Transgender Trend response to the Government consultation on conversion therapy

Do you agree or disagree that the Government should intervene to end conversion therapy in principle?

Somewhat Agree

1.We agree in principle that the practice of trying to change a person's sexual orientation by coercive means is futile, can be extremely damaging and should be outlawed. In our response to this consultation, however, we focus on the addition of 'transgender' to a conversion therapy ban, in regard to the safeguarding and protection of children and young people.

2. We question why there is a sudden push now in the UK and other countries to rush through 'transgender' or 'gender identity' conversion therapy bans in the absence of the same level of scrutiny and evidence that exists to support a ban on gay conversion therapy.

3. The consultation conflates and confuses two very different things that cannot exist coherently in the same bill. Affirming (for example) a young lesbian's 'transgender' identity – ie. affirming her as a boy - is, by definition, denying her same-sex orientation. Conversely, affirming her same-sex attraction – affirming her as a lesbian - is denying her 'transgender' identity. Which action meets the criteria for the charge of 'conversion therapy' is not clear.

4. The addition of 'transgender' (or 'gender identity') to a conversion therapy ban therefore risks obscuring practices of gay conversion therapy in instances where this is the motive behind affirming a child as 'transgender.'

5. The risk that a bill may inadvertently promote hidden gay conversion therapy practices under the guise of 'gender affirmative therapy' may be mitigated by separating the two distinct groups the consultation covers into two separate bills and allowing time for proper pre-legislative scrutiny.

6. It is important that the specific needs, rights and experiences of each group are considered separately to ensure the best possible protections for both, and that resulting legislation is evidence-based. This is especially true for children, including adolescents who are exploring their identities and struggling with confusion around their sexual orientation and distress about their developing bodies.

7. The consultation lacks a clear definition of 'conversion therapy' and any definition of the term 'transgender.'

8. 'Sex' and 'sexual orientation' are both protected characteristics under the Equality Act 2010 and have clear legal definitions. 'Sexual orientation' is defined on the basis of biological sex, male or female. 'Transgender' and 'gender identity' are very recent social

constructions which are not protected characteristics and have no scientific, biological or legal meanings. The government must guard against introducing legislation on ill-defined and contested beliefs about 'gender identity.' Legislation must not punish people for using correct biological and legal terms.

9. Acceptance of a young person's emerging sexual orientation is acceptance of a truth or fact and an encouragement of self-acceptance. Affirmation of a young person's 'transgender identity' by contrast is a validation of internal feelings of self-rejection and 'wrongness' which may include body-hatred and disassociation. Affirmation of a girl as a boy encourages the child to reject reality, whereas positive mental health is predicated on acceptance of reality. Adults, including parents and professionals, must be explicitly protected against the charge of 'conversion therapy' for helping a child come to terms with reality, develop self-acceptance and feel happy in their bodies.

10. There is no credible evidence that 'transgender conversion therapy' exists today and no historic record of this practice. On the contrary, the pressing issues of concern today – the exponential increase in the number of children referred to the Tavistock GIDS, the number of children having their puberty blocked and undergoing hormone treatment with lifelong effects, and the increasing number of detransitioners – are a result of the reverse scenario.

11. In today's climate, adults dare not question a child's 'transgender identity' for fear of being accused of transphobia; parents and professionals alike are told that a child's transgender status must be validated, endorsed and affirmed. Children are encouraged to understand themselves as 'transgender' online, in schools and in counselling and therapy settings. Every resource adolescents find guides them towards transition, even glamorising serious medical procedures such as double mastectomy. This is the opposite of a society where 'transgender conversion therapy' is a recognised pressing social problem.

12. The consultation document states "We have listened carefully to the voices of victims", but the voices of those who feel that the 'gender affirmative' care they received was a form of conversion therapy in itself are absent. The government must listen to all those who consider themselves to be victims of conversion therapy, not just those who fit a prescribed agenda.

13. The demographic where we are most likely to find testimony of the harms of conversion therapy in clinical settings in the UK today is detransitioners. The number of forums, support groups and professional therapeutic services for detransitioners has increased over the past few years. For an accurate picture of the prevalence of conversion therapy in the UK today, the Government needs to commission its own research into detransitioners and consider existing studies. Without balanced research the bill will fail in its stated mission and risks causing more harm to those it is designed to protect.

