THE COUNTESS

EMPOWERING PARENTS

YOUNG PEOPLE & GENDER IDENTITY

BACKGROUND

As an observable social phenomenon, the enormous and rapid change in numbers, in one population demographic, in a short space of time, is alarming and requires research.

The rate of increase among teenage girls in the last twenty years is 5,337%

Of particular concern is the preponderance of girls and boys with *Autism Spectrum Disorders (ASD)* and *Attention-Deficit Hyperactivity Disorder (ADHD)* experiencing gender issues. The **latest evidence** shows levels of *ASD* and *ADHD* four times higher among young people with severe gender issues, than among the general population.

Also of concern are the high rates of other mental health issues and childhood trauma which co-occur among girls and boys with gender issues. For the first time in recorded history, there are more girls than boys among trans-identified young people.

WHAT IS GENDER DYSPHORIA?

IS IT A REAL CONDITION?

Gender dysphoria is listed as a psychiatric condition in the *Diagnostic and Statistical Manual (DSM-5)* issued by the *American Psychiatric Association*.

Gender dysphoria describes distress a person can experience due to a perceived mismatch between their sex and their gender identity (i.e. a boy perceives himself to be a girl, or a girl perceives herself to be a boy). For example, *gender dysphoria* can include distress from having breasts or periods but also a feeling of deep unease with gender roles.

Gender dysphoria in adolescents or adults is diagnosed if two or more of the following criteria are experienced for at least six months' duration:

- A strong desire to be of a gender other than one's assigned gender.
- A strong desire to be treated as a gender other than one's assigned gender.
- A significant incongruence between one's experienced or expressed gender and one's sexual characteristics.
- A strong desire for the sexual characteristics of a gender other than one's assigned gender.
- A strong desire to be rid of one's sexual characteristics due to incongruence with one's experienced or expressed gender.
- A strong conviction that one has the typical reactions and feelings of a gender other than one's assigned gender.

In addition, the condition must be associated with clinically significant distress or impairment.

Gender dysphoria can include distress from having breasts or periods but also a feeling of deep unease with gender roles.

- **Lesbian:** A woman who is sexually attracted to other women.
- **Gay:** A man who is sexually attracted to other men.
- **Bisexual/Bi:** A man who is sexually attracted to both men and women, or a woman who is sexually attracted to both men and women.

WHAT DOES IT MEAN TO BE 'TRANS' / 'TRANSGENDER'?

A person who identifies as '*trans*' or '*transgender*' is someone who **believes** themselves to have been '*born in the wrong body*', i.e. they are male and believe themselves to have been female from birth or they are female and believe themselves to have been male from birth.

Many children or young people with *gender dysphoria* believe that having discomfort or confusion about their gender or their body at a time of youth and puberty means that they are trans/transgender.

There is no such thing as a male or female '*soul*' / '*essence*' or a male or female brain, and describing behaviours or characteristics as 'male' or 'female' merely enforces sexist and regressive stereotypes.

As a society we should be leaving these regressive ideas behind, not reinforcing them in children.

For example: a recent example of this phenomenon from a **Daily Mail article** (5th May, 2021). This article is describing a 4-year-old girl:

> 'Stormy's father says his son "hated pigtails and dresses" or even "pretty shoes", and at the age of two-and-a-half told his family: "I'm not a girl, I think I'm a boy."'
>
> "There are times, strange enough, when he says he's non-binary, whether his understanding of that is correct, I don't know, but primarily, nine times out of ten, he'll say he's a boy."
>
> "We're accepting who Stormy is. He's got a referral to the Tavistock Clinic."
>
> "We went to the GP to explain what the situation was and got a referral. We got a reply from Tavistock in Leeds to say he's registered with them, but they don't seem to do anything until they're 10, or they start puberty. Whichever comes first."

FURTHER QUESTIONS

What is the Gender Critical perspective?

