

# Keira Bell – what does the court judgment mean for schools?

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The High Court ruled [in the case of Keira Bell and Mrs A v the Tavistock](#) that children under the age of 13 are ‘highly unlikely’ to be able to give informed consent to treatment with puberty blockers and for children aged 14 and 15 it is ‘very doubtful’. Clinicians must also seek authorisation from the court in the case of 16 and 17 year-olds if they have any doubts that the treatment is in the best interests of the young person.

The [results of the Early Intervention study](#) recently released by the Tavistock (not seen in court) validate the court’s judgment. 43 out of 44 children who began treatment with puberty blockers progressed to cross-sex hormones at age 16. Taking puberty blockers resulted in no overall improvements in psychological function for these children.

In light of this judgment all guidance that promotes the use of blockers and hormones must be withdrawn from schools. Transgender and ‘LGBT’ organisations should never have been given the authority to issue guidance for schools which normalises the idea of medical intervention as akin to changing clothes and pronouns. These groups are not clinical or medical professionals and a court has now ruled that the treatment they promote is unevidenced, with known harms and as yet unknown long-term risks.

Following are just some examples of the cavalier promotion of blockers and hormones to children in guidance followed by schools:

## Stonewall

*“This means schools are required to tackle transphobic bullying and support any students taking steps to ‘reassign their sex’ (or transition), whether those steps are ‘social’ (e.g. changing their name and pronoun, the way they look or dress) or ‘medical’ (e.g. hormone treatment, surgery).”*

*(An Introduction to Supporting LGBT Young People, 2015, p. 9)*

*“A trans young person will transition so as to be understood by others in their self-identified gender and to look and feel the way that makes them comfortable. Most trans young people will want to take social steps to transition. A young person wanting to access hormone treatment as part of their transition will need to be referred to the gender identity development service.”*

*(An Introduction to Supporting LGBT Young People, 2015, p. 19)*

*“Children and young people may need support from school, college or setting staff while waiting for their initial appointment with GIDS, as there is a long waiting list. After the initial appointment, children and young people need to attend a number of assessment appointments with a multi-agency team. If appropriate, puberty blockers may then be offered to some trans young people. It is important to note that cross-sex hormone treatment is not offered until the age of 16, and gender reassignment surgery is not available to under 18s.”*

*(An Introduction to Supporting LGBT Young People, 2020, p. 43)*

## **Allsorts**

*“Transition – the steps a trans person may take to live in the gender they identify as. What constitutes transitioning will be different for each individual. Social transition could involve name and pronoun changes and dressing differently. Medical transition could include hormone blockers, hormones and surgeries. There is not a single route for transition: individuals’ experiences are all different.”*

*“Trans boy or man – a person assigned female at birth and who identifies as a boy or man. They will often change their name to one more commonly used by men, use the male pronoun (‘he’) and wear clothes that are typically worn by men. They will sometimes undergo medical procedures to change their physical appearance.”*

*“How to support a child or young person who wants to transition. ‘Transition’ can mean different things to different people so it is important to find out what this means to the child or young person you are supporting. Broadly speaking, most aspects of transition can be divided into ‘social’ or ‘medical’. For a social transition this could include: · A name change · A change in pronoun (he, she, they, zie etc.) · Wearing clothes that are associated with their gender identity\* · Use of toilets and changing rooms appropriate to their gender identity.”*

*“Medical transition is the process by which a trans person takes steps to physically alter their body. This happens under the care of the NHS Tavistock and Portman Gender Identity Development Service (GIDS). This may include: · Hormone blockers · Hormones (testosterone or oestrogen) · Surgery (not available to young people under the age of 18 in the UK) Some trans children and young people will be hoping to undergo both social and medical aspects of transition while some will choose just the social aspects.”*

*“Once you have an understanding of the areas in which a child or young person is planning to transition, you can think about how to facilitate these changes at school.”*

<https://www.allsortsyouth.org.uk/resources/toolkits-booklets-guides>

The Allsorts guide is used as the basis for transgender schools guidance developed by local authorities throughout England and Wales. For example:

### **Wrexham transgender schools guide**

*“Broadly speaking, most aspects of transition can be divided into ‘social’ or ‘medical’.”*

*“By allowing a trans\* child or young person to dress in clothes which they feel comfortable, schools empower them to express themselves by bringing their outward appearance in line with that of their internal gender identity.”*