14. Overall, the consultation is muddled and open to interpretation. Although it states that an attempt made to change a person "from not being transgender to being transgender, will be treated in the same way as the reverse scenario", this is unrealistic. Despite evidence that children are being pressured and encouraged to believe they are 'transgender' and

validated in that belief, anyone who questions this is defamed as 'transphobic' and people are afraid of losing their jobs if they do not comply with the prevailing ideology. LGBT lobby groups are only campaigning for a legal ban on converting people *from* being transgender. Therefore there is already a political and cultural imbalance, a bias that will only be exacerbated by the bill proposed in this consultation. The claim from powerful lobby groups that 'being transgender' is an innate state that children are born with and it is 'conversion therapy' to try to change it, would inevitably be legally strengthened.

15. A bill should not introduce the concept of the 'transgender child' into law. 'Transgender' is not a clinical diagnosis. The bill must make a distinction between 'transgender' and 'children with gender dysphoria.' Clinical pathways for children must be evidence-based. Children and young people with gender dysphoria deserve the same duty of care as any other child experiencing psychological distress: careful exploratory therapy and investigation before diagnosis and prescription of medication. No other demographic is prescribed serious medical intervention on the basis of unquestioning acceptance of a patient's self-diagnosis.

Consultation question on proposal for targeting physical conversion therapy

Question 1. To what extent do you support, or not support, the government's proposal for addressing physical acts of conversion therapy? Why do you think this?

Somewhat Support

16. Physical acts of violence are already criminalised. There are clear-cut cases where gay conversion therapy is the motivation for violence, eg. 'corrective rape' but in cases of physical attacks on gay or transgender people the motivation would be hard to prove beyond hate/discrimination. Adding another aggravator to existing Hate Crime laws may result in confusion in sentencing.

17. Accounts from detransitioners suggest that it is not uncommon to feel that you were a victim of physical violence through the administration of blockers/hormones and transition surgery, including breast removal. Some people equate this treatment with electro-shock conversion treatments of the past. This is a question the government must carefully consider. Such serious medical interventions are entered into willingly by young people who are convinced they are 'transgender', ie there is no 'coercion.' This raises the issue of the capacity to give fully-informed consent to such treatments as a minor or a young adult.

18. Evidence emerging currently is that a majority of adolescents/young people undergoing and subsequently regretting such treatments are lesbians who felt shame/confusion about their same-sex attraction and pressured into 'identifying' as men, by bullying/online 'advice'

and a culture that celebrates the 'bravery' of transitioners at the same time as vilifying lesbians.

19. Therefore it is critical to actively seek the views of those who regret their transition and subsequently come to terms with being lesbian/gay. Their voices must be heard and taken seriously if the government wants to protect young people from irreversible medical harms.

Consultation questions on the proposal for targeting talking conversion therapy

Question 2. The government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so should be considered a criminal offence. The consultation document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

Strongly Disagree

20. We welcome the government's commitment to strengthening protections for children and young people from making irreversible decisions and from being encouraged towards one particular path. The government is clearly aware of the growing concern over the number of adolescents (particularly girls) who are undergoing serious and life-changing medical interventions on the basis that they are 'transgender.' However, the consultation assumes that professionals are already adequately protected:

> "Banning conversion therapy must not result in interference for professional psychologists, psychiatrists, psychotherapists, counsellors and other clinicians and healthcare staff providing legitimate support for those who may be questioning if they are LGBT. The ban will complement the existing clinical regulatory framework and not override the independence of clinicians to support those who may be questioning their LGBT status, in line with their professional obligations."

21. The wording here echoes Version 2 of the Memorandum of Understanding on Conversion Therapy (MoU2) the professional practice guide for counselling and therapy bodies: therapy is seen as legitimate only in the case of those 'questioning' if they are 'trans.' The majority of adolescents and young adults presenting to gender clinics are absolutely certain they are trans – for example, Keira Bell. When girls have been 'affirmed' as boys online, at school, among their peers and possibly at home, they arrive at the clinic fully convinced they are really boys. These children are left unprotected in the caveat in the MoU2 and the government consultation.

