BRIEFING

Children and Transgenderism: What You Need to Know

Government Consultation

'Gender Questioning Children in Schools and Colleges'

Deadline: 12 March 2024

Background

The sole focus of the current Department for Education (DfE) consultation centres on 'gender questioning' children in schools and young people in colleges. VfJUK provides an overview of the current landscape of gender ideology, especially as it applies to children and young people, to help provide background and context for understanding the key issues of concern, so that children are better protected.

VfJUK welcomes much of the DfE draft guidance but we are concerned by the multiple loopholes within it, meaning that children will not be adequately protected. If the guidance remains unchanged, children will not be properly safeguarded from the medical and psychological harms flowing from either social transition and/or medical transition. Parents must be fully informed and actively involved in cases affecting their children. Their concerns about protecting their children from either form of transition must always override decisions made by officials within school settings.

Research clearly shows that children who are affirmed in the opposite gender by means of social transition are more likely to later embark upon medical transition. Social transition effectively becomes a kind of 'conveyor belt' to medical transition. Put simply, this exposes children and young people to serious health risks and medical harms, some of which are irreversible.

Increasingly, there are growing numbers of 'detransitioners' who are making their voices heard.[1] These are people who bitterly regret being put on the medical transition 'pathway'. They may have been given puberty blockers, sex-change hormones or reassignment surgery. They often feel deeply betrayed by psychiatrists and others who facilitated them on their path to 'transition' while not being properly informed about the long-term dangers. Their challenge is to live with the medical and/or psychological harms from previous medical interventions, and to reidentify with their birth sex. VfJUK believes that no child should be encouraged into a mindset or along a path whose outcome is harmful and irreversible. This is not compassion but cruelty.

VfJUK's responses to the Government Consultation can be read here.

Parental authority vs school authority

Parents are the primary educators of their children. When their children are educated at school or college, parents entrust these institutions to both educate and safeguard their children ('loco parentis'). All too often, decisions involving socially transitioning children, believed by teachers to be transgender, are taken without parental knowledge or consent. It is unlawful for schools or colleges to usurp parental authority. It is also outside the school or college remit to make professional decisions involving mental health, as it relates to gender issues. Parents alone have ultimate responsibility to exercise moral oversight of their children's welfare.

There has been much confusion among schools in the contested area of gender and gender questioning children. Schools have often shown ignorance or disregard of the law and DfE guidance related to this area, having wrongly encouraged children to transition, without parental knowledge and/or consent.

In 2022, Suella Braverman, speaking as Attorney General, laid out the legal position: "The problem is that many schools and teachers believe – incorrectly - that they are under an absolute legal obligation to treat children who are gender questioning according to their preference, in all ways and all respects, from preferred pronouns to use of facilities and competing in sports. All this is sometimes taking place without informing their parents or taking into account the impact on other children. Anyone who questions such an approach is accused of transphobia. In my view, this approach is not supported by the law."

She warned that "…schools and teachers who socially transition a child without the knowledge or consent of parents or without medical advice increase their exposure to a negligence claim for breach of their duty of care to that child."[2] She concluded: "It is therefore wrong for schools to suggest that they have legal obligations which mean that they must address children by their preferred pronouns, names, or admit them to opposite sex toilets, sport teams, or dormitories."[3]

Braverman explained that before proceeding with social transition, schools should ensure that clinical professionals and parents get "around the table". She stated that in children's healthcare, the "legal presumption is that parents act in the best interests of their children, until and unless there are strong grounds to suggest otherwise." She added: "There is no other situation where a school would make a significant life changing decision about a child without involving the parents - these children should not be treated any differently."

Put simply, schools or colleges are neither permitted nor qualified to socially transition a child, and as the primary educators, parents must be at the centre of these issues.

What is social transition?

In a school or college context, this refers to a boy or girl who appears to indicate that he or she wishes to be treated as the opposite gender. Typically, this involves a change of name, pronouns, clothing and use of toilet and changing facilities, if these are available. The child may or may not have been diagnosed with gender dysphoria.