*“Medical treatment is provided in a series of phases that include:*

*Medication to block the production of the natural hormones that feminise or masculinise the body during puberty. This may be followed by prescribing hormones to masculinise or feminise the body.”*

[http://www.schools-out.org.uk/wp-content/files\\_mf/1470607662TransGenderGuidanceSchoolsFinal.pdf](http://www.schools-out.org.uk/wp-content/files_mf/1470607662TransGenderGuidanceSchoolsFinal.pdf)

### **Vale of Glamorgan trans toolkit**

*“Gender reassignment – another way of describing a person’s transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender.”*

*“Transgender person – A person whose gender identity is different from the sex they were assigned at birth. The important thing is to validate the young person’s identity as it is now and support any changes that may arise as they come to explore their gender identity further.”*

*“Transition and medical intervention*

*Medication to block the production of the natural hormones that feminise or masculinise the body during puberty. This may be followed by prescribing hormones to masculinise or feminise the body.”*

<https://www.valeofglamorgan.gov.uk/Documents/Committee%20Reports/Cabinet/2018/18-04-30/Appendicies/Trans-Appendix-A.pdf>

### **Intercom Trust**

The Intercom Trust guidance is used in Cornwall.

*“Gender Dysphoria (or Gender Identity Disorder) is a clinical condition that can present from as early as age two and can only be diagnosed by a medical and/or psychiatric expert. A person diagnosed with Gender Dysphoria may require treatment (e.g. hormone blockers) to ameliorate the symptoms associated with being Transgender.”*

*“It must be recognised that people have their own prejudices. A parent or guardian may not always be the most supportive or appropriate person to assist the young person through transitioning. It may not be necessary for a parent or guardian to provide permission for a Trans pupil or student to take steps to transition as there may be issues raised of Fraser competence if parents will not consent.”*

*“Blockers – Gonadotrophin inhibiting agents are not hormones that will give the body changes associated with cross-sex hormone therapy. Rather they block the body from releasing the hormones that change the body of boys and girls during puberty to either a more male or more female form and keep it at pre-puberty stage of development. Stopping treatment allows the body to go through the normal puberty for that child – or alternatively, if the child wishes, he or she can elect to have cross-hormone therapy when they have reached an age where they can give their informed consent to such treatment.”*

<https://www.intercomtrust.org.uk/item/55>

## **LGBT Youth Scotland**

(The court judgment does not apply in Scotland and the Sandyford Clinic in Glasgow has stated they will not change protocols at their [gender identity service](#)).

*“Transition: A multi-step process as transgender people begin living their lives in a way that affirms their gender identity. In schools, this will primarily consist of a social transition: young people changing their name, pronoun use and physical appearance (hairstyle, clothes and so on). Some young people may begin their medical transition while in school.”*

*“If the gender clinic diagnoses a young person with ‘gender dysphoria’, it can offer ongoing support and, when they enter puberty, medical intervention. This may involve starting puberty blockers, which puts puberty on hold, meaning the young person temporarily stops developing secondary sex characteristics. If they stop taking the blockers, their puberty will begin again. Older transgender young people may be prescribed gender affirming hormones. Young people assigned female at birth are given testosterone, while those assigned male at birth are given oestrogen (and some may also require testosterone blockers).”*

*“Regardless of the stage of puberty or medical intervention, the school should affirm the transgender young person’s gender identity and listen to what they say they need.”*

<https://lgbtyouth.org.uk/media/1344/supporting-transgender-young-people.pdf>

## NEU

*“It is really important that the young person’s gender identity is respected. Let the young person express how they identify or need to express their gender in a conversation or in any other way they find comfortable. Care must be taken to find out what their needs are and how they want to proceed. Every young trans person is different.”*

*“If they are looking to find medical help with their transition, then their GP is the first port of call.”*

*“If continuing conversations with the pupil and family show that the pupil is intending to transition in school or college, then putting together an action plan is a good next step.”*

<https://neu.org.uk/advice/supporting-trans-and-gender-questioning-students>

## GIRES

Transition of a pupil in school:

*“Time out: Children (especially during puberty) may need clinic appointments – miss school, and need to make up lessons; from start of puberty, possibility of hormone-blockers leading to lack of energy.”*

<https://www.gires.org.uk/wp-content/uploads/2017/08/Transition-of-Pupil-in-School.pdf>

**The Gender Question:** A teaching resource for secondary science developed by Gender Matters and GIRES describes puberty blockers as a “safe, reversible, diagnostic phase”.