22. As we already have a 'gender identity conversion therapy' ban in place for professionals in the UK in the form of the MoU2, we have some evidence of what the potential unintended consequences of a legal ban might be.

23. The MoU2 was published in 2017. The impact of adding 'gender identity' to a conversion therapy ban without proper scrutiny can therefore be surmised by looking at developments in the treatment of children with gender dysphoria over the period of the past five years. The 'gender affirmative' model of care has become entrenched in mental health services (CAMHS) and clinical settings; the 'affirmation' approach has been mandated for teachers, health workers, social workers and professionals working with children and young people; parents have been reported to social services for failing to 'affirm' their child as the opposite sex; and the number of young people who regret their 'transition' speaking out on social media has increased exponentially. Parents cannot find a counsellor who will do anything other than 'affirm' their daughter as a boy or their son as a girl. The MoU2 has been used to silence any questioning or different viewpoints.

24. The MoU2 has had a chilling effect on therapists and counsellors, resulting in fewer counsellors willing to work with children who self-identify as 'transgender' out of fear they will be accused of 'conversion therapy' if a child's gender dysphoria is resolved through explorative therapy.

25. Validation and affirmation of a child's transgender identity is mandated by the MoU2 without consideration of underlying issues which may have led to a child's feelings of gender dysphoria, such as autism, mental health co-morbidities and trauma, and this unquestioning approach has led to serious medical harms being done to young people and a resultant NHS review of the Tavistock GIDS.

26. The David Bell report in 2018 revealed serious concerns from Tavistock clinicians that children were being fast-tracked into medical transition without adequate examination, and that gay, autistic and traumatised children were being medicated. Clinicians expressed concerns that the push to transition was in some instances coming from parents uncomfortable with their child's sexual orientation. Concerns were so great, forty clinicians left the GIDS over a period of three years.[1] Keira Bell, who regretted her medical transition, brought a judicial review against the GIDS after being 'affirmed' as a boy without investigation of pre-existing mental health issues and struggles with her sexuality. The service was judged 'inadequate' in a subsequent Care Quality Commission review. The NHS-commissioned independent review, led by Dr Hilary Cass OBE, is ongoing and an initial report is expected in the Spring.

27. Even the most established and recognised gender clinicians and proponents of the 'gender affirmative' approach are beginning to speak out about the danger of simply affirming a child as transgender without exploring with the child the reasons behind their rejection of their own bodies.[2]

[1] https://www.transgendertrend.com/bbc-newsnight-tavistock-gids/
[2] https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle

28. The MoU2 was signed by all the major counselling bodies and NHS England. It is not clear whether the effects of the MoU2 have been monitored; there has not yet been a full review. Feedback from therapists and parents has been documented but is anecdotal. Before moving ahead with legislation the government has the opportunity to assess the impact of adding 'transgender' to a conversion therapy ban in the UK by commissioning research into the effects of the MoU2 on therapists, counsellors and clinicians along with parents of adolescents with gender dysphoria. The government must also wait for the Cass Review conclusions before issuing new legislation that may impact on the treatment of children with gender dysphoria.

29. The government may not be intentionally endorsing the 'gender affirmative' approach towards children with gender dysphoria in its proposals but the practical impact will be the same, as evidenced by the MoU2. Helping a child resolve their gender dysphoria is presented as akin to gay conversion therapy just by putting the two distinct groups together in the same bill, as with the MoU2.

30. As a new and experimental approach, there is little research on affirmation and social transition, but a study in 2013 by one of the most respected researchers in this area, Dr Thomas Steensma, found that it was the highest predictor of persistence of gender dysphoria in children. Increased persistence leads to a greater likelihood of medical intervention. Under the watchful waiting approach, around 20% of gender dysphoric children grew up to become transsexual as adults. Under the affirmation approach around 40 – 45% of a vastly increased number go on to take puberty blockers, and according to the Tavistock's Early Intervention study results, 98% of these adolescents then progress to cross-sex hormones.

31. 'Watchful waiting' (including developmentally appropriate family/exploratory counselling) is the established global approach towards children with gender dysphoria. There is no evidence that this approach causes harm to children; the gender dysphoria typically resolves naturally for most, and a majority grow up to be gay or lesbian as adults. The reality for children with gender dysphoria is that the majority change their 'gender identity' spontaneously as they grow up and become comfortable in their own bodies.