The *Gender Critical* perspective is that gender identity is not innate. It is an internalisation of the roles ascribed by the culture to the sexes. Boys are taught to be masculine and girls to be feminine. Not wanting to be feminine or masculine has nothing to do with a person's sex. A masculine girl is still a girl. A feminine boy is still a boy. Many '*gender-non conforming*' children grow up to be gay or lesbian.

- **Conservatism**: Women do feminine things.
- **Transgender ideology**: People who identify with femininity are women.
- **Feminism**: Women can do whatever they want.

This is why *Gender Critical* theory views the suggestion that a child or adolescent who does not conform to gender stereotypes is transgender as deeply regressive and potentially homophobic.

Some psychotherapists working in gender clinics have described their fear that affirming an effeminate young boy who says he is a girl may be '*transing the gay away*', i.e. if the little boy is turned into a girl, he cannot be gay because he has '*become*' a girl.

Susie Green: (**TED Talk**)
Keira Bell, Susie Green: (**BBC Newsnight**)

What is social transition?

Social transition is where a person with *gender dysphoria* presents themselves as and lives as a member of the opposite sex, and requests that the people around them interact with them and recognise them as a member of the opposite sex.

This involves things like choosing a new opposite-sexed name and requesting people address them with it, using opposite-sex pronouns (she/her or he/him) and presenting themselves in ways '*stereotypical*' of the opposite sex in terms of clothing, hairstyle, etc.

Some young people refuse to respond to their original name (which they now refer to as a '*deadname*') and characterise being addressed by it as '*violence*.'

What is medical transition?

Medical transition is where a person with *gender dysphoria* seeks to cosmetically alter their body to appear more like the body of the opposite sex. This is done through the use of puberty-blocking drugs, '*cross-sex*' hormones such as testosterone, and extensive surgeries.

Key Takeaway: It is important to note that it is **not** actually physically possible to '*change sex*' and there is evidence that the attempt to do so can lead to permanent health complications from a loss of bone density to infertility, loss of sexual function and pain.

Sex and Gender: Is there a difference?

The words '*sex*' and '*gender*' used to be used interchangeably. That is no longer the case. Sex is a biological descriptor and it is binary. There are only two sexes: male and female: Men/boys and women/girls.

Gender is now used much more nebulously and typically refers to how a person perceives themselves and feels, rather than any biological or chromosomal reality.

'*Gender fluid*', for example, refers to a person who says they feel more male some of the time and more female some of the time.

'*Non-binary*', refers to a person who chooses not to identify as (feeling) either male or female.

It is very important to note that identities including '*gender fluid*', '*transgender*' or '*non-binary*' are **not** the same as '*intersex*', which refers to a group of very rare **physical medical conditions** affecting a person's genitalia and/or primary sex characteristics, which can only be diagnosed by a doctor and can result in complex medical issues throughout life. *Intersex* conditions are also sometimes referred to as *DSDs (Differences of Sexual Development)*.

It is also important to clarify that sex is **observed** at birth (and indeed often before birth at an ultrasound), rather than '*assigned*.'

Why is this relevant to young people and their parents?

Parents have the ability, the legal right and a duty of care to stand between their adolescent children and harm. Parents want the best for their sons and daughters. The key is to give parents access to the correct information (i.e. evidence-based, data-driven, medically and legally sound information) and the tools to empower themselves so they can best support their adolescent children who are navigating a tricky, confused and confusing landscape.

Schools also have a safeguarding duty to each child and young person in their care. Child safeguarding is child-centred and adult-led. It is **not** child-led

What is the 'affirmation' model? (Social affirmation/social transition)

The '*affirmation*' model is a description of one type of possible response from the adults around a young person expressing dissatisfaction or confusion as to their sex. The affirmation model describes a situation where **the adults around a young person comply** with the young person's stated wishes and '*affirm their gender identity*' when the young person says they feel they may have been '*born in the wrong body*' and wish to be a member of the opposite sex:

"*I feel like I am a boy.*"; "*I feel like I was meant to be a boy.*"; "*I was Danielle, I now want to be called Jim.*" A girl saying: "*My preferred pronouns are he/him.*"

The affirmation model endorses '*social transition*'. Social transition refers to the actions the young person takes to present themselves as a member of the opposite sex and the adults around them supporting and encouraging this.