### Treatment in puberty



A few young people who feel extremely unhappy with the mismatch between the way they look and the way they identify as boys or girls, have treatment to stop their puberty for a few years.

This gives them time to make up their minds whether they will be more comfortable living as men, or as women, or maybe somewhere in between.

## **GIRES and Mermaids**

These factsheets are available from the PSHE Association website.

*“Gender affirming treatment applies to medical interventions, such as hormone treatments and sometimes surgeries. Children are not offered any medical intervention before the start of puberty.”*

*“Hormone blockers may be offered to children in early puberty to suspend the development of their unwanted secondary sex characteristics (including breast development in trans boys or deepening of the voice in trans girls) which may be highly distressing. This treatment is reversible. Hormone therapy refers to the gender affirming hormones, to feminise or masculinise the appearance, may be offered to adolescents and adults. Surgery is surgical interventions to modify the sex characteristics and bring them more in line with the gender identity, are not undertaken under 17 years old. Genital surgery may be described as ‘lower or bottom surgery’; breast/ chest surgery may be described as ‘top’ surgery.”*

<https://www.pshe-association.org.uk/system/files/Factsheet%20-%20Trans%20Terminology.pdf>

*“Growing numbers of young people are presenting as gender diverse, so schools need to be prepared to facilitate ‘transition’ (change of gender expression), rather than reacting only when the situation arises.”*

*“Time out: Children (especially during puberty) may have clinic appointments that involve travelling. They may miss school and need to make up lost lessons; from early puberty, they may be on medication (puberty blockers) to put the physical changes associated with puberty, on hold. This may lead to lack of energy. Older pupils may be on hormone treatments that match their gender identity.”*

<https://www.pshe-association.org.uk/system/files/Factsheet%20-%20Transition%20of%20pupil.pdf>

## **EqualiTeach**

*“Transition: The process of changing one’s gender and/or biological sex to align with one’s gender identity. Transitioning can be a complex process that occurs over a long period of time. Transitioning can include some or all of the following personal, medical and legal steps: telling one’s family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one’s name and/or sex on legal documents; hormone therapy; and one or more types of surgery. The exact steps involved in transition vary from person to person.”*

<https://equaliteach.co.uk/for-schools/classroom-resources/free-to-be/>

## Educate and Celebrate

From “How to Transform your school into an LGBT+ Friendly place” Dr Elly Barnes & Dr Anna Carlile:

*“Your student may well ‘socially transition’ at school”.*

*“The student may well take hormone blockers, which are a safe, reversible medical intervention that suspends puberty to save the student the distress of developing a body and/or characteristics they do not identify with. Students who are 17 years and above will be seen in an adult clinic where they are entitled to consent to their own treatment, and for some, steps can be taken for more permanent hormone or surgical treatments.”*

<https://www.educateandcelebrate.org/product/transform-school-lgbt-friendly-place/>

From “Can I tell you about Gender Diversity” by CJ Atkinson:

*“Hormone blockers are a type of treatment that stops you from going through the puberty you were assigned at birth. It’s reversible and it can stop you experiencing anything horrible while you try to work out what you want to do next”*

*“The best thing about hormone blockers is that if I change my mind then they won’t hurt my body. I don’t think that’s going to happen for me but Dad says they give me a little bit of time to get more comfortable with the body I’m growing into.”*

*“...and I’ve started to think that if it feels right for me then I am going to want to take testosterone at 16. That means I’ll be able to go through boy puberty at the same time as other boys in my class. My friend doesn’t think they want to go through (sic) hormones but might have top surgery so that they don’t have breasts...”*

*“Once you are on hormone blockers there are really two directions you can go in when you are 18. You can either stop taking the hormone blockers and your body will carry on the way it was going to, or you can change and take hormone replacement therapy to help your body become the right body for you.”*

<https://www.amazon.co.uk/tell-about-Gender-Diversity-professionals/dp/1785921053>

## Brook

*“Transitioning refers to the process of living in your acquired gender role which matches your gender identity. Transitioning can involve many different elements*

*and stages but ultimately, is concerned with changing your physical appearance and body to match your gender identity.”*

<https://www.brook.org.uk/your-life/transitioning/>

*“Some trans people may change the clothes they wear in order to express the gender they want to express. Some may cut their hair differently or start or stop wearing makeup. Some trans people may take hormones or have surgery. We call these sorts of things ‘transitioning’, which means someone has made a decision to move from the gender they were given to the gender they belong in.”*

<https://www.brook.org.uk/your-life/what-is-gender/>

*“Transition: The process a trans person goes through in order to live as the gender they belong in. This can involve changing the way they dress, the way they move or speak; it can involve starting to or stopping wearing make-up; it can involve taking hormones, having surgery (sometimes this is called gender reassignment) or changing their name.”*

<https://www.brook.org.uk/your-life/gender-a-few-definitions/>

*“Some people only choose to live part-time in their preferred gender identity, whereas others want to be permanently accepted in their acquired gender identity. This often begins with a process of changing their name and the pronoun they wish to be referred to as (he/she). This may then lead on to taking hormones and having surgery to make their bodies conform to their acquired gender identity.”*

<https://www.brook.org.uk/your-life/transitioning/>

## **Bish**

*“Some people want to live as their trans self sometimes and their cis self at other times, often people want to ‘transition’ to live as their trans self. Some trans people decide to go for gender realignment, which is where they decide to have various hormone treatments, cosmetic treatments and sometimes surgery to help them to feel more like themselves.”*

<https://www.bishuk.com/about-you/sex-and-gender/>

## **Andrew Moffat**

Another way the normalisation of blockers and hormones has made its way into schools is through videos. In [Challenging Homophobia in Primary Schools](#), as part of the 10,000 dresses lesson plan, it is recommended that the whole class should watch *I am Leo*, described as “very positive and perfect for understanding about life as a transgender child”.

*I am Leo* is a documentary first broadcast on CBBC in 2014 and aimed at 6 – 12 year-olds. It includes a section at the Tavistock clinic in which Polly Carmichael reassures children that blockers merely act as a ‘pause button’.

<https://www.transgendertrend.com/wp-content/uploads/2020/12/LEO-BLOCKER.mp4>

## **From affirmation to blockers**

Puberty blockers and hormones are the logical end point of the teaching children are receiving in schools. It starts with the idea that if you don’t conform to sex stereotypes you have a ‘gender identity’ that doesn’t ‘match’ the sex you were ‘assigned at birth’ and you are therefore ‘transgender’. The GIRES and Mermaids factsheet makes it very clear that this is about children who don’t conform to the approved social stereotypes for their sex:

*“The terms ‘trans’ and ‘gender diverse’ are two of the many terms used to cover **all** those whose gender identity does not match the social and cultural expectations associated with their birth sex.”*

Gendered Intelligence, in [Issues of Bullying](#) (2008) teaches that ‘anyone who challenges gender norms’ is ‘transgender’.

In the book *Can I Tell You About Gender Diversity?* a girl is really a boy because she doesn’t like dolls, dresses or having long hair:

*“When I was born, the doctors told my mum and dad that they had a baby girl, and so for the first few years of my life that’s how my parents raised me. This is called being assigned female at birth. I wasn’t ever happy that way. I didn’t like playing with dolls, or wearing dresses, and I hated having long hair.”*

Mermaids claims [in a factsheet](#) that the protected characteristic ‘gender reassignment’ protects “anyone who is outside the accepted gender norms.”

The Sandyford Clinic, on their website, describes their gender identity service with blunt honesty thus: “The service primarily assists people who are transgender to facilitate medical and surgical treatments, enabling greater comfort in the face of gender non-conformity.”

Children are taught that their ‘gender identity’ is their ‘true self’ from Early Years onwards through transgender picture books. *Introducing Teddy* for example (for 0 – 5 year-olds) is subtitled “a story about being yourself;” the teddy character Thomas declares: “I need to be myself” as his reason for ‘coming out’ as a ‘girl’.

[The GIRES Penguin land series](#) is titled “Being Me”.



Bish says that hormones and surgery help people to “feel more like themselves”.

The idea of ‘gender identity’ therefore functions as a replacement of what we may have previously called ‘personality’. Once identified as your ‘true self’ your ‘gender identity’ takes a leap from the subjective to the objective world of biological reality and changes you literally from boy to girl or vice versa. It becomes your ‘true gender’.

