

Response to UN Periodic Review of Human Rights 2022

This response is written by Transgender Trend, a UK based group of parents and professionals, who promote fact-based teaching about sex in schools and evidenced-based treatments for children and young people with gender distress or trans identification.

UPR UK submission February 24th 2017¹

Promoting health

#88. The NHS remains a universal service for all eligible residents, based on need, not ability to pay. The Health and Social Care Act 2012 introduced legal duties to have regard to the need to reduce health inequalities in the benefits which can be obtained from the health service.

The UKG is investing an additional £1.4bn by 2020 to improve child and adolescent mental health services.

Transgender Trend says that the treatment by the NHS's only gender clinic for children and young people, the Tavistock Gender Identity Service, or GIDS, has failed to reduce health inequalities for this cohort who experience gender distress. They have not been treated to the same standard of care as other children would who seek clinical help with psychosocial conditions such as an eating disorder or depression.

GIDS was rated "inadequate" by the Care Quality Commission,² the regulator for health and social care in England. The inspectors documented concerns about clinical practice, safeguarding procedures, and assessments of capacity and consent to treatment. They also noted poor record keeping at the clinic.

An interim report into healthcare at GIDS by the independent inquiry led by Dr Hilary Cass³ found many failings at the service:

"there does not appear to be a standardised approach to assessment or progression through the process, which leads to potential gaps in necessary evidence and a lack of clarity."

"There has not been routine and consistent data collection within GIDS, which means it is not possible to accurately track the outcomes and pathways that children and young people take through the service."

Cass highlighted how children and young people suffered from being viewed through the lens of adult health needs:

¹ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/045/90/PDF/G1704590.pdf?OpenElement>

² <https://www.cqc.org.uk/news/releases/care-quality-commission-demands-improved-waiting-times-tavistock-portman-nhs>

³ <https://cass.independent-review.uk/publications/interim-report/>

“Much of the existing literature about natural history and treatment outcomes for gender dysphoria in childhood is based on a case-mix of predominantly birth-registered males presenting in early childhood. There is much less data on the more recent case-mix of predominantly birth-registered females presenting in early teens, particularly in relation to treatment and outcomes.”

The report highlights concerns from therapists and clinicians about the unquestioning and non-exploratory ‘affirmative’ approach, often driven by child and parent expectations, and the extent of social transition, while evidence on the appropriate management of children and young people with gender distress is inconclusive both nationally and internationally.

“Primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters.”

The report recognises that we have the least information about the largest group - females developing gender distress in the early teen years - and that older studies do not relate to this group. Lack of data together with the different sociocultural climate of recent years and the complex needs of this group (which includes an overrepresentation of neurodiverse and looked after children) means that it is too early to assess long-term outcomes. The report acknowledges: “There is a limit as to how much certainty one can achieve in late teens” and “young people may not reach a settled gender expression until their mid-20s.”

The National Institute for Health and Care Excellence (NICE) published two evidence reviews in 2020 on treatments for children and adolescents with gender dysphoria.

The conclusion of the evidence review of Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria was:

“The results of the studies that reported impact on the critical outcomes of gender dysphoria and mental health (depression, anger and anxiety), and the important outcomes of body image and psychosocial impact (global and psychosocial functioning) in children and adolescents with gender dysphoria are of very low certainty using modified GRADE. They suggest little change with GnRH analogues from baseline to follow-up.”⁴

The conclusion of the review of Gender-affirming hormones for children and adolescents with gender dysphoria was:

“This evidence review found limited evidence for the effectiveness and safety of gender affirming hormones in children and adolescents with gender dysphoria, with all studies being uncontrolled, observational studies, and all outcomes of very low certainty. Any potential benefits of treatment must be weighed against the largely unknown long-term safety profile of these treatments.”⁵

Both reviews specified the need for studies on short and long term safety and adverse effects of puberty blockers and cross-sex hormones, including the impact of blockers on bone density and cognitive development and reversibility of effects if the drug is withdrawn. For cross-sex hormones, studies are needed to assess whether such treatment causes acute side-effects, including clinically

relevant derangement in renal and liver function tests, lipids, glucose, insulin and glycosylated haemoglobin, cognitive development and functioning.

Studies are also needed on the physical implications of detransitioning, e.g. “delay in the attainment of peak bone mass, attenuation of peak bone mass, permanent physical effects.”

“De-transition: The proportion of patients who de-transition following the commencement of gender-affirming hormone treatment and the reasons why. This outcome is important to patients because there is uncertainty about the short and long term safety and adverse effects of gender-affirming hormones in children and adolescents with gender dysphoria.”

Lack of follow-up data, and lack of long-term follow-up data for the current cohort accessing hormone interventions at the GIDS means we cannot assess how many children will regret medical transition. There is a lack of research into detransitioners but two recent studies have provided some information.

Littman (2021) found that:

“Some were harmed by transition and detransitioned because they concluded that their gender dysphoria was caused by trauma, a mental health condition, internalized homophobia, or misogyny—conditions that are not likely to be resolved with transition. These findings highlight the complexity of gender dysphoria and suggest that, in some cases, failure to explore co-morbidities and the context in which the gender dysphoria emerged can lead to misdiagnosis, missed diagnoses, and inappropriate gender transition.”⁶

Vandenbussche (2021) found:

“The results showed important psychological needs in relation to gender dysphoria, comorbid conditions, feelings of regret and internalized homophobic and sexist prejudices. It was also found that many detransitioners need medical support notably in relation to stopping/changing hormone therapy, surgery/treatment complications and reversal interventions.”⁷

One detransitioner, Keira Bell, took her case to the High Court in 2020⁸ to challenge the Tavistock GIDS on the lack of investigation and mental health support before she was prescribed puberty blockers. The court in their judgment supported Bell’s claim that children are unable to give fully-informed consent to such treatment. Although the Tavistock was successful in a later appeal against the judgment, the Appeal court’s findings were on the basis that informed consent was not an issue to be decided by the courts.

⁶ [Evidence Review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria](#)

⁷ [Evidence Review: Gender-affirming hormones for children and adolescents with gender dysphoria](#)

⁸ <https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf>

⁹ <https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479>

¹⁰ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

In the last few years we have also seen doubts about the safety and efficacy of puberty blockers expressed by health services in other countries, among them France⁹, Australia¹⁰, Sweden¹¹ and Finland.¹² Leading US transgender clinicians from WPATH¹³ have also expressed concerns about prescribing puberty suppressing drugs to children and teens without proper investigation into individual circumstances and underlying issues.

All emerging evidence suggests the need for caution in prescribing hormone interventions for children and for more rigorous assessment and diagnosis, in line with all other paediatric mental health services. The role of activists in promoting an unquestioning 'gender affirmative' approach¹⁴ and in adding 'gender identity' to the professional practice guide, the Memorandum of Understanding on Conversion Therapy¹⁵ has resulted in fear amongst counsellors and therapists in providing proper therapeutic investigation and exploration, and ultimately a failure of care for gender dysphoric children and adolescents.

Recommendations

That the UK government ensures that all government policies are in line with the Cass Review findings and recommendations, including Health and Education.

That the UK government ensures that sufficient funding for child and adolescent mental health services is ringfenced for the development and training of CAMHS therapists in the area of child and adolescent gender dysphoria.

That the UK government remove 'transgender' and 'gender identity' from the proposed conversion therapy bill until proper pre-legislative scrutiny has been conducted. This must include consultation with therapists, detransitioners and parents.

#134.84 (Combatting hate speech)

⁹ <https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479>

¹⁰ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

¹² <https://segm.org/France-cautions-regarding-puberty-blockers-and-cross-sex-hormones-for-youth>

¹³ https://journals.sagepub.com/doi/full/10.1177/26344041211010777#.Ylc_RaJBvsE.twitter

¹⁴ <https://genspect.org/breaking-sweden-dramatically-changes-protocol-prioritizes-psychotherapy/>

¹⁵ <https://genderreport.ca/finland-strict-guidelines-for-treating-gender-dysphoria/>

Recommendation: Dedicate more resources to fight against negative stereotypes in the media, against the most affected minority groups (LGBTI, Gypsies, Muslims, refugees and persons granted asylum)

The UK Government also put in place a number of measures to increase the reporting of transphobic motivated crimes

Steps to improve the response to hate crimes affecting LGBT people have been set out in the 2018 LGBT actions plan, published by the Government Equalities Office.

The Crown Prosecution Service also developed three hate crime school packs (LGBT, Race & Religion, and Disability). These free to download resources for schools encourage people to report hate crimes against them and include a series of exercises to assist perpetrators to understand the potential consequences of this behaviour.

Transgender Trend is concerned about the definition of ‘transphobic’ and how it may be used to curtail freedom of speech and assembly in the UK. Our main concern is how this affects children and young people in education. The term ‘transphobic’ is not clearly defined in UK law. Transphobia according to the Crown Prosecution Service for England and Wales is hostility to a person who is transgender or is perceived to be transgender. The CPS¹⁶ defines transgender as “being transsexual, or undergoing, proposing to undergo, or having undergone a process or part of a process of gender reassignment.”

Use of the term by LGBT civil society groups has widened the meaning of ‘transphobia.’

Stonewall, the UK’s largest LGBT charity defines it as “The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it.”

They define ‘trans’ as “An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth... including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.”¹⁷

The widened use of the term ‘transphobia’ was used by the CPS in its LGBT Hate Crime School Pack, which Stonewall helped to write.¹⁸ The pack was withdrawn in the face of legal action which argued that it could lead to an erosion of girls’ rights by claiming that a male pupil who identified as a girl

¹⁶https://www.medscape.com/viewarticle/963269?uac=320792CJ&faf=1&sso=true&impID=3884812&src=WNL_infocu3_211218_MSCPEDIT#vp_6

¹⁷ <https://bayswatersupport.org.uk/a-history-of-affirmation/>

¹⁸<https://www.transgendertrend.com/product/captured-the-full-story-behind-the-memorandum-of-understanding-on-conversion-therapy/>

had the right to use the girls' toilet and changing rooms.¹⁹

Even the narrower CPS definition of 'transphobia' could be used to the detriment of children who do not believe that a fellow pupil or a teacher whom they knew to be of one sex has changed to another. Preventing a child from expressing that belief curtails their freedom of speech. It also interferes with their right to be safe in education as it prevents a child from knowing or expressing knowledge of a pupil or teacher's sex.

We are very concerned that the UK government has not stepped in to issue guidance on how to treat gender distressed, gender non-conforming and trans-identified children in schools. This gap has allowed some LGBT groups to promote guidance to schools which advises teachers to 'affirm' a child in their desire to change sex. We believe teachers should not be intervening in this complex area for which they are not trained. We look forward to the Cass Review's²⁰ intention to consider the "important role of schools and the challenges they face in responding appropriately to gender-questioning children and young people."

In 134.84 the UK government said its 2018 LGBT action plan would extend their anti-homophobic, biphobic and transphobic bullying programme in schools. We are concerned that without a clear definition the idea of 'transphobia' it is being used in schools to prevent any discussion of how to treat gender distressed pupils fairly while also protecting the rights of other children under the Equality Act 2010. It is possible to balance the rights of those with the protected characteristics of sex and those with that of gender reassignment.²¹

The ruling in *Forstater v CGD* 10 June 2021²² established the important principle in UK that 'gender critical' beliefs are protected under the Equality Act 2010. The ruling established that believing sex is binary and immutable is a "worthy of respect in a democratic society." This has important implications for schools, meaning that female pupils have a right to talk about their sex-based rights without being accused of transphobia. It means girls can assert their rights to single-sex spaces, facilities and sports and be protected in law in doing so.

We welcome voluntary guidance from the UK Government's Department for Education issued in September 2020²³ that stated "teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of

²⁰<https://www.cps.gov.uk/legal-guidance/homophobic-biphobic-and-transphobic-hate-crime-prosecution-guidance>

²¹ <https://www.stonewall.org.uk/help-advice/faqs-and-glossary/list-lgbtq-terms>

²² https://www.report-it.org.uk/cps_launch_hate_crime_schools_pack

²³ <https://www.telegraph.co.uk/news/2020/04/30/cpspulls-hate-crime-guidance-schools-14-year-old-girl-mounted/>

changing” but want to see this advice made statutory.

Recommendations

That the UK government issue new guidelines on the treatment of children with gender related distress, taking into account the rights of all other children in the same school.

That the UK government state that all bullying and harassment in schools is wrong. At the same time, it must distinguish between hatred in the form of ‘transphobia’ and the legitimate right to discuss sex-based rights.

That the UK government amends the 2019 RSE statutory guidance for schools to state that ‘gender identity’ must be taught as a belief, not a fact and should not be confused with the biological facts of sex.

That the UK government remove links to all activist groups, such as Stonewall, in Department for Education guidance, cease funding such group for work with schools, and not be seen to be endorsing any groups with political aims to change school policies.

That the Department for Education guidance ‘Implementing the RSE Curriculum’ is made statutory.

That the Department for Education guidance ‘Political Impartiality in Schools’ adds gender identity ideology.