What is the 'affirmative care' model? (Medical Affirmation/medical transition)

The '*affirmative care model*' describes a situation where **the medical and therapeutic professionals in a young person's life comply** with the young person's stated wishes and '*affirm their gender identity*' when the young person says they feel they may have been '*born in the wrong body*' and wish to be a member of the opposite sex.

In other words, they engage with the young person as though the young person's perception that he/she was '*born in the wrong body*' and is, in fact, a member of the opposite sex, is correct, and treatment paths (psychological, psychiatric, hormones, drugs, surgery) are decided upon, **having assumed this initial starting point**, as though it were correct.

It is also important to note that the *Standards for Care (V7)* issued by the *World Professional Association for Transgender Health (WPATH)* which states that health professionals should "*provide care … that affirms patients' gender identities*" were **not developed based upon an evidence-based approach**.

There is currently some professional disagreement between consultants in Ireland over the suitability of the *WPATH* guidelines for the *National Gender Service*.

'***Gender distress: Treatment in young people a highly charged debate***' (Colm Keena, Irish Times, 26th June 2021).

The affirmative model deviates from how any health professional would engage with a patient presenting with physical symptoms. This '*approach*' turns the doctor-patient relationship on its head, e.g. if you presented at your GP and said you self-diagnosed with pneumonia, your doctor would not simply accept that '*diagnosis*' and treat your symptoms accordingly.

Instead, your GP would take a comprehensive patient history, run appropriate tests, exercise their clinical judgement and medical expertise and on those bases, decide on a recommended course of treatment. Doctors do **not** and should not rely on their patients to provide a diagnosis.

The patient's perception is not a substitute for the doctor's medical expertise and clinical judgement, and there are real legal, medical, and ethical problems with the affirmation care model for this reason, among many other reasons.

For example, *anorexia* is classified as a form of *body dysphoria*, but no doctor would affirm a patient presenting with *anorexia* and recommend treatment with liposuction.

What is the problem with affirmative care/the affirmative care model?

The problem with the affirmative care model (sometimes referred to as '*The Dutch Protocol*') was addressed comprehensively by the **UK High Court** in the **Keira Bell** case in December 2020.

Keira Bell was a 23 year old English woman, with a very traumatised past, who experienced *gender dysphoria (GD)* as a teenager. She was referred to the *Gender Identity Development Service (GIDS)* clinic, part of the *Tavistock & Portman NHS Foundation Trust*.

- Keira Bell was born female but wished to identify as a male.
- At the age of 16, Keira Bell was put on puberty blockers, the purpose of which was "*to suppress the physical developments which would otherwise occur in puberty*."
- At the age of 17, she was put on *cross-sex hormones (CSH)* - testosterone injections.
- At the age of 20, she underwent a double mastectomy.
- Then, at the age of 22, she subsequently "*de-transitioned*" and now identifies as female and wishes to change her birth certificate back to reflect her natal sex.
- She may be unable to have children as a result of the "*treatment*" she underwent.
- Her voice has deepened from taking testosterone and she has chest and facial hair. These changes are permanent.

Keira Bell brought a Judicial Review against the *NHS Tavistock*, as an adult. It was her case that *NHS Tavistock* had **acted unlawfully** by subjecting her to medical '*treatment*' without obtaining her informed consent.

Specifically, she argued that she was incapable of giving informed consent, by virtue of her youth, the experimental nature of the '*treatment*', the life-long consequences which are a direct and naturally flowing result of the '*treatment*', as well as what she argued was the inability of anyone of such tender years to be able to comprehend what those consequences would actually mean in practice for the rest of her life. The *UK High Court* agreed with her.

The *UK High Court* held that no child under 16 could consent to puberty blockers, and that a person between 16 and 18 would have to apply to Court, in order to go on puberty blockers, due to the '*experimental nature*' of the '*treatment*.' This is a **highly significant** legal ruling.

It revealed that the affirmative care model is both clinically unsound and unlawful for children, citing the '*near inexorable*' journey from puberty-blockers, to cross-sex hormones and then on to surgery.

It roundly debunked the myth that puberty blockers are a helpful holding mechanism which '*buy time*' for a confused young person, but rather that they are the first step on a path which it is essentially impossible for the young person to exit, and which produces catastrophic life-long physical, medical and social consequences.

The *High Court* also highlighted the '*experimental*' nature of the '*treatment*' and questioned whether it is possible for anyone to give informed consent, given the side-effects and the as yet undocumented long-term outcomes.

One of the key pieces of evidence to emerge in the Keira Bell case, was that in the absence of any medical intervention (i.e. if you adopt a '*watchful waiting approach*'), historical evidence shows that the vast majority of cases of childhood *gender dysphoria* resolve naturally without social or medical transition.

Keira Bell's case is very relevant in Ireland as we have no GID clinic here, but Irish children and young persons were referred for this same '*treatment*' to *NHS Tavistock*, via *Crumlin Children's Hospital*. As a result of the Keira Bell ruling, new referrals have ceased.

Appeal and Consequences of the Ruling in the Keira Bell case

The **Court of Appeal** found that the previous decision had been outside the jurisdiction of that court, the divisional court, and overruled the decision. Keira Bell is likely to appeal to the Supreme Court.

In the meantime, the service has been paused and a court order, called a "best interests order", is required to commence treatment of any new patients under 16.

The judgement places the onus back on clinicians to ensure there is informed consent from patients and parents and reminds them that they could be liable in its absence.

In response to the Kiera Bell judgements NHS England commissioned an independent and wide-ranging review of gender identity services for children and young people in September 2020.

The review, led by Dr Hilary Cass, published it's **interim report** in February 2022 calling for the closure of the Tavistock Clinic, describing it as "not safe" and recommending a move to holistic approach to better meet the needs of a vulnerable group of children and young people.

Several countries have recently pulled back from the affirmative care model, as a result of the Keira Bell case.

- In the **UK**, puberty blockers were *immediately* withdrawn as a 'treatment' for under 16's.
- In **Ireland**, we ceased sending our children and young people to *NHS Tavistock*.

Discussion of the implications of the Keira Bell case on **Ireland**: ***'Lack of clarity on use of puberty blockers for gender dysphoria treatment in Ireland'*** (Colm Keena, Irish Times, 3rd May, 2021).

In **Sweden**, puberty blockers and cross-sex hormones for under 16's were **banned in April 2021**, citing the Keira Bell case among the reasons for the ban.

In 2020, **Finland** issued **strict guidelines** for treating gender dysphoria in minors, prioritising psychological treatment over hormones or surgery. Translation of guidelines are available **in English**.

An issue that has arisen, with respect to social affirmation, in other jurisdictions (notably Scotland) is that trans lobby groups issued resources advising teachers not to inform parents in cases where parents were not supportive of their child's transition, i.e. the schools were advised to socially transition the child in school without their parents' knowledge or consent.

Schools in England and Wales who have affirmed children without informing their parents have faced legal challenges from parents. '***School rushed to help our boy become a girl***' (The Times, 22nd August 2021)

Schools instituting the affirmation model and as a result allowing the child/young person to use the toilet, changing room and even dormitory of their new preferred gender in a co-ed setting, risk breaching the rights of the socially transitioning child and their parents. This also breaches the rights of the other children in the school and their parents. '***Guidance to schools on transgender acknowledgement breaches law***' (The Times, 22nd May 2021).

For clarity, to allow any child to use single sex facilities of the opposite sex is a clear breach of a school's safeguarding duty. In the context of empowering parents, it is very important to state that in Ireland, parents have **constitutionally guaranteed rights** with respect to education, the family and religion (where applicable), and that schools are legally bound to vindicate those rights, in the manner in which they provide education and engage with parents and students.

Furthermore, section 9 of *The Education Act 1998* specifies the rights of parents with regard to consultation, by the school, in respect of any young person under the age of 18. For any school to interject itself between a child/young person and his/her parents in this manner is unlawful, in Ireland.

Is 'denying' the child/young person's new identity just homophobia repackaged?

No. Taking the therapeutic approach and refraining from putting children on a medical pathway (the affirmative care model) is **not** the same as saying to a young person who thinks they might be gay that "*it's a phase*" and that they will "*grow out of it*".

Homosexuality used to be medically pathologised and legally stigmatised. The movement for gay rights worked to legally de-stigmatise and to medically de-pathologize being gay.

In other words, it was a movement which campaigned for gay people to simply be allowed to get on with their lives without being referred to psychiatrists, subject to conversion therapy or fired or evicted.

The '*trans*' rights movement is different because it is moving to legally de-stigmatise but to medically pathologise children and young people who claim to be '*trans*'.

It is campaigning to put children and young people on an inexorable pathway of experimental '*treatment*', from puberty blockers to cross-sex hormones to multiple surgeries with life-long disastrous consequences (and consequences that quite simply cannot be lawfully consented to by anyone because they cannot be foreseen or understood in the required '*informed*' manner).

Instead, what is required in the vast majority of cases is to go through puberty.

What is the therapeutic model?

“Children need to be free from the responsibility of making life-changing decisions. Children and teenagers have no ability to conceptualise whether they should be a man or a woman – or indeed non-binary – because children don’t know what it is to be an adult. And so, it is simply unfair on children to allow their deep and intense feelings to drive their parents to allowing them to make decisions that could have a permanent impact on their adult lives.”

— Stella O’Malley, Psychotherapist

More information on the therapeutic model is available in **this article from Quillette** by Sue Evans and Marcus Evans, Psychotherapists:

"In many ways, the therapist must find a means of relating that avoids pointless confrontations, but without colluding in self-destructive ideas. We take the view that people might change their name and other identifying details, but they cannot get rid of the person they were."

"You can perform surgery on the body, but it is a mistake to try to surgically remove a part of one’s personality. Psychological maturity and mental health are based on an ability to tolerate different aspects of the personality, and intolerance does not help psychic integration."

"This is why a thorough and general therapeutic assessment should aim to establish a picture of the individual’s personality, family dynamics, cognitive deficits, and possible psychiatric disorders. Then an extended psychological approach should assess and attempt to understand the meaning of the patient’s presentation."

"Importantly, this includes an understanding of the family and social context in which the gender incongruence has emerged. It involves an appreciation for the less conscious factors that underlie gender identity.”

“The process of growing up, with all its attendant anxieties relating to biological, emotional, and sociological changes, causes some children to fixate on the idea that transitioning will provide a way of regaining psychological equilibrium."

"But when a professional attempts to talk with the child about this, the child can feel threatened by the very idea that their actions and desires have an underlying psychological meaning. This kind of exploration can threaten the fragile psychological balance the child feels they’ve achieved, which can, in turn, produce an unhelpful impasse between the therapist and the patient."

"The therapist needs to gradually draw the patient's attention to this absence of curiosity and their attempts to close down exploration as part of the therapeutic process. This work requires a combination of sensitivity, resilience, and patience from the therapist."

"Children need help and support in coming to terms with who they are as part of the maturational process. One often hears it suggested that even toddlers possess some unchanging, soul-like "authentic self" whose actualization eventually requires them to take puberty blockers. This conception betrays a misunderstanding of the changing nature of human development, since children's identities develop as they mature."

More from Sue Evans on *This Morning* (2019).

Sexist and regressive; harmful stereotypes:

*"The single story creates **stereotypes**, and the problem **with stereotypes is not that they are untrue, but that they are incomplete.** They make one story become the only story."*

— Chimamanda Ngozi Adichie.

Key messages for Schools from ***Sex Matters (UK)***, **excerpted from their 10 key points**:

- Every child has a sex. No child is "*born in the wrong body*". Every child should be free to express themselves. This does not change a child's sex.
- No child should feel they need to act like a stereotypical girl or boy in order to fit in at school. Individual students should be treated fairly and with sympathy and support.
- All policies must be in line with safeguarding. It will never be consistent with safeguarding to keep a child's sex secret from peers or teachers.
- Schools should make clear that everyone is included and valued. It is not "*transphobic*" to recognise that everyone has a sex, and to have sex-based rules, where justified.

Furthermore, it is entirely normal to not be fully '*gender conforming*', i.e. it is entirely normal to have a range of interests, some of which in less enlightened times would have been culturally or socially designated as being for men/boys or women/girls only.

e.g. it is entirely normal for a boy to love to cook and to love to play football.

e.g. it is entirely normal for a girl to love to run and to love to cook.

None of this says anything about his or her sex or sexuality.

Historically, home cooking was not considered a male pursuit and as recently as the 1970s, women were banned from running marathons. We all now recognise the smallness and rigidity of these externally imposed diktats and how they stifled self-expression, self-determination and autonomy for everyone, and made people's lives smaller.

We also recognise that those narrow lines do not accurately reflect us or the people in our lives, or how we now raise our sons and our daughters. We raise our sons and daughters to have options, to have the freedom to choose their own interests and to exercise creative self-expression.

Why did parents go along with this?

Parents were often at a complete loss in the face of a child presenting suddenly with *gender dysphoria* and did not know where to turn.

When faced with a vulnerable adolescent, parents feared the loss of relationship with their child, self-harm and suicide. They were often met with the phrase: "*What would you rather have: a living trans son or a dead daughter?*" (or vice versa).

Misreporting of suicide risk fuelled these fears. Thankfully, the idea that by denying a child or adolescent access to puberty blockers, you were essentially signing a death warrant has been roundly debunked.

The **most recent comprehensive study** examining this data indicates that the rates of suicidal ideation post-transition are very similar to the rates of pre-transition.

Parents feared being dismissive of their child's concerns, not being sufficiently supportive/sensitive, behaving as homophobic parents had done in the past, making a misstep and irreparably harming their child or their relationship with their child.

Social Media

Social media seems to have played quite a significant role in rapid-onset gender dysphoria (ROGD). Abigail Shrier, *Wall Street Journal (WSJ)* journalist, has explored this phenomenon in her bestselling book, *Irreversible Damage: Teenage Girls and the Transgender Craze* (2020).

'*Social contagion*' is a recognised phenomenon and one to which adolescent girls have a particular vulnerability. A **peer reviewed study** in 2020 found evidence of an association between media coverage of transgender and gender diverse issues and referrals to gender clinics; i.e. following coverage of trans issues in the media there was a spike in referrals.

A **recent study** in Germany found a correlation between young people struggling with symptoms of *Tourette's Syndrome* and videos on social media platforms used by young people including TikTok, Instagram and YouTube. Social contagion has been widely observed among early to mid-teenage girls in particular and for many centuries. Fainting, self-harm and eating disorders can all be spread by social '*craze*' or contagion.

Transitioning is no different. Especially as it is sold as the solution to feelings of unease and distress with one's body and with the meaning given to it by the culture. Young girls today are overwhelmed by social media and the relentless soft porn film that is modern culture.

Transition offers a way to '*opt out*' of Instagram culture that demands glossy perfection and sexiness at every turn. The largest EU study of its kind found that the average age of accessing porn (all porn is hard-core and 84% depicts degrading or violent treatment of women and girls) was 12: not the earliest age, the **average** age (Dr. Gail Dines, *Pornland: How Porn Has Hijacked Our Sexuality*, 2010). Is it any wonder that so many young girls are looking at the culture and what is expected of them and opting out of womanhood?

"I fear that the detransitioned women I interviewed are canaries in the coalmine. Not only for detransitioners, but for womanhood. They all, in some combination, found being a woman too difficult, too dangerous or too disgusting.' 'I put the problem inside myself,' says one, 'when actually it is with how the outside world sees women who don't conform to feminine norms'."

— Laura Dodsworth, Photojournalist, '***The Detransitioners***'.

REFERENCES

- *Hundreds of young trans people seeking help to return to original sex* (Sky News, **5th October 2019**)
- *One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria* (Journal Article, **21st October 2020**)
- *Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review* (Journal Article, **15th November 2019**)
- *Father of trans boy, 4, reveals his son told him 'I'm not a girl'* (Daily Mail, **5th May 2021**)
- *When Your Daughter Defies Biology* (Wall Street Journal, **6th January 2019**)
- *Susie Green* (**TED Talk**)
- *Keira Bell, Susie Green* (**BBC Newsnight**)
- *Gender distress: Treatment in young people a highly charged debate* (Irish Times, **26th June 2021**)
- *Lack of clarity on use of puberty blockers for gender dysphoria treatment in Ireland* (Irish Times, **3rd May 2021**)
- *Sweden Ends Use of Dutch Protocol* (SEGM, **5th May 2021**)
- *Finland Strict Guidelines For Treating Gender Dysphoria* (Canadian Gender Report, **5th November 2020**)
- *Finland Guidelines Gender Variance In Minors* (**November 2020**)
- *Independent review of gender identity services for children and young people* (**The Cass Review 2022**)
- *School rushed to help our boy become a girl* (The Times, **22nd August 2021**)
- *Guidance to schools on transgender acknowledgement breaches law* (The Times, **22nd May 2021**)

- *First, Do No Harm: A New Model for Treating Trans-Identified Children* (Quillette, **4th February 2021**)
- *Are We Over Diagnosing Transgender Children?* (This Morning, **October 2019**)
- *Guidance for Schools* (Sex Matters, **May 2021**)
- *The Suicide Myth* (**Transgender Trend**)
- *Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study* (Journal Article, **18th February 2020**)
- *Association of Media Coverage of Transgender and Gender Diverse Issues With Rates of Referral of Transgender Children and Adolescents to Specialist Gender Clinics in the UK and Australia* (Journal Article, **28th July 2020**)
- *Stop that! It's not Tourette's but a new type of mass sociogenic illness* (Journal Article, **23rd August 2021**)
- *The Detransitioners* (Medium, **18th August 2020**)

FURTHER READING FOR PARENTS

- *Implementing advice from the Cass Review* (*NHS England*, **2022**)
- *National Academy of National Medicine on care of young people with a transidentities* (Press Release, **25th February 2022**)
- *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners* (Lisa Littman, Archives of Sexual Behaviour, **October 2021**)
- *Puberty Blockers and their impact on adult sexual function and orgasm.* (Dr Marci Bowers WPATH virtual conference, **May 2022**)
- *Youth in Transition: a review of evidence on detransition* (Reuters Investigates, **22nd December 2022**)
- *Gaslighting the Concerned Parents of Trans Children: A Psychotherapist's View* (Quillette, **4th May 2021**)
- *Tavistock trust whistle-blower David Bell: 'I believed I was doing the right thing'* (The Guardian, **2nd May 2021**)
- *Bell vs Tavistock Judgment* (**1st December 2020**)
- *Keira Bell Case Explainer* (The Countess, **9th December 2020**)
- *Puberty Blockers: The Keira Bell Judgement* (The Countess, **16th December 2020**)
- *Detransition-Related Needs and Support: A Cross-Sectional Online Survey* (Journal Article, **30th April 2021**)
- *Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden* (Journal Article, **22nd February 2011**)
- *Puberty blockers do not alleviate negative thoughts in children with gender dysphoria, finds study* (Journal Article, **8th February 2021**)
- *DSD Families* (**Charity**)