The Intercom Trust describes transitioning as

*“the process by which a person starts to live in their true gender.”*

Brook defines transition as:

*“the process a trans person goes through in order to live as the gender they belong in.”*

The Allsorts guidance states:

*“Remember that a pupil who identifies as a girl but was assigned male at birth is not a ‘boy dressed as a girl’ but is a girl.”*

The Wrexham schools guide puts it this way:

*“Remember that a child or young person who identifies as a trans\* girl but was born a genetic male is not a ‘boy dressed as a girl’ but is a girl who outwardly at this point resembles a boy.”*

To deny that a boy is a girl now becomes denial of who a child really is, so a school can only ‘affirm’ a child for ‘who they are’. The words ‘boy’ and ‘girl’ have become personality types.

The Wrexham schools guidance puts it like this:

*“It is important that their identity is validated and supported in any work that you do.”*

Vale of Glamorgan says:

*“The important thing is to validate the young person’s identity as it is now and support any changes that may arise as they come to explore their gender identity further.”*

All schools guidance stresses that all the adults should be led by what the ‘trans child’ wants. The NEU puts it this way:

*“When putting together any transition plan, it cannot be overstated that it must be led by the needs of the pupil and the family, and the young person will have many good and practical ideas about what they would find helpful.”*

What this means in practical terms according to the schools guidance is that everything must ‘match’ the child’s ‘gender identity’: the child must be allowed to use the toilets, changing-rooms and residential accommodation, participate in sports teams and wear the uniforms that ‘match their gender identity’ and everyone else must use the pronouns that ‘match the child’s gender identity’. Once this principle is established it’s a small step to the idea that the child’s body must also ‘match their gender identity’.

GIRES and Mermaids say:

*“Older pupils may be on hormone treatments that match their gender identity.”*

EqualiTeach seems to think it’s possible to change your sex:

*“Transition: The process of changing one’s gender and/or biological sex to align with one’s gender identity.”*

Brook says:

*“Transitioning can involve many different elements and stages but ultimately, is concerned with changing your physical appearance and body to match your gender identity.”*

Nowhere is it mentioned that biological sex might have anything to do with being a girl or being a boy. In fact sex has completely disappeared from the picture, except to be summarily dismissed as something arbitrarily 'assigned' to you at birth. It is not part of 'who you are', but something imposed on you by an outside force that often makes mistakes. It cannot compete with the true internal essence of self that is your 'gender identity', a truth to which everything and everyone else must bend.

**It is important to note at this point that 'gender identity' has no scientific, biological or legal meaning.**

It was previously the case that teaching children to understand themselves as 'gender identities' rather than sexes had a logical end point: blockers and hormones. Often in transgender schools guidance it is suggested that a child might want to transition at the time of moving from primary to secondary school, when a child could conceal their 'trans history'. The suggestion here is that a child may be able to attend a new school 'in stealth' as a girl or a boy. This could only work with the assistance of blockers followed by cross-sex hormones. Without medical assistance, a teenage boy with broad shoulders, a broken voice, acne and stubble, could not 'pass' as a girl. In primary school it can be difficult to tell the boys from the girls but in adolescence the whole thing falls apart unless we keep children artificially looking like children.

The use of blockers and hormones was described as 'experimental' by the court. The teaching of 'gender identity' to children and the 'affirmation' and social transition approach in schools is equally experimental.

We should never have carried out this experiment on this generation of children in the first place. The distress caused to children who are current patients or on the waiting list for the Tavistock is a direct result of the policy capture by transgender lobby groups throughout education and health, endorsed and enabled by government and the NHS. It is unforgivable that vulnerable children are the victims of adult complacency and cowardice in the face of activist demands.

We note that in the past few days, the Allsorts schools toolkit has been [removed from their website](#). We are told Version 4 is coming soon, but tinkering around the edges and adding updated information about blockers and hormones to the existing ideological manifesto will not suffice. Three High Court judges, after viewing all the evidence, have found we have been medically experimenting on children for the past nine years. Now we must remove from schools the ideology at the root of this experiment; the approach that has created the idea in children's heads in the first place that they need medicalisation to 'be who they really are.'

<https://www.transgendertrend.com/keira-bell-court-judgment-schools/>