32. The MoU2 states that professionals must not show preference towards one 'gender identity' over another. The 'affirmation' approach clearly shows preference towards a 'transgender' identity which would otherwise likely change without the intervention of reinforcement. The only approach which could not be considered 'conversion therapy' is a neutral therapeutic approach that explores all possibilities underlying the child's gender dysphoria. If the government's aim is to support this approach in legislation, the wording of the bill must leave no room for doubt.

33. The government must also provide specific protections for parents. A parent who affirms their daughter as their son may do so from a belief in 'gender identity' and that these feelings override biological sex in determining whether their child is a girl or a boy. A

parent also has the legally-protected right to believe that sex is immutable and cannot be changed – a belief shared by the vast majority of people. A parent may have researched medical transition and want to prevent their child going down that route.

34. A parent who does not believe in 'gender identity' may support their child's self-expression while not 'affirming' them as the opposite sex. The government must ensure that any legislation does not interfere with parents' responsibility to safeguard their child against the influence of ideology and to put the health and welfare of their child first, as the primary care-giver and the person who knows their child best. Conversion therapy legislation must not support gender identity ideology and criminalise so-called 'gender critical' beliefs.

35. Parents must not face the risk of being criminalised for trying to convince a teenage daughter that she is not a boy. To say to a girl 'no, you are not a boy' is incontrovertible fact consistent with biology and legal definition. The law must not criminalise parents who are honest with their children.

36. Schools have no legal right to 'transition' a child behind their parents' backs. Parents are the primary caregivers for their children and must be consulted on any serious decisions the school is considering in regard to their child. To treat a girl in all respects as a boy at school is an extreme intervention which may encourage a child towards irreversible medical treatments with life-changing and life-long consequences. Teachers are not qualified to diagnose and treat children with gender dysphoria and have no authority to impose a one-size-fits-all approach towards individual children. This is a new experimental approach, there is no evidence it is safe, and parents have every right to oppose it.

Question 3. How far do you agree or disagree with the penalties being proposed?

37. The MoU2 has already imposed an ideological framework for therapy through the addition of the contested idea of 'gender identity.' Criminalising ethical therapeutic practice will only instil more fear among professionals, making this situation worse.

38. Without a clear working definition of the terms 'gender identity' and 'transgender' and a specific definition of what constitutes 'talking conversion therapy' and what does not, legislation risks criminalising therapists, teachers and other professionals for exercising their normal professional duty towards children to act in their best interests.

39. This part of the bill could give rise to vexatious and malicious allegations which may not stand up in court but would have a chilling effect on clinicians who cannot afford to take the risk. One case alone, no matter the result, would have a big impact on professional practice and the freedom of therapists and clinicians to practice ethically in the area of gender dysphoric children.

40. The government report suggests the principles of existing legislation regarding "controlling or coercive behaviour" within an intimate or family relationship should be

applied specifically to the conversion therapy offence, and expanded to include those not in a family relationship.

41. Adolescents are encouraged by trans activist organisations to view their parents as transphobic, bigoted, unsupportive and controlling if they do not unquestioningly agree that their daughter is really their son, or vice versa. Would teenage children be able to report their parents to the police on such charges?

42. Would parents who monitor their child's online activity after finding the child has been bingeing on 'transition' YouTube videos, for example, fall under the category of 'controlling or coercive'?

43. The bill as it stands risks making criminals of the most thoughtful parents/carers and professionals who act in the best interests and welfare of the child based on research and evidence of child development and psychology and the treatment of children with gender dysphoria, along with knowledge of the specific circumstances of the individual child.

Question 4. Do you think that these proposals miss anything? If yes, can you tell us what you think we have missed?

44. Failure to specify exactly what is and what isn't 'conversion therapy' and a failure to define terms.

45. Failure to consider the interests of the child which may best be served by questioning their 'transgender' identity and helping them resolve their feelings of distress about their bodies. The government has not considered whether 'conversion therapy' is an appropriate or helpful framework within which to view the approach and treatment of gender dysphoria.

46. The government's research has been one-sided; evidence has been gathered only by those already fully committed to a ban on 'transgender conversion therapy.' Stakeholders who have conflicting views and evidence on the 'transition' of children were not consulted before the publication of the consultation.

