Data do not support an argument against TG military service that is based on cost.
7	Dietert & Dentice, 2015	The transgender military experience: Their battle for workplace rights	11 (9)	To explore why TG AD SMs join the military, how they navigate gender expectations, the impact of DADT repeal, and the discriminatory practices affecting their service.	This study highlights discriminatory practices faced by TG SMs. Participants joined for the same reasons as non-TG members (e.g. travel, skill-building, and stable income) but experiences varied based on chain-of-command acceptance. Fear of disclosure depended on the audience, with members often gauging a coworker's "vibe" before revealing their gender identity.	Education is key to overcoming bias and discrimination against TG SMs. Correcting policies will require coordinated advocacy by TG activists, medical experts, and military allies. Recruitment and retention policies that restrict TG individuals must be removed, and the U.S. military can learn from international models that allow TG personnel to serve openly.
8	Levy et al., 2015	Purple in a black and white world: Self-determination theory and transgender military service	(14)	To explore the psychology of TG SMs across active duty, guard, and reserve components using grounded theory.	TG SMs have basic needs for autonomy, competence, and relatedness (like all human beings). While they seek the same opportunities as non-TG peers, meeting relatedness and autonomy needs is often difficult because they must conceal their TG identity. Privacy and free expression are more temporarily restricted for reservists and guardsmen than for active duty members.	Although the military still treats gender as a rigid binary, medical and societal understanding shows it is far more complex. Until policy and mindset change, serving as a TG individual remains a choice to be purple in a black-and-white world.
9	Parco et al., 2015	Transgender military personnel in the post-DADT repeal era: A phenomenological study	(14)	To explore core aspects of TG SMs' experiences, providing a baseline for future research in the post-DADT era.	TG SMs often felt isolated and had to hide their gender identity, gaining identity clarity only after joining. Many relied on personal or clandestine support for medical and mental health needs. Leadership dilemmas arose when commanders balanced policy enforcement with	The study highlights the need for early intervention, accessible medical and mental health support, and training for commanders on inclusive leadership. These steps could reduce dysphoria, improve well-being, and strengthen unit cohesion. The findings also

					supporting TG SMs.	underscore the importance of ongoing scholarly research to inform policies supporting full inclusion of TG SMs in the U.S. military.
10	Ender et al. 2016	Cadet and civilian undergraduate attitudes toward transgender people	480 (0)	To explore military academy, ROTC, and civilian undergraduate attitudes toward TG people in the larger society, in the workplace, and in the military.	Military academy cadets were the least supportive of TG people serving in the military, with 46% supporting a ban, compared to 24% of ROTC cadets and 17% of civilian undergraduates. Attitudinal differences among academy cadets and their peers in ROTC programs or civilian schools are largely an artifact of other social characteristics such as religious affiliation, sex, and political leanings; being Christian, male, and politically conservative increased the risk of intolerance of TG service.	The military environment, largely Chrstian, male, and politically conservative, may be an especially challenging workplace for TG individuals.
11	James et al., 2016	The report of the 2015 U.S. transgender survey	27,715 (~693)	To examine TG people's experiences across education, employment, family life, health, housing, and interactions with the criminal justice system.	18% of respondents had served in the military. Among current SMs whose leadership knew or suspected they were TG, 23% reported actions to discharge them. 60% of those who left in the past 10 years said they might return if the ban were lifted. Over half of current SMs reported that no one else knew or suspected they were TG. 19% of those who separated 10+ years ago said they were discharged partly or entirely due to their TG status, and 19% left to avoid mistreatment or harassment. 15% were veterans, compared to 8% in the U.S. population.	Results indicate lifting the ban on TG service and implementing new policies could lead to a substantial number of current and former SMs continuing or resuming their military service.
12	Hill et al., 2016	Fit to serve? Exploring mental and physical health and well-being among transgender active-duty service members and veterans in the U.S. military	106 (55)	To examine the military histories, lifetime health diagnoses, and transition-related healthcare of TG ADSMs and veterans.	A majority of ADSMs were out to immediate family (72%) and nonmilitary friends (69%), but fewer were out to military peers (16%), the whole military unit (8%), commanding officers (8%), or other personnel (6%). 38% reported moderate to strong family support. 48% were on HRT, 4% had GRS, and 54% intended to have GRS. Lifetime diagnoses included depression (40%), anxiety (18%), PTSD (15%), substance abuse (2%), knee problems (24%), and back problems (16%). HRT use was negatively correlated with being out to the whole unit or commanding officer, while being out to within-unit friends was linked to being out more broadly. Family support was associated with being out in the military.	Findings indicate that more research on TG ADSMs is needed to counter assumptions that poor mental or physical health justifies excluding TG individuals from military service.
13	Lindsay et al., 2016	Mental health of transgender veterans of the Iraq and Afghanistan conflicts who experienced military	(336)	To examine the prevalence of mental health conditions among TG veterans of the Iraq and Afghanistan conflicts who experienced military	15% of the sample screened positive for MST (20% of trans men, 14% of trans women). MST was significantly linked to mental health conditions for both trans men and women. Among trans men, MST	Providers should recognize that victimization, not TG status, drives psychosocial outcomes. Medical forms, especially at the VHA, should record both gender identity and biological sex. MST treatment

		sexual trauma		sexual trauma (MST).	increased the likelihood of PTSD and personality disorders, while among trans women, it was associated with higher odds of depressive disorder, bipolar disorder, PTSD, and personality disorders.	should be culturally competent, and existing evidence-based MST treatments should be validated for TG populations.
14	Schaefer et al., 2016	Assessing the implications of allowing transgender personnel to serve openly	n/a*	At the request of the Office of the Under Secretary of Defense for Personnel and Readiness, the study aimed to: (1) identify TG SMs' healthcare needs, (2) assess readiness implications of open service, and (3) review foreign militaries' experiences with open TG service.	The impact on readiness is expected to be negligible. Because so few TG SMs seek transition-related care, policy changes would affect less than 0.0015% of total labor-years and have only a minimal effect on costs or force readiness.	Ensure strong leadership support, establish a clear written gender transition policy, provide integrated TG and diversity training for all personnel, enforce an anti-harassment policy covering TG personnel, make subject-matter experts available to commanders, and highlight the benefits of an inclusive, diverse workforce.
15	Belkin et al., 2017	Discharging transgender troops would cost $960 million	n/a*	To identify costs associated with discharging TG personnel from the armed forces.	Implementing President Trump's TG service ban would cost over 100 times more than providing TG SM healthcare ($960 million versus ≤$8.4 million annually) largely due to recruitment and training costs.	Data do not support a ban on TG service, as the financial analysis shows it is more cost-effective to retain TG SMs than to discharge them.
16	Bridges, 2017	Army ROTC cadets' views of LGBT people	89 (0)	To examine how Army ROTC cadets at religious versus non-religious institutions view LGBT individuals.	Army ROTC cadets at religious schools hold more negative views of LGBT individuals and are less comfortable with TG people than those at non-religious schools. Religious school attendance also predicts stronger beliefs that TG identity is a choice.	Future research could enhance inclusion and support for LGBT individuals across campuses and military branches. Studies are also needed to assess the effectiveness of LGBT inclusion training in religious schools and its impact on students' views.
17	Ender et al., 2017	Dinner and a conversation: Transgender integration at West Point and beyond	110 (0)	To gather cadets' and military members' perspectives on TG identities, assess their personal connections with TG individuals and communities, and identify perceived concerns and solutions for open TG service at West Point and in the Army.	Cadets and officers were generally open to working with TG SMs, reflecting the military's pragmatic "let's just get on with it" mindset. However, some held misunderstandings or transphobic beliefs.	Some cisgender SMs need education to correct misinformation and ease discomfort with TG people. Rather than traditional training, programs should include context, history, and human experience, paired with skills-based learning. Opportunities for "tourists" to learn from "cosmopolitans" can foster understanding and unit cohesion.
18	Schvey et al., 2017	Military family physicians' readiness for treating patients with Gender Dysphoria	180 (0)	To identify the readiness of military physicians to treat patients with Gender Dysphoria.	37% percent had cared for a patient with Gender Dysphoria. 95% percent had received ≤ 3 hours of training on TG care during their training; 74% had not received any training. 87% reported they had not received sufficient education to provide cross-hormone therapy for patients ready for gender transition; 53% reported they would not prescribe cross-sex hormones to an adult patient even if provided with additional education or the direct assistance of an experienced clinician due to ethical concerns and/or lack of comfort. 76% felt they could provide "nonjudgmental" care. Half agreed exposure to openly TG SMs would increase their comfort	It will be vital to augment training of primary care physicians to ensure skill and sensitivity in treating military patients with Gender Dysphoria.

					level.	
19	Davis et al., 2017	2016 Workplace and Gender Relations Survey of Active Duty Members	735,329 (~7,353)	To evaluate the gender relations environment across the Services.	<1% of DoD women and DoD men indicated they identified as TG. The vast majority of women (95%) and men (93%) indicated they are not TG.	None stated
20	Belkin & Mazur, 2018	Department of Defense issues first-ever official count of active duty transgender service members	n/a*	To estimate the number of TG SMs using data derived from the DoD's internal survey.	Based on Pentagon data, ~14,700 TG SMs currently serve (~9,000 in the Active Component and ~5,700 in the Selected Reserve). 22% are TG men and 78% are TG women. TG troops represent ~0.7% of the total military.	Military leaders, politicians, journalists and advocates should cite 14,700 as the number of currently serving transgender troops.
21	Beckman et al., 2018	Military sexual assault in transgender veterans: Results from a nationwide survey.	(221)	To examine the prevalence of and gain insight into Military Sexual Assault (MSA) among TG veterans.	17% of respondents reported MSA, including 30% of TG men (who served as women) and 15% of TG women (who served as men). MSA was linked to prior adult sexual assault and minority stress, and associated with current PTSD, depression, and drug use.	There is a critical need to improve safety and prevent sexual assault among TG SMs. Future research should examine links between childhood, civilian, and military assault in representative and TG veteran samples. Prevention efforts should include gender-identity awareness programs to reduce discrimination and harassment. Studies should also assess the acceptability and effectiveness of PTSD and depression treatments for TG veterans.
22	Meadows et al., 2018	2015 Department of Defense Health Related Behaviors Survey (HRBS)	16,699 (~1,002)	To describe health behaviors, health status, and related outcomes among AD SMs, including sexual orientation and TG identity, to help the DoD and Coast Guard identify issues, design targeted programs, and maintain force readiness.	0.6% of SMs identified as TG, matching the estimated 0.6% of U.S. adults. Among SMs identifying as female, 1% were TG, and among those identifying as male, 0.5% were TG.	No TG-specific recommendations.
23	McNamara, 2019	Unit cohesion, social support, LGBT workplace climate, and "outness" post-LGBT military service bans	544 (58)	To examine the extent to which unit climate varies by sexual orientation and gender identity and how it influences LGBT SMs' outness.	TG SMs reported lower sense of unit cohesion, social support, and LGBT-inclusive workplace climate compared with both cisgender LGB and non-LGBT SMs.	Military leaders should foster inclusive, supportive units where LGBT SMs can be authentic, enhancing well-being, cohesion, and mission performance while modeling inclusion for future leaders.
24	Schaftel, 2019	Public confidence in the United States military	4,039 (0)	To examine how military involvement in politically contentious issues, such as TG employment policies, affects public perceptions of the military.	When the military restricts TG service, Democrats significantly reduce their trust in the institution, while Republicans, whose trust is already high, are largely unaffected. Exposure to the military's stance on other issues can shape attitudes: Democrats who initially trusted the military for its pro-climate position became more likely to oppose TG service when presented with restrictive cues.	The military's restriction of TG service undermines its credibility with Democrats, risks long-term institutional trust, and may influence public attitudes toward TG individuals in civilian jobs.
25	Worthen, 2019	Transgender under fire: Hetero-cis-normativity and	374 (0)	To explore military students' (ROTC and student veterans')	Being a woman, feminist, or supportive of LGB individuals was linked to more positive views of TG	Address gender dynamics that reinforce trans negativity, especially in combat roles, incorporate

		military students' attitudes toward trans issues and trans service members post DADT		attitudes toward trans issues and trans SMs in the year 2012.	SMs, while being a man or having combat experience was linked to more negative views. 13% felt TG individuals should not serve, 43% agreed with "do nothing to help trans people serve," 15% were "unsure," 17% supported "just let them serve," and 12% chose "do more to help trans serve."	trans-specific, feminist, and LGB-inclusive perspectives in training, and clarify key terms and issues related to trans military service.
26	Arthur et al., 2020	DoD's transgender ban has harmed military readiness	113 (104)	To assess how the DoD's 2017 ban on TG personnel affected military readiness.	Contrary to claims that TG service is disruptive or costly, the ban itself has undermined readiness by harming recruitment, retention, morale, unit cohesion, reputation, medical care, and overall discipline.	Policymakers should reconsider the TG ban, as evidence shows its costs far outweigh its benefits to readiness.
27	Coan, 2020	Organizational conflict and perceptions of gender equality in the United States military	493 (0)	To determine what factors predict perceptions and attitudes of gender equality in the United States military and to gather information on attitudes towards TG SMs.	30% of respondents did not believe TG individuals can perform as well as non-TG individuals, while 54% believed they can. 34% opposed accepting TG individuals into the military, while 49% supported their inclusion. 42% favored restrictions on TG SMs, while 41% opposed such restrictions. Ciswomen were more likely to be supportive of TG service.	The topic of TG military members warrants much more consideration when discussing organizational behavior and conflict in the military.
28	Embser-Herber, 2020	"Welcome! Oh, wait..." Transgender military service in a time of uncertainty	(10)	To examine how TG personnel navigate their identities within the evolving norms of who can officially serve in the military.	TG members were elated by the 2016 policy allowing open service, but the 2017 Trump tweets triggered shock and panic. Uncertainty and fear marked daily life as legal battles unfolded. Factors like duty status, rank, time in service, occupation, transition stage, chain of command, personal attitude, and colleagues' reactions influenced their experience of "doing transgender" in the military. Respondents reported navigating discrimination and ignorance to maintain service commitment and performance.	Despite concerns from those supporting bans, respondents generally reported positive experiences coming out in the military. Sociologists can explore how "doing gender" shapes policies, laws, and broader societal structures.
29	Ogburn & Dexter, 2020	Exploring Gender Dysphoria among active-duty transgender service members in a right-to-serve-openly military	(8)	To explore role conflict and stress in the experience of Gender Dysphoria among active duty TG SMs serving in a post-inclusion military.	TG SMs experience ongoing stress from role conflict, limited support, and serving in roles aligned with their biological sex. Coming out provides some relief, but negative experiences still impact their emotional and mental health.	Military leaders and policymakers need up-to-date information on TG SMs to understand how legislation affects their health and experience.
30	Schuyler et al., 2020	Experiences of sexual harassment, stalking, and sexual assault during military service among LGBT and non-LGBT service members	503 (56)	To examine experiences of sexual harassment, stalking, and sexual assault among LGBT and non-LGBT active duty SMs.	TG SMs experienced less stalking than LGB SMs (30% vs. 39%) but more than non-LGBT SMs (24%). They faced higher rates of sexual harassment (84%) than LGB (81%) or non-LGBT SMs (56%), and more sexual assault (30%) than LGB (26%) or non-LGBT SMs (14%). TG SMs were the least likely to report sexual assault (24%) compared with LGB (25%) and non-LGBT SMs (28%).	Military policies, such as those limiting TG service, may embolden perpetrators who believe victims are unlikely to report incidents. Significant barriers to reporting sexual and stalking victimization exist for all SMs. Military healthcare providers should receive training in culturally competent care for LGBT personnel. Future research should examine incident details, reporting decisions, leadership impact on mental health and military outcomes, and healthcare access.

31	Schvey et al., 2020a	A descriptive study of transgender active duty service members in the U.S. military.	(195)	To assess the sociodemographic profile and health of TG military personnel.	TG SMs report above-average physical health and low risk behaviors. Transfemales had better physical health but higher rates of depression and eating disorders than transmales. Most partnered participants were with cisgender women. Half first identified as TG before age 11, and 85% pursued gender affirmation, primarily dressing in affirmed gender and HRT. Nearly all had disclosed their gender identity, with 80% out to their primary care physician and 70–75% to military supervisors or chain of command. Overall, 65% reported that “almost everyone” in their lives knows their gender identity.	Additional research is needed to elucidate risk and protective factors among TG SMs.
32	Schvey et al., 2020b	Stigma, health, and psychosocial functioning among transgender active duty service members in the US military	(174)	To assess gender identity-related stigma and its psychosocial correlates among active duty TG military personnel.	Nearly all (93%) reported experiencing stigma. Commonly reported stigmatizing experiences pertained to uniform wear (79%) bathroom use (77%) and changing one’s name in the Military System (66.7%). One in three experienced physical or sexual harassment. Stigma levels did not differ by identity or rank but were linked to worse mental health, including higher depression, anxiety, and stress. Of 14 coping strategies, only positive reframing was tied to better outcomes.	Future studies should prospectively assess stigma and discrimination to determine the temporal relationship between stigma, health and psychosocial functioning. Future longitudinal research should assess stigma and its associations with indices of health following implementation of policy changes. Future research should endeavor to assess protective factors, such as social, family and unit support.
33	Swokowski, 2020	Barriers to care: A multiple case study examining the experiences of transgender service members seeking gender reassignment surgery	(1,775 + 5 interviews)	To examine how ADSMs experienced medical transition while undergoing gender-affirming surgery to treat Gender Dysphoria, including how civilian and military care policies and protocols either supported or hindered their care, how organizations and personnel provided support or imposed limits, and how SMs’ own actions and initiatives shaped their care experiences.	TG SMs faced slow, inconsistent DoD/DHA processes for gender-affirming surgery, with ambiguous guidance and redundant waivers causing delays. Some self-funded procedures to avoid mission disruption. Immediate supervisors were often supportive, but higher-level commanders and many providers lacked TG-specific training, leading to misinformation. SMs relied on persistence, leadership, and peer networks, sometimes bypassing DoD channels for faster care. Most TG SMs diagnosed in 2019 were senior enlisted or officers, and some re-enlisted once able to serve openly, countering claims they joined to access surgery.	Military leaders should streamline TG medical protocols, reduce bureaucracy, and ensure consistency across branches. Provider training is essential to improve cultural competence and policy knowledge. These findings provide a baseline for future research and support DoD/civilian collaboration to ensure equitable care for TG SMs.
34	Dunlap et al., 2021	Support for transgender military service from active duty United States military personnel	486 (0)	To understand the degree to which AD SMs support TG people serving in the U.S. military.	Cisgender women were about twice as likely as cisgender men to support TG military service, and cisgender LGB members were about four times as likely as heterosexual peers. Black and Hispanic SMs were also more supportive, with odds over 2 times higher than White counterparts. No significant differences were found by branch, officer status, age, or length of	Policies limiting TG service in the U.S. military should be lifted given these data.

					service. Nearly 1 in 5 active duty LGB members did not support TG military service.	
35	Green et al., 2021	Group perceptions of acceptance of racial/ethnic, sexual and gender minorities in the United States military	544 (58)	To assess perceptions of acceptance among AD personnel by comparing experiences within and outside minority groups across race/ethnicity, gender, and sexual orientation.	Supporters of open TG service were four times more likely than non-supporters to perceive TG SMs as more accepted. Members of majority groups (e.g. cisgender, heterosexual) tended to perceive acceptance of minority groups as higher than the perceptions of minority group members themselves.	Although the military is working to improve diversity and inclusion, this study suggests more effort is needed to support SMs well-being, especially for socially marginalized groups. Future research should consider oversampling individuals with multiple minority identities to examine how intersectionality relates to acceptance.
36	Holloway et al., 2021	Mental health and health risk behaviors of active duty sexual minority and transgender service members in the United States military	544 (58)	To examine health risk behaviors and mental health outcomes among sexual minority and TG ADSMs compared with heterosexual and cisgender peers.	TG SMs had higher odds of suicidality, anxiety, depression, and PTSD than both cisgender heterosexual and cisgender sexual minority peers. They were also less likely to report “Excellent/Very Good” mental health.	Military researchers and policymakers should develop programs tailored to the health needs of sexual minority and TG subgroups. The most promising intervention is improving the military climate for TG personnel, including support through affiliation groups or specialized mental health counseling.
37	Lewis et al., 2021	Public attitudes on transgender military service: The role of gender	1,020 (0)	To examine the factors that shape public attitudes toward military service by TG people.	Respondents invested in maintaining the status quo—men, veterans, religious conservatives, and traditionalists—were more likely to oppose TG-inclusive policies. Those most sensitive to the issue showed lower support, while higher egalitarianism, younger age, and knowing a TG person were linked to greater support for TG military service.	Despite high rates of service among TG individuals, negative public opinion may hinder their retention in the military. Public attitudes could influence TG members’ willingness to pursue military careers.
38	McNamara et al., 2021a	"You don't want to be a candidate for punishment": A qualitative analysis of LGBT service member ‘outness’	42 (9)	To examine under what conditions LGBT SMs disclose their LGBT identity in the military workplace after the repeal of LGBT service bans.	TG SMs navigate a tension between authenticity and professional security, fearing career repercussions or violence if they disclose their identity. Many compartmentalize their TG identity, “living a double life,” and face the burden of representing all TG people, such as educating others, answering invasive questions, and managing emotional reactions, while constantly needing to “prove normalcy.”	TG personnel advocate for more “out” higher-ranking SMs at both enlisted and officer levels, greater transparency in career evaluations, stronger community norms that discrimination and bigotry won’t be tolerated, and the freedom to decide whether to emphasize their identity at work. Administratively, they call for a clear no-tolerance policy against homophobic or transphobic language and actions in the military.
39	McNamara et al., 2021b	"Even if the policy changes, the culture remains the same": A mixed methods analysis of LGBT service members' outness patterns	290 (67)	To examine whether demographic and military-related factors influence outness among LGBT SMs and how “out” they are to different military colleagues.	Almost all TG SMs were out to colleagues, with 88% out to unit leaders, much higher than cisgender LGB SMs. They were 4 times more likely to be out to medical providers and 6 times more likely to be out to counselors, sometimes as a requirement for gender-related care. TG SMs were least likely to be out to chaplains.	Military leaders, the chaplain corps, and the mental health community should express TG-inclusive views, and uphold non-discriminatory policies. Cisgender allies, including LGB allies, should also be vocal about inclusiveness, with the aim of fostering a safe environment for TG individuals to serve.
40	McNamara et al., 2021c	Acceptance matters: Disengagement and attrition among LGBT personnel in the U.S. military	544 (58)	To examine how LGBT SMs’ career intentions differ from non-LGBT SMs and how demographics, unit	⅓ of TG SMs planned to leave the military at the end of their obligation, compared with 20% of cisgender LGB and 13% of non-LGBT SMs. TG SMs reported	Military leaders should promote in-group status to boost retention and increase TG SMs acceptance through targeted interventions. Broader inclusion steps include

				climate, and acceptance shape decisions to stay, leave, or remain undecided.	lower perceived LGBT acceptance and unit cohesion than their peers, and lower perceived acceptance increased attrition risk among LGBT SMs.	enforcing anti-discrimination policies, providing support programs, modeling senior-level allyship, and offering LGBT-friendly benefits like gender-affirming care and assisted reproduction.
41	Nicolai, 2021	A perspective study on transgender people in the military and the effects on morale, cohesion, and readiness	67 (0)	To explore military personnels' perceptions of how openly serving TG individuals affect individual and unit morale, cohesion, and readiness, and how years of service relate to these perceptions.	Most SMs projected that individual morale would be largely unaffected by open TG service, with fewer than half anticipating negative effects. In contrast, over half expected unit morale, cohesion, and overall readiness to be negatively affected. Individual morale and unit cohesion were seen as the strongest factors linked to overall readiness, while years of service and unit morale were not viewed as having a major impact.	Military culture still faces diversity and inclusion challenges. Continued research is needed, and leaders should provide education and training to promote healthier, more inclusive environments that support both TG personnel and overall unit effectiveness.
42	Klemmer et al., 2022	Health and service-related impact of sexual and stalking victimization during United States military service on LGBT service members	248 (58)	To examine health, service use, and military impacts of stalking and sexual victimization among active duty LGBT U.S. SMs.	Sexual and stalking victimization were linked to higher use of mental health services and increased odds of anxiety, PTSD, suicidality, and somatic symptoms among LGBT SMs. TG identity specifically predicted mental health service use and suicidality.	Military healthcare leaders must address sexual and stalking victimization through interventions that reduce shame and affirm LGBT SMs as essential across all levels of the military.
43	Ralston & Spindel, 2022	Public attitudes toward diversity, promotion, and leadership in the U.S. military	737 (0)	To explore how the public perceives military service and diversity by examining how candidate characteristics affect promotion decisions.	TG candidates were consistently penalized in promotion decisions compared with cisgender candidates, even when qualifications like combat experience, years served, and deployments were equal. Being TG had a stronger negative effect than sexual orientation alone. Biases were influenced by respondents' political and gender identities, with conservatives and men more likely to discount TG candidates, while liberals and women were somewhat more favorable.	Military policymakers and leaders should address biases by promoting equitable evaluation criteria, increasing visibility of TG leaders, and reinforcing inclusive practices at all levels. Future research should explore public and military perceptions over time, examine promotion processes for potential disparities, and consider targeted efforts to improve the image and understanding of TG SMs as capable leaders.
44	Rivera, 2022	Good order and discipline: The politics of exclusion in the American military	10 (6)	To explore the ways in which discriminatory policies banning open TG service harmed military efficiency, and how open TG service improves military effectiveness.	The TG ban harmed individual performance and unit cohesion, creating the very problems used to justify it. TG SMs forced to hide their identity experienced stress, mental health challenges, and were less likely to stay in service, while peers were largely supportive and transition-related healthcare had little impact on job performance or readiness. Most cisgender SMs reported positive experiences working with TG peers, noting that their healthcare needs did not hinder performance and that diversity benefited the unit.	A diverse military, including individuals who have "lived both sides" and faced discrimination, strengthens leadership and helps foster more inclusive, effective command climates.
45	Smalley et al., 2022	Improving global access to transgender health care: Outcomes of a	(20)	To describe the development of the USAF telehealth program (2017–2019) addressing	A proof-of-concept quality improvement project provided gender-affirming care to USAF TG SMs globally, with patients reporting	Telehealth effectively delivers ongoing TG healthcare to a global military population, offering a model for addressing care gaps for

		telehealth quality improvement study for the Air Force transgender program		the challenges of providing care to a global TG military population.	high satisfaction across mental health, speech therapy, and hormone therapy services.	TG patients in remote or resource-limited settings.
46	Chiccarelli et al., 2023	Fit transitioning: when can transgender airmen fitness test in their affirmed gender?	(374)	To identify expected performance trends during and after gender transition, informing military policy on assessing SMs' fitness according to their affirmed gender.	After starting GAHT, TG males performed worse than cisgender males in all events until three years, though average scores would have passed within one year. TG females outperformed cisgender females in run times for two years, sit-ups for four years, and push-ups remained superior at the four-year mark.	TG females can be assessed by the female standard no later than two years after starting GAHT, and TG males by the male standard no earlier than three years. Fitness testing policies should account for the unique physiology of TG SMs.
47	Daniels, 2023	Attitudes towards gender minority personnel in the U.S. military	82 (0)	To examine: (1) demographic and individual predictors of attitudes toward serving with openly TG members and (2) whether meaningful contact with TG individuals moderates gender differences in attitudes among heterosexual, cisgender SMs.	Higher tolerance for ambiguity predicted more positive attitudes toward openly serving TG individuals. Women were more likely than men to report meaningful positive contact with TG SMs, while older participants reported lower tolerance and less contact. Most participants (82%) had rare or no contact with TG SMs.	Efforts to promote TG inclusion and representation across all levels of government and the DoD must be strengthened and sustained.
48	Dietert, 2023	Serving with transgender service members: Conversations with cisgender veterans	7 (0)	To understand cisgender veterans' experiences working directly with TG SMs.	Having worked with TG SMs posed no issues for cisgender participants. TG personnel were competent in their roles and did not threaten unit cohesion, national security, or military effectiveness. Any cohesion or effectiveness issues were attributed to anti-TG prejudice among cisgender members.	Discussion about how to reduce discrimination, prejudice, and stigmatization of TG SMs is needed. The military could integrate skill-building opportunities into their educational programs on gender identity and provide avenues in which to practice these new interactional skills, resulting in a culture of inclusivity and respect.
49	Dietert & Dentice, 2023	Transgender military experiences: From Obama to Trump	33 (26)	To investigate TG SMs' experiences during the Obama administration and through the first years of the Trump administration and to examine cisgender veterans' experiences working directly with TG SMs.	TG personnel highlighted: transition-related care costs are not burdensome; relief when the ban was lifted and careful decisions about disclosing gender identity; impacts of anti-TG discrimination; TG issues do not disrupt job performance or unit cohesion; and TG members join for the same reasons as non-TG members. Cisgender veterans generally agreed that the "Trump ban" caused harm, TG personnel do not affect military effectiveness, and allowing open service (as with LGB SMs) is the right approach.	Reducing discrimination and stigma against TG SMs requires integrating skill-building into gender identity education, offering practice opportunities, and fostering a culture of inclusivity. Institutional and behavioral changes can shift norms and decrease anti-TG stigma at all levels.
50	Eleazer et al., 2023	"We've been here all along:" The collective resilience of transgender and gender diverse US service members	(40)	To examine TG and gender-diverse U.S. SMs' experiences of oppression and resilience in the military.	Four main themes emerged: understanding oppression, survival strategies, individual resilience, and collective resilience. Participants navigated oppression through concealment, endurance, and challenging regulations; used coping strategies to manage risk and stress; and relied on personal and social resources for resilience. TGD SMs drew on community, collective identity, and military training to resist systemic oppression. Median	Clinicians should connect patients with TGD military and veteran communities, foster identity pride, and use military-developed skills in care. Providers should recognize that identity concealment can be adaptive for safety. Future research should examine its mental health impact and guide ethical, affirming care when legal or institutional barriers limit gender-affirming treatment.

					self-rated transition progress was 30/100, with military policies cited as hindering social, legal, or medical transition.	
51	Johnson et al., 2023	Stigma and barriers in health care among a sample of transgender and gender-diverse active duty service members	(177)	To examine healthcare stigma and barriers and their association with physical and mental health among ADSMs who identify as TGD.	65% of participants reported healthcare stigma or barriers, including difficulty accessing gender-affirming care and negative treatment from clinicians. These experiences were linked to higher depression, anxiety, stress, and poorer mental health. Nearly 25% had not disclosed their gender identity to their primary care clinician.	Results highlight the need for ongoing education in TGD care within military healthcare. Providing high-quality, timely gender-affirming care may improve both mental health and military readiness.
52	Oblea et al., 2023	Lesbian gay bisexual transgender and queer health-care experiences in a military population	168 (~7)	To explore the experiences, challenges, and factors affecting the health and readiness of LGBTQ veterans, based on their qualitative responses.	Open discrimination against TG SMs from senior leaders, politicians, and the Supreme Court create daily stress and career uncertainty for both TG and cisgender LGB personnel.	Greater education and cultural awareness, especially among military healthcare providers, is needed to improve treatment and support.
53	U.S. Government Accountability Office, 2023	Coast Guard: Issues and policies related to sexual orientation and gender identity of service members	116 (16)	To report on Coast Guard policies, document baseline sexual orientation and gender identity discrimination and harassment incidents from FY 2013–Apr 2023, and provide recommendations for DHS approval.	The Coast Guard has a gender transition policy for active and reserve members but frequently exceeds the 90-day approval timeline. From September 2021 to June 2023, 7 of 16 approved requests took 147–353 days. Delays may stem from multiple senior reviews, incomplete submissions, or lack of tracked milestones.	Recommend the Coast Guard track transition request timelines to pinpoint and resolve delays.
54	Domalaon et al., 2024	Military family physicians' readiness to provide gender-affirming care: A serial cross-sectional study	2016 survey: 180 (0) 2023 survey: 386 (7)	To assess changes in military-affiliated clinicians' perspectives toward gender-affirming care.	Compared to 2016, physicians completing the survey in 2023 reported more TGD healthcare training, fewer had no relevant education, and they were over twice as likely to have treated multiple patients with Gender Dysphoria. Willingness to prescribe gender-affirming hormones increased, though ethical concerns and discomfort remained among those unwilling. Most still felt additional TGD training would benefit their practice.	Clinicians unable to provide gender-affirming care should ensure timely referrals. Future research is needed to explore trends across clinical specialties and the effectiveness of training and other educational efforts.
55	Highland et al., 2024	Oscillating US Department of Defense policies and medical record documentation of Gender Dysphoria in service members: An observational time-series analysis	(3,853)	To describe changes in the number of SMs with Gender Dysphoria diagnoses in US Military Health System records from January 2015 to August 2022, in the context of military policies.	From January 2015 to August 2022, about 3,853 active duty and activated Guard/Reserve members received a documented Gender Dysphoria diagnosis. Four significant changepoints were identified, corresponding to leadership intentions to enact a ban and subsequent policy changes on open service, showing that diagnosis documentation aligned with military policy shifts.	Policy changes and public statements by leaders can affect recruitment and retention. Equitable, diversity-supporting policies are needed, along with ongoing monitoring to assess impacts on readiness and retention and guide data-driven improvements.
56	Luther et al., 2024	Combined multidisciplinary gender-affirming	(1)	To present a case describing successful multidisciplinary surgical	A one-stage, multi-team surgery was completed in about 8 hours with discharge on day 1 and no	Adopt one-stage, multidisciplinary GAS as standard across DoD facilities to improve access, cut

		surgery during the COVID-19 pandemic: A model to optimize access to care, resource utilization and medical readiness for military patients		management of a TG woman desiring multiple gender-affirming surgeries.	complications. It halved convalescent leave (4 vs 8 weeks) and reduced profile duration (3 vs 6 months), allowing earlier return to duty. Anesthesia costs were ~$1,100 versus $8,200 for three separate procedures, with added productivity savings. The approach also maintained access to gender-affirming surgery during COVID-19 delays.	costs, and support readiness, while continuing team-based planning and provider education to streamline care for TG SMs.
57	Roberts et al., 2024	Health care utilization during the first 5½ years of authorized service by transgender U.S. service members (2016-2021).	(2,481)	To examine how active duty TGD SMs used gender-affirming healthcare during the first 5½ years they were allowed to serve, aiming to inform military inclusion policy.	Between July 2016 and December 2021, 2,481 SMs had a TG-related diagnostic encounter. In the first 5½ years after the ban repeal, TGD SMs used gender-affirming care and hormones more than prerepeal estimates, though surgical procedures were less common. 53% began gender-affirming hormones, and 14% had surgery, mostly mastectomies and hysterectomies (70% of surgeries). SMs averaged 3.2 TG-related diagnostic encounters per 10,000 per year, with higher rates among those designated female, junior enlisted, and younger personnel. Most (77%) received their medical and surgical gender care from military clinicians rather than civilian providers.	TGD SMs actively seek gender-affirming medical and surgical care when available, with most care provided by military clinicians. Allowing TGD individuals to serve and ensuring access to necessary care improves the health and well-being of an underserved group that serves at higher rates than the general U.S. population.
58	Lee et al., 2025	Family planning desires and barriers to fertility preservation for transgender and gender-diverse military service members in the United States.	(26)	To assess barriers faced by TGD individuals seeking fertility preservation within the Military Health System.	TGD SMs reported varied fertility preservation counseling experiences, citing limited resources, provider knowledge gaps, and institutional barriers. Most hoped to have children eventually, though over half did not plan to during their military service. Counseling was often inconsistent and treated as a formality, with participants frustrated by navigating policies, insurance, and branch-specific guidelines despite a preference for biological parenting.	The military should offer enhanced counseling, systemic support, and clearer policies to empower military TGD individuals to pursue their family-building goals.

Notes: *Studies that provided estimations of transgender service personnel or healthcare costs were partially based on data that did not explicitly include actively serving transgender service members, and are thus marked "n/a." Abbreviations for transgender (TG) and active duty service member (ADSM) are used to conserve space in Table 3.

Transition-related healthcare access and utilization by transgender personnel

Twenty-two studies (38%) reported on transition-related healthcare access and utilization among transgender SMs. Early military perspectives classified transgender identity as a disqualifying condition, often handled through discharge rather than care

(Brown, 1988 [3]; Clements & Wicks, 1987 [2]; Jones et al., 1984 [1]). Many SMs became aware of or accepted their identities after joining but concealed them to avoid separation, often lacking access to affirming care (Dietert & Dentice, 2015 [7]).

Policy evolution has alternately expanded or restricted access, with many SMs relying on civilian providers for hormone therapy and surgical referrals due to limited clinician competence, stigma, and bureaucratic barriers, frequently self-funding care (Hill et al., 2016 [12]; James et al., 2016 [11]; Lindsay et al., 2016 [13]; Parco et al., 2015 [9]; Rivera, 2022 [44]; Swokowski, 2020 [33]). Clinical knowledge among military providers remains uneven, producing delays and variable treatment quality (Schvey, Klein, Pearlman, Kraff, et al., 2020b [32]; Swokowski, 2020 [33]). Between 2016 and 2021, 2,481 SMs had initial gender-related healthcare encounters. About half initiated hormone therapy and 14% underwent transition-related surgery, primarily mastectomies and hysterectomies, with younger, female-designated, and junior enlisted SMs comprising the largest share. Three-fourths of this population received most or all gender-affirming care from military clinicians (Roberts et al., 2024 [57]). Transition-related care accounts for under 0.01% of military healthcare costs (Copp & Baldor, 2025; Kime, 2021; Swokowski, 2020 [33]).

According to service members themselves, access to affirming care is linked to improved psychological well-being, reduced dysphoria, and better occupational performance (Ogburn & Dexter, 2020 [29]; Rivera, 2022 [44]). Studies found that administrative inconsistencies, fear of career repercussions, and confidentiality concerns continue to discourage care-seeking (Johnson et al., 2023 [51]; Oblea et al., 2023 [52]), with structural inequities in timelines and implementation across branches (Highland et al., 2024 [55]; U.S. Government Accountability Office, 2023 [53]) and limited reproductive/fertility care (Lee et al., 2025 [58]). Trans-inclusive medical culture supports better health and occupational outcomes, highlighting the role of institutional climate in transgender SM well-being (Arthur et al., 2020 [26]; Johnson et al., 2023 [51]; Ogburn & Dexter, 2020 [29]).

Mental and physical health of transgender personnel

Twenty-two studies (38%) reported on the mental and physical health of transgender SMs. Early work described pervasive concealment, hypervigilance, and psychological strain during eras of exclusion, with transgender personnel often entering service in hypermasculine roles and either “breaking down” and returning to their non-hypermasculine norm (sometimes leading to Personality Disorder diagnoses and administrative discharge) or serving stealthily while deferring transition (Brown, 1988 [3]; Clements & Wicks, 1987 [2]).

More recent studies document elevated psychological morbidity, including depression, anxiety, PTSD, and suicidality, as well as higher odds of experiencing sexual and stalking victimization compared to cisgender peers (Beckman et al., 2018 [21]; Hill et al., 2016 [12]; Holloway et al., 2021 [36]; Klemmer et al., 2022 [42]; Lindsay et al., 2016 [13]). Victimization increases mental health service use and clinical-level sequelae (Klemmer et al., 2022 [42]). Limited access to affirming care and avoidance of military medical channels due to fear of disclosure or reprisal further exacerbate mental-health outcomes (Arthur et al., 2020 [26]; Hill et al., 2016 [12]; James et al., 2016 [11]; Johnson et al., 2023 [51]; Oblea et al., 2023 [52]; Parco et al., 2015 [9]).

Physical-health concerns include musculoskeletal issues and worsened well-being due to restricted care (Hill et al., 2016 [12]; Klemmer et al., 2022 [42]). Fitness after gender-affirming hormone therapy (GAHT) shows time-dependent changes, with trans men initially underperforming cismales until about three years of GAHT, and trans women sometimes outperforming cisfemales in early years post-treatment, then generally matching average cisfemales’ scores after around two years of GAHT (Chiccarelli et al., 2023 [46]). Preliminary data indicate that diagnosis or receipt of care does not preclude deployability (Arthur et al., 2020 [26]; Swokowski, 2020[33]).

Transgender SMs demonstrate mental resilience through community ties, peer networks, supportive supervisors, and affirmative leadership, which mitigate distress and support retention (Dietert & Dentice, 2015 [7]; Klemmer et al., 2022 [42]; Parco et al., 2015 [9]; Rivera, 2022 [44]). Institutional stigma, concealment pressures, victimization, including MST, and restricted access to affirming care remain major drivers of elevated depression, anxiety, PTSD, suicidality, and unresolved somatic complaints.

Perceptions of transgender personnel by others

Twenty studies (34%) examined perceptions of transgender personnel by others. Jones et al. (1984 [1]) noted that exclusion arguments were historically based on social strictures and adverse attitudes toward transsexual individuals. More recently, eight studies (14%) focused specifically on public or peer attitudes toward transgender service (Bridges, 2017 [16]; Daniels, 2023 [47]; Dunlap et al., 2021 [34]; Ender et al., 2016 [10], 2017 [17]; Lewis et al., 2021 [37]; Ralston & Spindel, 2022 [43]; Schaftel, 2019 [24]). Support for transgender service is higher among women, younger individuals, LGB members, and those personally knowing a transgender person, while opposition is associated with male, conservative, veteran, or academy cadet status (Bridges, 2017 [16]; Dunlap et al., 2021 [34]; Ender et al., 2016 [10]; Lewis et al., 2021 [37]; Schaftel, 2019 [24]; Worthen, 2019 [25]). Transgender candidates were sometimes perceived as less competent than cisgender candidates with an identical resume and promotion package (Ralston & Spindel, 2022 [43]). Majority-group individuals (i.e. cisgender, non-LGB, White) often overestimated acceptance of transgender service, misaligning with transgender SMs' lived experience (Coan, 2020 [27]; Dunlap et al., 2021 [34]; Green et al., 2021 [35]).

Actual experiences with transgender personnel were largely positive: cisgender colleagues found them competent, with healthcare needs not affecting performance, and challenges attributed to prejudice rather than ability (Daniels, 2023 [47]; Dietert & Dentice, 2023 [49]; Rivera, 2022 [44]). Meaningful contact and higher tolerance for

ambiguity predicted positive attitudes, though most participants had limited exposure to transgender service members (Daniels, 2023 [47]). Overall, serving alongside transgender personnel often contradicted prior negative assumptions (Daniels, 2023 [47]; Dietert & Dentice, 2023 [49]; Rivera, 2022 [44]).

Workplace climate for transgender inclusion

Seventeen studies (29%) examined the workplace climate for transgender personnel. Many transgender SMs concealed their identities due to fears of discrimination or discharge, especially during periods of service bans (James et al., 2016 [11]; Parco et al., 2015 [9]). Experiences of outness ranged from supportive commanders and peers, to exclusion, harassment, and enforcement of discriminatory norms (Dietert & Dentice, 2023 [49]; James et al., 2016 [11]; Oblea et al., 2023 [52]).

Service restrictions negatively affected morale, cohesion, and trust, contributing to isolation, identity concealment, distraction from duties, and intentions to separate from service (Arthur et al., 2020 [26]; McNamara, 2019 [23]; McNamara, Gribble, et al., 2021 [40]; Rivera, 2022 [44]). Some cisgender peers acted protectively or supportively, bolstering resilience (Dietert, 2023 [48]; Dietert & Dentice, 2015 [7], 2023 [49]; Eleazer et al., 2023 [50]; Rivera, 2022 [44]). To manage unpredictable environments, transgender SMs relied on selective disclosure, informal support networks, and careful navigation of transition-related care (Dietert, 2023 [48]; Dietert & Dentice, 2015 [7], 2023 [49]; Eleazer et al., 2023 [50]; Rivera, 2022 [44]).

Research indicates that discrimination and exclusion, rather than gender identity itself, posed the primary threats to performance and 2020well-being (Dietert, 2023 [48]; Rivera, 2022 [44]). Overall, workplace climate reflected systemic and policy-driven barriers, with reforms and peer support linked to improved morale, retention, and resilience (Dietert & Dentice, 2023 [49]; James et al., 2016 [11]; Rivera, 2022 [44]).

Disclosure of gender identity by transgender personnel

Sixteen studies (28%) examined transgender SMs' disclosure of gender identity, highlighting the complex balance between authenticity, safety, and career concerns. Disclosure varies by audience: SMs are more likely to come out to family, civilian friends, and medical providers than to peers, commanders, or entire units. Reservists and Guard members report more autonomy in disclosure through their civilian roles (Dietert & Dentice, 2015 [7]; Levy et al., 2015 [8]; Parco et al., 2015 [9]).

Fear of discrimination, violence, or career harm strongly shapes disclosure, leading many to compartmentalize their identity through passing, covering, and maintaining strict boundaries between military and personal spaces (Eleazer et al., 2023 [50]; McNamara, Lucas, Goldbach, Castro, et al., 2021 [39]; McNamara, Lucas, Goldbach, Holloway, et al., 2021 [38]; Rivera, 2022 [44]). Policy shifts influence disclosure to peers and clinicians and can expedite or delay access to gender-affirming care (Highland et al., 2024 [55]; Hill et al., 2016 [12]; Schvey, Klein, Pearlman, et al., 2020 [31]). Identity management strategies, such as excelling at work to be perceived as a "supersoldier" and subtly challenging gendered grooming norms, are used to reduce harassment or disciplinary risk (Eleazer et al., 2023 [50]; Rivera, 2022 [44]).

Overall, disclosure decisions are constrained by discrimination fears, policy instability, and workplace culture, with consequences for mental health, career progression, and access to care. Stable policy environments and supportive leadership facilitate safer disclosure and improved wellbeing (Dietert & Dentice, 2015 [7]; Highland et al., 2024 [55]; Levy et al., 2015 [8]; McNamara, Lucas, Goldbach, Castro, et al., 2021 [39]; McNamara, Lucas, Goldbach, Holloway, et al., 2021 [38]; Parco et al., 2015 [9]).

Abuse and discrimination against transgender personnel

Fifteen studies (26%) reported experiences of abuse and discrimination among transgender SMs. Findings indicate persistent workplace discrimination driven by institutional, interpersonal, and policy factors, including harassment, gossip, exclusion, and mistreatment by peers and superiors (Dietert & Dentice, 2023 [49]; James et al., 2016 [11]). Qualitative accounts describe harassment related to uniforms, facilities, administrative processes, and gendered spaces, along with misgendering and being labeled “mentally ill” (Dietert & Dentice, 2023 [49]; Embser-Herbert, 2020 [28]). Covert bullying, derogatory remarks, and marginalizing actions by commanders were also noted (Eleazer et al., 2023 [50]; Oblea et al., 2023 [52]), with some reporting coercion out of service or undermined obligations (Eleazer et al., 2023 [50]; James et al., 2016 [11]). Even those with supportive leadership described navigating the system cautiously due to fear of discharge or discrimination (Dietert & Dentice, 2023 [49]; Klemmer et al., 2022 [42]).

MST is prevalent among transgender SMs, particularly trans men, and is associated with elevated PTSD, depression, anxiety, and personality disorders (Beckman et al., 2018 [21]; Dietert & Dentice, 2015 [7]; Lindsay et al., 2016 [13]). Lindsay et al. reported MST rates of 20% in trans men and 14% in trans women, with strong links to PTSD and other conditions (Lindsay et al., 2016 [13]). Beckman et al. found rates of 30 and 15%, respectively, with MST associated with prior assault, minority stress, PTSD, depression, and substance use (Beckman et al., 2018 [21]). Transgender SMs also experience higher rates of sexual harassment and assault than both non-LGB and LGB cisgender peers, and are less likely to report such incidents (Oblea et al., 2023 [52]; Schuyler et al., 2020 [30]).

Demographic characteristics of transgender personnel

Eleven studies (19%) reported demographic information on transgender SMs, though many relied on convenience or clinical samples and were not intended to yield military-wide estimates. Findings suggest transgender SMs differ demographically from transgender civilians: they may be more often White, trans women, later-transitioning,

and less open about their identity (Harrison-Quintana & Herman, 2013 [4]). Transgender individuals also are more likely to serve in the military than cisgender people (Gates & Herman, 2014 [5]; James et al., 2016 [11]).

In a large 2015 DoD survey, 0.6% of SMs identified as transgender (Meadows et al., 2018 [22]). Between 2015 and 2022, 3,853 active duty and activated Guard/Reserve members received a Gender Dysphoria diagnosis (Highland et al., 2024 [55]). Roberts et al. (2024 [57]) identified 2,481 SMs with transgender-related diagnostic encounters from 2016 to 2021, most receiving care from military clinicians; encounters were more common among those designated female at accession and declined with age and rank (Roberts et al., 2024 [57]). Earlier work suggested many transgender SMs were senior enlisted or officers, but more recent studies show most first diagnoses occur among junior enlisted personnel (Highland et al., 2024 [55]; Roberts et al., 2024 [57]; Swokowski, 2020 [33]). In a sample of 195 transgender SMs, participants averaged 29 years old, nearly half recognized their identity before age 11, and most partnered individuals were with cisgender women (Schvey, Klein, Pearlman, et al., 2020 [31]).

Estimations about transgender personnel

Eight studies (14%) provided estimates of the number of transgender personnel and the potential costs or effects of their inclusion. Early estimates from the NTDS suggested approximately 15,500 transgender SMs and 134,300 transgender veterans (Gates & Herman, 2014 [5]). Belkin (2015) projected about 12,800 transgender SMs. RAND analyses (Belkin, 2015 [6]; Schaefer et al., 2016 [14]) produced more conservative estimates, identifying 1,320 to 6,630 transgender personnel in the Active Component and 830 to 4,160 in the Reserve Component (2,150 to 10,790 total). DoD survey data reported by Davis et al. showed fewer than 1% of respondents identified as transgender, indicating roughly 7,353 transgender SMs (Davis et al., 2017 [19]). Using these data, Belkin and Mazur estimated 14,707 transgender SMs (8,980 Active; 5,727 Reserve), with 22% trans men and 78% trans women, representing roughly 0.7% of the force (Belkin & Mazur, 2018 [20]).

Cost analyses projected minimal impact. Belkin estimated annual transition-related costs of $4.2 to $5.6 million, or <$0.22 per member per month, noting likely offsets from improved functioning when gender-affirming care was provided (Belkin, 2015 [6]). RAND estimated $2.4 to $8.4 million in annual costs and a reduction in labor availability of <0.0015%, concluding no measurable effects on readiness or cohesion (Schaefer et al., 2016 [14]). After the 2017 proposal to reinstate a ban, Belkin and colleagues estimated that discharging transgender SMs would cost $960 million in turnover expenses (Belkin et al., 2017 [15]). Finally, Arthur et al. estimated 205,850 transgender individuals of recruitment age, with about 1,200 enlisting annually, indicating disproportionately high participation among transgender individuals despite exclusionary policies (Arthur et al., 2020 [26]). Across these studies, transgender SMs constitute a small segment of the force whose inclusion was estimated to pose negligible cost or operational burden.

Social support for transgender personnel

Seven studies (12%) examined social support for transgender SMs. Findings show that supportive peers, coworkers, chain-of-command personnel, medical staff, and religious leaders play a central role in helping transgender SMs navigate military duties and gender-affirming care (Dietert & Dentice, 2015 [7]; Eleazer et al., 2023 [50]). Allies in uniform contribute emotional support, practical assistance, and protection from harassment, fostering safer and more inclusive environments (Eleazer et al., 2023 [50]).

Leadership support, such as approval of pronoun and name changes, access to hormones, and recognition of social transition, is associated with better mental health and reduced stress (James et al., 2016 [11]). Inclusive climates and supportive supervisors predict lower anxiety, higher resilience, and improved overall well-being (McNamara, 2019 [23]; Parco et al., 2015 [9]). Selective disclosure to trusted peers can also buffer stigma-related stress and workplace hostility (Dietert & Dentice, 2015 [7]; Ogburn & Dexter, 2020 [29]; Rivera, 2022 [44]), and family support further strengthens coping and social networks (Parco et al., 2015 [9]).

Overall, transgender personnel with support from multiple sources report better emotional health, improved unit integration, and greater ability to access gender-affirming care in military settings (Dietert & Dentice, 2015 [7]; Eleazer et al., 2023 [50]; McNamara, 2019 [23]).

Discussion

The majority of the 58 included articles were quantitative, peer-reviewed publications with data collected during a period of open transgender service. First authors of studies on transgender service were most often affiliated with a civilian university and were in the fields of political science, policy, and law. *Armed Forces & Society*, *Transgender Health*, *Journal of Traumatic Stress*, and *Sexuality Research and Social Policy* were the most common journals in which peer-reviewed articles were published. Most studies included participants from multiple military branches and multiple service components. The majority of studies intentionally included active duty transgender participants in their study sampling. The most common outcome domains were transition-related healthcare access and utilization rates, mental and physical health status, and perception of transgender personnel by others (see Table 2).

The literature indicates that transgender personnel comprise <1% of the force, are predominantly younger, junior enlisted members, and are more likely to be trans women (Highland et al., 2024 [55]; Roberts et al., 2024 [57]). When available, approximately half opted for gender-affirming hormone treatment and 14% accessed gender-affirming surgeries during the first five years of open service (Roberts et al., 2024 [57]). Barriers such as stigma, inconsistent clinical knowledge, and administrative delays continued to limit care in the military healthcare system even during open transgender service (Domalaon et al., 2024 [54]; Eleazer et al., 2023 [50]; Johnson et al., 2023 [51]; Oblea et al., 2023 [52]; Schvey et al., 2017 [18]). Thus, many transgender SMs still consistently relied on civilian providers to meet their healthcare needs and to minimize disruption with military duties (Roberts et al., 2024 [57]; Swokowski, 2020 [33]). Transgender SMs, as well as military medical personnel who treated them, reported minimal disruption to work duties, and consistently reported scheduling medical

procedures around expected deployments (Dietert & Dentice, 2023 [49]; Eleazer et al., 2023 [50]; Johnson et al., 2023 [51]; Luther et al., 2024 [56]; Smalley et al., 2022 [45]; Swokowski, 2020 [33]).

Mental health disparities are present, with transgender SMs reporting elevated rates of depression, anxiety, PTSD, and suicidality compared with cisgender peers (Holloway et al., 2021 [36]). Discrimination, harassment, and MST remain significant correlates of mental health problems, often worsened by fear of disclosure and potential career repercussions (Beckman et al., 2018 [21]; Embser-Herbert, 2020 [28]; Klemmer et al., 2022 [42]; Schuyler et al., 2020 [30]; Schvey, Klein, Pearlman, Kraff, et al., 2020 [32]). Decisions regarding disclosure were therefore highly strategic, with SMs weighing authenticity against personal and professional safety (Harrison-Quintana & Herman, 2013 [4]; James et al., 2016 [11]; McNamara, Lucas, Goldbach, Holloway, et al., 2021 [38]; Rivera, 2022 [44]; Schvey, Klein, Pearlman, Kraff, et al., 2020 [32]). Affirming healthcare and supportive leadership consistently mitigated these risks and were associated with improved psychological well-being, resilience, and operational performance (Arthur et al., 2020 [26]; Ogburn & Dexter, 2020 [29]; Rivera, 2022 [44]). A study on fitness testing found that transgender members can be assessed based on their affirmed gender after two years of hormone therapy for trans women, and after three years for trans men (Chiccarelli et al., 2023 [46]).

Workplace climate and peer perceptions further shape transgender SM experiences. While direct exposure to trans colleagues is linked to positive attitudes and recognition of competence, biases and misconceptions persist, particularly among majority-group members; (Bridges, 2017 [16]; Daniels, 2023 [47]; Dietert & Dentice, 2023 [49]; Dunlap et al., 2021 [34]; Ender et al., 2016 [10], 2017 [17]; Green et al., 2021 [35]; Schaftel, 2019 [24]; Worthen, 2019 [25]). Supportive leadership, inclusive policies, and peer acceptance moderate risks to morale, retention, and unit cohesion (Dietert & Dentice, 2023 [49]; Eleazer et al., 2023 [50]; McNamara, Gribble, et al., 2021 [40]; Parco et al., 2015 [9]).

Overall, this scoping review found that individual, interpersonal, and policy-level factors collectively influence the experiences of transgender SMs as they navigate the

shifting environment for transgender service. Research aims, key findings, and implications of the 58 included studies are summarized in Table 3. Future systematic reviews should explore the nine core outcome domains found in this scoping review and provide rigorous assessments of study quality, clarity of consensus, and determine where findings are sufficiently strong to guide policy and clinical decision-making for this population.

Pre-repeal estimates compared to subsequent findings

In early 2025, the DoD cited the number of current members diagnosed with Gender Dysphoria, an imperfect proxy for trans identity, as 4,240 (Department of Defense, 2025a; Philipps, 2025). This number more or less corresponds with the most recent studies included in this scoping review, however, is one-third of original estimates from the mid-2010s (see Table 4). Transition-related healthcare costs for SMs align with pre-repeal estimates. As reported by the DoD, the Pentagon spent $15 million between 2016 and 2021 to treat 1,892 transgender troops, including $11.5 million for psychotherapy and $3.1 million for surgeries (Kime, 2021). According to a more recent statement by an anonymous DoD official, as reported by media channels, the Pentagon has spent $52 million on transition-related care between 2015 and 2025 including psychotherapy, hormone therapy, and surgery, averaging $5.2 million annually (Copp & Baldor, 2025; Philipps, 2025). These reports generally correspond with transition-related healthcare cost estimates from the studies included in this scoping review (see Table 5).

Table 4. Estimated vs. Reported Population of Transgender Service Members

Estimates					Reported Findings		
15,500 total	12,800 total	2,150-10,790 total	7,353 AD only	14,707 total	*3,853 total	**2,481 AD + select Guard and Reserve	***4,240 total
Gates & Herman, 2014	Belkin, 2015	Schaefer et al., 2016	Davis et al., 2017	Belkin & Mazur, 2018	Highland et al., 2024	Roberts et al., 2024	Department of Defense, 2025; Philipps, 2025

*Received a Gender Dysphoria diagnosis between 2015 and 2022
**SMs with TG-related diagnostic encounters between 2016 and 2021. Includes National Guard and Ready Reserve Service members on active duty for >30 days.
***SMs diagnosed with Gender Dysphoria as of 2025

Table 5. Estimated vs. Reported Annual Financial Impact of Transgender Service

Estimates		Reported Findings
$4.2-5.6 million/year	$2.4-8.4 million/year	$3-5.2 million/year (including psychotherapy) ~$1.2 million/year (excluding psychotherapy)
Belkin, 2015	Schaefer et al., 2016	Kime, 2021; Copp & Baldor, 2025

Recent Military Health System (MHS) budgets have been around $61 billion annually, representing 7.2% of the total discretionary funding for the DoD (Mendez, 2025; U.S. Naval Institute, 2024). Transgender SM healthcare (about $5.2 million per year), therefore, makes up 0.0085% of MHS costs and 0.0006% of the total DoD discretionary budget (Copp & Baldor, 2025). According to news sources citing the DoD, about 73% of this care provides psychotherapy for these members, and 23% funds medical care (i.e. gender-affirming hormone and surgical treatment) (Kime, 2021). While psychotherapy can offer valuable support, it has not been definitively recognized as an alternative treatment to medical interventions (Anderson et al., 2022; Mayo Clinic,

2025). Thus, gender-affirming medical treatment for transgender troops costs approzimately $1.2 million annually, amounting to 0.002% of the MHS budget and 0.0001% of the total DoD annual budget (see Table 5). In comparison, medical treatments for obesity among active duty members account for 2% of MHS costs and 0.15% of total DoD costs (Manning, 2024).

As reported in both the Roberts and DoD reports, only about half of transgender members access transition-related care through the medical healthcare system (Copp & Baldor, 2025; Philipps, 2025; Roberts et al., 2024 [57]). The finding that not all transgender SMs utilize gender transition-related military healthcare correspond with projections from the RAND report and Belkin's estimations (Belkin, 2015 [6]; Schaefer et al., 2016 [14]). This gap likely indicates a combination of factors: transgender SMs utilizing civilian medical care, often paying out of pocket, or delaying gender-affirming medical care until after separation from the military.

Limitations of review

Several limitations should be noted. First, it was not always possible to determine the extent to which transgender SMs had undergone social, medical, or legal gender transition while serving, which may influence reported outcomes. Next, studies surveying cisgender personnel who had served with transgender colleagues may be subject to self-selection bias, as those with more supportive attitudes may have been more likely to participate. Additionally, some overlap in participant samples occurred across publications. For instance, Schvey, Klein, Pearlman, et al. (2020 [31]) and Schvey, Klein, Pearlman, Kraff, et al. (2020 [32]) examined distinct aspects of healthcare access using the same dataset. Likewise, studies from the Military Acceptance Project (e.g. Bustamante, 2016; Green et al., 2021 [35]; Holloway et al., 2021 [36]; Klemmer et al., 2022 [42]; McNamara, Gribble, et al., 2021 [40]; McNamara, Lucas, Goldbach, Castro, et al., 2021 [39]; McNamara, Lucas, Goldbach, Holloway, et al., 2021 [38]; Schuyler et al., 2020 [30]) drew on a shared cohort, while pursuing

different research aims, such as leadership, mental health, and social support. Because most datasets were deidentified, the degree of overlap could not be verified. Finally, as a scoping review, synthesis emphasized breadth over depth, and included studies varied in methodological rigor.

Current legal landscape for transgender members

In 2025, President Trump sought to redefine the word “sex” within all federal programs and services to refer only to biological characteristics “at conception,” establishing these traits as unchangeable (Redfield & Chokshi, 2025). His executive order, reinstating a ban on transgender individuals serving in the military, quickly encountered legal opposition (Office of the Federal Register & National Archives and Records Administration, 2025). Immediately after the ban was reinstated, two separate groups of active duty and civilian transgender individuals filed lawsuits. In the U.S. District Court in Washington, D.C., six active duty SMs and two individuals seeking enlistment were represented by GLAD Law and the National Center for LGBTQ Rights. An additional 12 individuals later joined this federal lawsuit; another case was filed in the U.S. District Court for the Western District of Washington, in Seattle. In March 2025, Washington, DC, District Judge Ana Reyes heard arguments in the case (*Talbott v. USA*, n.d.). The judge found that the DoD’s new policy lacked compelling justification and described the ban as “soaked in animus and dripping with pretext.” She issued a preliminary injunction against the ban, while a second federal judge serving in the U.S. District Court for the Western District of Washington also blocked the policy in February 2025, ruling that it was unjustifiable discrimination (Cole, 2025; *Talbott v. USA*, n.d.).

The federal government appealed the District Court injunction to the Ninth Circuit Court of Appeals, but its appeal was denied on April 24, 2025. The government then submitted an emergency application to the U.S. Supreme Court seeking a stay of the injunction. On May 6, 2025, the Supreme Court granted the stay through the Emergency Shadow Docket without hearing arguments. This decision enabled the DoD to initiate the removal of transgender members from service, pending further appeal of

the injunctions and before a full hearing on the case's merits (Howe, 2025). The plaintiffs later appealed the injunction ruling to a panel in the Ninth Circuit Court of Appeals, and oral arguments were held on October 20, 2025. The case's merits are scheduled to be considered in late 2026 (Pettersson, 2025).

In the interim, affected transgender SMs have faced discharge procedures. Many have been compelled to apply for separation under the terms of traditional "voluntary" separation, while others have undergone involuntary separation, involving appearances before a board of peers, which results in fewer benefits. SMs with over 20 years were allowed to retire with full benefits. Those with between 18 and 20 years of service were offered early retirement with reduced benefits. The Air Force initially authorized early retirement for those with 15 to 18 years of service, but revoked this option several months later (Yurcaba, 2025). Individuals permitted to retire, those whose units conducted a separation ceremony, and those subject to involuntary separation have been barred from wearing the uniform unless the uniform corresponds to their birth sex. On December 9, 2025, a U.S. Court of Appeals for the D.C. Circuit stayed a lower court's preliminary injunction against the 2025 policy, thereby banning transgender individuals from military service, effectively allowing the ban to remain in place during the government's appeal (Talbott v. United States, 2025). Transgender SMs who self-identified had been discharged by early 2026 (*Talbott v. USA*, n.d.). In addition to those who self-identified, there remains an untold number of transgender SMs who remain serving in a stealth capacity.

Conclusion

This scoping review found that research from civilian, military, and governmental institutions provides consistent empirical evidence refuting claims that transgender SMs undermine readiness, cohesion, or impose undue financial burden. Instead, the literature indicates that transgender personnel contribute effectively across military roles, and that challenges often arise from stigma and discrimination rather than from their inclusion.

Attitudes of cisgender civilians and military personnel toward open transgender service is now extensive and largely consistent; further inquiry in this area is unlikely to yield new insights. Future research should instead focus on optimizing the timeliness and quality of gender-affirming care, evaluating its impact on wellbeing and readiness, and effectively strengthening provider competence within military healthcare systems.

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