There has been a growing tendency to assume that because a boy, for example, likes dolls or wearing dresses, he must be 'born in the wrong body'. Likewise, a girl who displays 'tomboy' characteristics may wrongly be labelled as transgender. It should be noted that the vast majority of children, during the course of puberty and beyond, eventually settle comfortably into their birth sex.

In 2020, DfE guidance for schools, stated: "You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear." The guidance further advises that 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 changing…"[4]

What is medical transition?

There is no outright legal prohibition against children being given puberty blockers, drugs that delay the onset of puberty. In 2021, the Court of Appeal ruling in *Bell v Tavistock,*[5] declared that it was for clinicians instead of judges to decide on whether under 16s could give informed consent to puberty blockers. This reversed an earlier ruling, containing guidance that it was unlikely for under 16s to be mature enough to consent to puberty blockers in most circumstances.[6]

It is unlawful for under 18s to be given gender reassignment surgery.[7] Surgery can involve the removal of genitals and a mastectomy. Post-surgery, breasts or genitals may be 'reconstructed'.

Despite legal prohibitions on surgical interventions for under 18s, a 'Government Response'[8] from the Department for Health to VfJUK's previous campaign calling for a ban on all medical interventions for under 18s seeking to change gender, stated: "With regard to young people's consent to these procedures and treatment, the department's position is that patients have a fundamental legal and ethical right to determine what happens to their own bodies." On consent, they say: "If children have the capacity to give consent for themselves, then consent should be sought direct from them." If a child is not deemed competent to consent, the Government went on to advise that consent should be sought from a person with parental responsibility. These messages bring confusion into the legal area of child safeguarding and put children, by definition incapable of making a properly informed decision, at risk. Instead, there should be certainty and clear boundaries marking out what is prohibited, ensuring that children are never considered for surgical intervention.

Why is medical transition harmful to children?

NHS

The NHS warns: "Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria."[9] The NHS further warns that common risks of long-term cross-sex 'hormone treatment' include: blood clots, gallstones, weight gain, acne, dyslipidaemia (abnormal levels of fat in the blood), elevated liver enzymes, polycythaemia (high concentration of red blood cells) and hair loss or balding.[10] The NHS also gives warnings about infertility: "Long-term cross-sex hormone treatment may also lead, eventually, to infertility, even if treatment is stopped."[11]

Royal College of Practitioners

In 2019, The Royal College of Practitioners stated in its position paper: "There is a significant lack of robust, comprehensive evidence around the outcomes, side effects and unintended consequences of such treatments for people with gender dysphoria, particularly children and young people…"[12] VfJUK understands that exposing children and young people to any aspect of medical transition is a social engineering experiment.

Expert opinion

Dr. Paul Rodney McHugh, M.D, distinguished professor of psychiatry, states: "**There is no other area in medicine where we unconditionally allow children to choose their own diagnosis.**"[13] (bold original) He also warns: "As more gender affirmance [i.e. validation] is promoted to children, the natural consequent will be that more children can be expected to accept, and even pursue, these drastic medical courses."[14] He advises that "gender dysphoria should be treated with psychotherapy, not surgery. The comorbidities associated with gender dysphoria are many. The benefits of gender reassignment surgery are not scientifically significant, and the consequences (including a highly elevated rate of suicide) are troubling at best."[15]

Transgender advocates regularly claim dubious data, alleging that if children (or adults) are discouraged from or denied the opportunity to transition, they will commit suicide. The message is clear: anything short of disagreement with this claim is 'transphobic' and allegedly places transgender people at risk. There is indeed a consensus that suicide ideation, i.e., thoughts about suicide which may but do not automatically involve actual attempts, is disproportionately higher among transgender people, compared to the general population.[16]

However, an association or correlation between the two is not evidence, much less proof, of a causal relationship. Transgender advocates believe that the link to suicide ideation, and a host of other mental health problems including depression, anxiety, substance and/or alcohol abuse, etc, is based on society's hostility to transgender people. The idea is that transgender people have internalised society's 'transphobia', and it is this that causes their illness. However, this claim lacks scientific support, and it is notable how in liberal societies, with long traditions of tolerance, rates of adverse mental health among transgender people have not diminished.

Dr McHugh observes: "The most reliable long-term studies bare out the realities of the consequences of affirming gender reassignment instead of focussing on treating gender dysphoric people by reconciling them with their biological sex. The most thorough follow-up of sex-reassigned people extending over thirty years and conducted in Sweden, where the culture is highly LGBT affirming, documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers."[17]

What about BBID?

Transgender advocates argue that if someone 'feels' they are the opposite gender, this should not be questioned in any way, and every effort should be made to facilitate what they see as 'gender-affirming care'. A major flaw in this stance is that medicine cannot and should not appeal to mere subjectivity, when the outcomes are life-altering, irreversible and harmful. A counter example is that of people who experience Body Integrity Identity Disorder (BIID).[18] Individuals with BIID feel there is a mismatch between their mental body image and their physical body, and they feel a deep desire to have a limb amputated or to be paralyzed. Currently, no recognised medical practitioner anywhere in the world is allowed to facilitate such steps. Likewise, for children and young people at least, in cases of a gender dysphoria diagnosis, 'care' should involve compassionate and sensitive support that helps them accept their body, not perilous medical and/or surgical interventions that could later be regretted. Again, schools do not hold the moral or legal authority to make major, life-changing decisions about children who

may have gender dysphoria. Parents must be fully informed if their child exhibits gender non-conforming behaviour, and be actively involved in safeguarding them from ideological pressures.

Brain development and risk taking

Cognitive development in children and young people is in a continuing process of maturation and therefore, the processing of risk assessment is not equal to an adult's capacity for consent.

Graham Rogers, a British consultant psychologist with more than 30 years' experience within education, health and social services, as well as expert witness in many court cases, has written that: "… 'child development' is not just about the child, but is a process that continues into adolescence and early adulthood. Indeed, the brain continues to develop well beyond birth, continuing for decades with the frontal and pre-frontal cortex not being fully mature until an individual has reached their mid to late twenties. Indeed, these centres of the brain are most closely associated with risk-taking behaviour and decision-making."[19]

Michelle Cretella MD, a leading authority on paediatrics as it relates to transgenderism, states: "Neuroscience clearly documents that the adolescent brain is cognitively immature and lacks an adult capacity for risk assessment prior to the early to mid-twenties. There is a serious ethical problem with allowing irreversible, life-changing procedures to be performed on minors who are too young to give valid consent themselves. This ethical requirement of informed consent is fundamental to the practice of medicine…"[20]

The scientific facts of brain development are a clear reminder that protecting children from harm is a safeguarding issue, and that parents, as the primary educators of their children must be fully informed if their child expresses an apparent desire to be treated as the opposite gender. Therefore, if a school facilitates a child 's expressed wish to transition socially, this not only usurps parental rights and responsibilities, but also marks a clear violation of the school's legal safeguarding duties.

NHS Gender Clinic

It is now recognised how the NHS Tavistock Clinic,[21] the UK's only gender identity clinic for children and young people, felt pressured into hasty approval of medical interventions for children, a scandal widely reported.[22] This soon-to-be decommissioned clinic no longer receives new referrals but is focused on its existing caseload, pending moves to a new national scheme.[23] Case referrals for children and young people between 2011/2012 and 2021/2022 skyrocketed from 250 to over 5000.[24]

How likely does social transition end in medical transition?

According to the authoritative Diagnostic and Statistical Manual of Mental Disorders (DSM Manual), 98% of gender-confused boys and 88% of gender-confused girls eventually accept their biological sex after developing through puberty.[25] In a Dutch study, it was found, 80–95% of prepubertal children with gender dysphoria will no longer experience this in adolescence. [26] By late adolescence, eighty to 90 per cent of pre-pubertal children with gender dysphoria will find resolution, if not exposed to social affirmation or medical intervention.[27] Patricia Morgan, sociologist, citing research, writes: "Those blocked from experiencing puberty overwhelmingly go on to take cross-sex hormones (oestrogen for boys or testosterone for girls) as the prelude to physical reassignment. Of 70 adolescents who received puberty suppression between 2000 and 2008, none withdrew and all began cross-sex hormone treatment."[28]

These figures present a clear message: the great majority of children who experience problems with their gender identity are eventually fully reconciled with their birth sex. Therefore, even when gender dysphoria is diagnosed, this should not be a basis for encouraging a child through social transition, which, evidence shows, will all too frequently act as a stimulus to medical transition. For the sake of fully safeguarding children from medical risks and harms, and from making irreversible, life-changing decisions they may later regret, schools must never be places where children are exposed to these dangers. Schools should limit themselves to recognising the biological sex of the children who are in their care, and no more.

Medical Overview

For a detailed overview of what the mainstream medical authorities say, including the NHS, about the multiple medical harms and health risks, read VfJUK's previous briefing: "*Changing Gender"- Exposing Medical Harms and Risks: What do the authorities say?* **Read here.**

Gender ideology and gender dysphoria

An influx of messages from mainstream media and education continues to convey the idea that you can change your gender, and it is believed that your 'male' or female' identity is merely the sex you were 'assigned at birth'. This ideology posits that some people are "born into the wrong body". For a very small minority (UK figures below), gender is felt as 'fluid', meaning that there may be changes over time to a person's gender expression or gender identity or both.[29] Another minority identity is 'non-binary' which refers to people whose gender identity does not represent clear cultural categories of male or female.

Some individuals experience identity conflicts, meaning that a person can feel a mismatch or disharmony between their biological sex and what they feel and believe their actual sex 'should' be. This diagnosis is known as gender dysphoria.[30] We should note that if a child expresses a wish to be treated as the opposite sex, this does not automatically mean he or she is suffering with gender dysphoria. According to the DSM Manual, diagnosis must include a "clinically significant distress or impairment in social, occupational, or other important areas of functioning" connected to the incongruent feelings.[31]

If children are to be fully safeguarded, even well-intentioned decisions that support a child's social transition must always be rejected. Social transition is a potential 'conveyor belt' towards medical transition. VfJUK recognises that human beings are born either male (XY chromosome) or female (XX chromosome) and believes that children must be protected from all 'gender-affirming' steps or messages, effectively treating them as the opposite gender. VfJUK observes how gender ideology is being dangerously sold to children and believes it is the key safeguarding issue of our time.

The reality that humans are either male or female must not be confused with intersex, a condition clearly distinct from transgender, in which a child is born with indeterminate or ambiguous genitalia. No official UK numbers exist for this "very rare condition".[32] It should be noted that transgender people are biologically either male or female.

Cultural and legal trends

'Gender' and 'sex' have often been treated as interchangeable or conflated terms. Confusion has been created with the belief that there are multiple genders, and that the binary categories of male and female are outdated. 'Sex' refers to a person's identity based on their biology (male or female), whereas 'gender' is now often deemed to refer to the "psychological and cultural characteristics associated with biological sex."[33] Gender' is believed to involve what a person perceives, feels or believes is their identity, even when this conflicts with the immutable facts of their biological sex.

One hundred genders

An ever-growing list of gender identities has entered public vocabulary, and there appears to be no limit in sight for new additions to this list.[34] Whereas, previously, people who presented themselves as the opposite sex were known as 'transsexual', they are now called 'transgender'. Many schools in recent years have been promoting this dangerous new ideology.

Assigned at birth?

Biological male/female identity is increasingly denied by ideologues, who claim that people are wrongly assigned a sex at birth as result of society's patriarchal insistence on male/female binaries. There is no scientific basis for this, but many schools, swayed by political activists' intent on promoting the 'new' narrative, have accepted the arguments without question.

Current legal 'safeguards'

Under current UK law, most people[35] who are given legal recognition of a new gender are diagnosed with gender dysphoria; are able to provide two medical reports; can prove they have lived in their opposite gender for a minimum of two years; and can give a 'statutory declaration' that they intend to permanently live in their newly acquired gender.[36] People who are deemed eligible for a new gender recognition certificate are not legally required to have gone through some or all of the medical and surgical interventions.

Proposals for removing medical diagnosis

Transgender people who responded to a government consultation felt that the legal and medical criteria needed to acquire a new legal gender are "dehumanising" and "bureaucratic".[37] Instead, a person should be able to make a self-declaration about their choice to live permanently as the opposite gender without the need for diagnosis and medical oversight. Previous attempts by the UK government to enact this radical step failed.[38] Similar attempts by the Scottish government, passed through the Scottish Parliament[39] but were blocked by the UK government.[40] These Scottish plans would have lowered the minimum age requirement to legally transition from 18 to16.

Some European and South American countries already permit a change in legal gender either without the need of an assessment being made, or without the requirement for a medical diagnosis.[41]

In 2021, the House of Commons Women and Equalities Committee recommended a series of radical legal changes including removing the legal need for a diagnosis of gender dysphoria and proposals for a new kind of statutory declaration.[42] This novel statutory declaration proposal is effectively a form of self-declaration, that one intends to live in a new gender and would apply to those aged 18 and over. The committee's report suggests that the new scheme, while not involving "medical scrutiny", should include "strong legal safeguards". Interestingly, the report openly recognises that some people "regret" their decision to legally transition. Therefore, it proposes that the current statutory requirement stating that the decision applies "until death", be removed: "We recommend that the wording of the statutory declaration be amended to permit people who have legally changed their gender identity to reverse their decision…"

These superficial and harmful proposals for self-declaration, with the removal of a medical diagnosis of gender dysphoria, places young people, i.e., aged 16 and above, at heightened medical risks. All such moves must be rejected on the grounds of safeguarding children and young people. The need for a medical diagnosis of gender dysphoria is a clear reminder that schools are not medical authorities and cannot therefore be led by the apparent expressed wishes of a child. As noted above, parents must be central to all such cases involving their child's wellbeing and safety from harm.

Gender identity in the UK population

In the 2021 Census, the UK population was asked for the first time about gender identity.[43] Of the 94% of those aged 16 and above who answered the voluntary question, whether the gender they identify with is the same as the sex registered at birth, 93.5% answered 'yes'.

According to Census figures, 30,000 people identified as 'non-binary' (0.06%), while 18,000 identified as a 'different gender identity' (0.04%). 118,000 (0.24%) answered 'no' to the questions but failed to give details; 48,000 (0.10%) identified as trans men, with the same figure for trans women.

The tiny fractions of the population who believe their biological sex is not the measure of their actual identity contrasts sharply with the dominant and pervasive voices across society peddling aggressive gender ideology. That message is being relentlessly promoted by some schools, which are misinterpreting and misapplying the law as it stands, and using educational resources[44] across the curriculum designed to normalise for children the idea that gender is choice, which people can change if they wish, and that some people are born in the 'wrong body. Such an approach, which has no scientific or biological base, is overt and planned indoctrination.

The Cass Review[45]

In 2020, the Cass Review was commissioned by NHS England and NHS Improvement to make recommendations about NHS services to children and young people who question their gender or experience gender incongruence.

In 2022, the interim report[46] recognised how quality controls underpinning the clinical approach were inadequate, compared to how new treatments are otherwise introduced: "Because the specialist service has evolved rapidly and organically in response to demand, the clinical approach and overall service design has not been subjected to some of the normal quality controls that are typically applied when new or innovative treatments are introduced."[47] As of June 2023, NHS England announced that puberty blockers will not be made routinely available outside of research,[48] even while the Cass Review interim report recognised there are "major gaps in the research base".[49]

A final report together with recommendations is expected in the first quarter of 2024.

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[44] Story books with transgender characters are a regular theme that targets minors: https://www.goodreads.com/list/show/20314.Transgender_Friendly_Young_Children_s_Books_

[45] Known formally as The Independent Review of Gender Identity Services for Children and Young People (The Cass Review) was commissioned by NHS England and NHS: https://cass.independent-review.uk/about-the-review/

[46] https://cass.independent-review.uk/publications/interim-report/

[47]Chapter 5, section 5.3.

[48] https://www.bbc.co.uk/news/uk-65860272

[49] Chapter 6, section 6.1.