47. There is complete absence of any clinical perspective on the issue of children with gender dysphoria.

48. The publication of the MoU2 has not been examined as a basis for evidence on the impact of adding 'transgender' to a conversion therapy bill, despite this having been in place for five years.

49. The government has missed out detransitioners in its gathering of evidence of 'conversion therapy.'

50. The Cass Review has not been taken into account in the timing of this consultation.

Consultation questions on the promotion of conversion therapy

Question 5. The government considers that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this? Why do you think this?

Somewhat disagree

51. It depends on how 'conversion therapy' is defined. If a regulator was trained by Stonewall then bias is built in. The BBC's own style guide[3] could have been lifted straight from Stonewall in its conflation of sex and 'gender' and the resulting mis-definitions of, for example, sexual orientation which is defined not by the lawful definition but as being attracted to 'people of the same gender.' A programme aimed at children featuring a boy who is referred to as a 'girl' could be interpreted as the promotion of conversion therapy of young boys who are overwhelmingly likely to grow up to be gay if they are not influenced by adults to believe that they are really girls. Regulators and public broadcasters have a duty to be truly neutral on issues such as the social transition of children. Neutrality is impossible if a broadcaster is operating from an ideological belief in innate gender identity.

Question 6. Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

52. The BBC's output to children promotes gender identity ideology to a very young and impressionable audience, as if it were fact. Although the evidence shows that the vast majority of children with gender dysphoria will grow up to be gay, the BBC has consistently promoted the idea that these children are 'transgender,' ie that boys are really girls. To a young boy who has similar interests/personality to the character portrayed in BBC dramas, the message is that he must be a girl, at an age when he has not yet reached sexual maturation and does not yet understand his own sexual orientation.

53. Examples include: 100 genders (BBC Teach), I am Leo (CBBC), Just a Girl (CBBC), First Day (CBBC), Butterfly (ITV).

Question 7. The government considers that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibits the advertisement of conversion therapy. How far do you agree or disagree with this?

[3] https://www.bbc.co.uk/newsstyleguide/g

Somewhat disagree

54. Adverts on social media platforms should be subject to greater scrutiny. Adverts directed at children and young people should be subject to strict safeguarding codes which should include a ban on advertisements that normalise and glamorise childhood transition.

Question 8. Do you know of any examples of advertisements that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

55. Lush is currently promoting 'chest binders' for girls who want to disguise the fact they are girls. Compressing breast tissue leads to problems including chest & shoulder pains, shortness of breath, dizziness, respiratory infections and fractured ribs.[4]

56. In 2020 Starbucks ran an ad campaign called #WhatsYourName[5] which won the Channel 4 Diversity in Advertising award. Starbucks also made a limited-edition Mermaids cookie to raise £100,000 for the charity which promotes the idea that children who don't conform to gender stereotypes are 'transgender.'

57. One of the ads showed an adolescent girl called Gemma changing her name to 'James' while buying coffee at Starbucks. Girls now make up 75% of children referred to gender clinics; rapid onset gender dysphoria in teenage girls is recognised as a concern and companies should not be 'celebrating' the confusion and unhappiness of this cohort and promoting it as an example of 'diversity.'

58. The BCAP Code for Children Rule 5.8 states:

"Child actors may feature in advertisements but care must be taken to ensure that those advertisements neither mislead nor exploit children's inexperience, credulity or sense of loyalty."[6]

59. Use of child actors in order to tick the 'diversity' box is cynical and does not have their best interests at heart. A child actor may grow up to realise they were used to promote an ideology with which they do not agree. Adolescent girls who 'identify' as boys are predominantly lesbians. Ads like this increase the pressure on teenage lesbians to 'identify' as heterosexual boys and believe that this is more acceptable than being a lesbian. Lesbians are not celebrated and promoted in advertisements in this way.

60. Regulators should recognise that 'born in the wrong body' is a political and ideological movement that children should not be used to promote.

[4] https://twitter.com/NettiLDN/status/1457793894733664259/photo/1
[5] https://stories.starbucks.com/emea/stories/2020/whatsyourname-starbucks-mermaids-cookie/
[6] https://www.asa.org.uk/type/broadcast/code_section/05.html

Consultation questions on protecting people from being taken overseas

Question 9. The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in the provision for victims of conversion therapy?

Neither agree or disagree

61. There is no evidence that children are being taken overseas for 'gender identity conversion therapy.' However, the government must be alive to the fact that children have been taken abroad for 'gender transition' medicalisation and even surgery below the age at which it is legally allowed in the UK. Children can also access hormones sold by overseas companies, sometimes with the support of parents.

62. Giving charities and teachers the power to apply for such an order could result in vexatious court orders, preventing parents travelling abroad or to live in another country with their children. This would interfere with the freedom of parents to bring up their child as they see fit.

63. Proving that the intention was to seek out 'transgender conversion therapy' would likely be impossible. Proving that the motive for taking a child abroad for 'gender transition' for homophobic reasons would also be impossible.

Question 10. To what extent do you agree or disagree with our proposals for addressing the gap we have identified? Why do you think this?

Neither agree or disagree

64. There is little evidence that transgender-identified children are being taken abroad for conversion therapy.

Consultation question on the proposals to ensure charities do not support conversion therapy

Question 11. Charity trustees are the people who are responsible for governing a charity and directing how it is managed and run. The consultation document describes proposals whereby anyone found guilty of carrying out conversion therapy will have the case against them for being disqualified from serving as a trustee at any charity

strengthened. To what extent do you agree or disagree with this approach? Why do you think this?

Somewhat disagree

65. The answer to this question is dependent on how the government defines conversion therapy in the bill. Transgender Trend has been accused of promoting and supporting conversion therapy because we call for evidence-based practice in gender health care. This part of the bill could give rise to vexatious and malicious complaints against charities that entirely lawfully disseminate evidence-based facts.

66. Charites that exist to promote the idea of 'transgender children' should be subject to robust scrutiny, along with all organisations who operate from a belief in innate gender identity and who preach this doctrine as truth to children and young people. As it stands the proposal risks increasing the influence of such groups.

Consultation questions on recognition by authorities of conversion therapy as a problem

Question 12. To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? (Police, Crown Prosecution Service, other statutory service)? Why do you think this?

67. Existing crime legislation provides adequate protection. The police and the CPS should not be given more powers to prosecute parents and professionals who are working to safeguard children but may be accused of 'conversion therapy' if they do not unquestioningly affirm a child's transgender identity.

68. Many police forces are signed up to the Stonewall Diversity Champions scheme, the Crown Prosecution Service is a former member. Organisations that subscribe to Stonewall's definition of gender identity and their campaigning aims to bring in a ban on conversion therapy must be seen to disengage from Stonewall before they can be trusted to provide adequate action against those they believe are carrying out conversion therapy.

Question 13. To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy? (Police, Crown Prosecution Service, other statutory service)? Why do you think this?

69. Only qualified professional clinicians and therapists should provide support for victims of conversion therapy. The police and the CPS are not qualified in this specialist area of therapy.

70. The NHS provides no service for detransitioners and those who live with the regret of medical transition. Although there is no way of reversing surgery, no therapeutic or counselling service is provided on the NHS to help and support those with regret to manage psychological problems arising from medical transition, nor information and advice about stopping hormones safely. Some detransitioners feel themselves to be victims of conversion therapy and should be included in any victim support services.

Question 14. Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

71. The NHS could start by recognising detransition as a phenomenon. Counselling services need to be established to provide support specifically for this group.

72. The NHS must make it a matter of urgent priority that those young people wanting to 'transition back' to their biological sex are given help to do so. This could include counselling and medical help with the effects of cross-sex hormones. The NHS should also be building a reliable evidence base through rigorously tracking outcomes for children and young people.

Equalities impacts appraisal

Question 16. There is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010. Do you have any evidence of the equalities impacts of any proposals set out in the consultation?

73. So-called 'gender-affirming care' disproportionately affects adolescent girls, autistic and same-sex attracted young people. The proposals also impact freedom of belief, including so-called 'gender critical' belief. There should be Equality Impact Assessments on all these protected characteristics.[7]

74. The most recent study of detransitioners found that 55% "felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition".[8]

[7] https://www.transgendertrend.com/affirmation-gay-conversion-therapy-children-young-people/
[8] https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf