



### Affirmation and lack of evidence:

As parents and teachers of gender dysphoric children, we are greatly concerned about the affirmation approach currently being promoted as policy in Scottish schools and how these impact on UNCRC Rights. Children are being “affirmed” in schools against their parents’ wishes, they are being taught gender ideology as fact, rather than as a minority ideological belief. This is due to unfiltered access of lobby groups into the classroom and the curriculum, as well as guidance produced by the Scottish Government. Adults are not doing what is best for children in Scotland, instead they’re being led by a belief system that is causing harm to these children and their families. **(Articles 3, 4, 5, 13, 14, 36)**

We are also hearing from parents that they are not always being informed when their child is struggling with gender issues, therefore removing their ability to provide support and care in this area. This, we believe, conflicts with **Article 3** of the UNCRC because if parents are not given the information to support their struggling children, how are they able to do what is best for them? It also impacts **Article 36**, where children should be kept safe from things that could harm their development. 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 affirmation was the highest predictor of persistence of gender dysphoria in children. Increased persistence leads to a greater likelihood of medical intervention and, once on puberty blockers, evidence shows that almost 100% of children progress to cross-sex hormones. In the case of Bell v’s Tavistock and Portman NHS Foundation Trust, the judge stated **“...the child or young person will have missed a period, however long, of normal, biological psychological and social experience through adolescence; and that missed development and experience, during adolescence, can never be truly recovered or ‘reversed’”**.

Over recent years there has been a steep rise in the number of children, 4000% in the case of girls, who become convinced they were ‘born in the wrong body’ and looking to be prescribed puberty blocking drugs and cross sex hormones. An article published in [The Times](#) today highlights that medical professionals in Scotland are also extremely concerned about this approach to children questioning their sex on the basis of feelings about “gender identity”. . Anthony Latham, the chairman of the Scottish Council on Human Bioethics, and Angus McKellar, both GP’s, have urged the Scottish Government to begin their own inquiry into this issue, following the recent announcement by the UK Health Secretary and the interim report of the Cass Review of treatment of gender dysphoria in children. In a letter to the Times, they wrote: **“We are convinced that harm is being done to these young people. Litigation may follow against gender clinics as well as against the GP’s who refer them there instead of addressing the underlying causes.”**

Whilst we absolutely agree with this, we believe that this issue is wider than the health service response, and that the Scottish Government, schools, and local authorities who have unquestioningly accepted this ideological belief and promoted it to children and young people are also responsible for the 1,114% increase in referrals to the Sandyford in Glasgow, as highlighted in the Times article following newly released NHS data.

As we are sure you will be aware, Dr Hilary Cass has been reviewing this topic and released her [interim findings](#) recently. At this stage in the investigations, Dr Cass OBE has drawn some initial conclusions:

- The presentation of gender-distressed children has changed, for reasons that have not been adequately explored.
- Gender dysphoria is not a unique presentation that should automatically and unquestioningly lead to clinical intervention; rather, it is a medical condition that needs clinical diagnosis

- There has been little evidence found to support affirmation, including social affirmation

### **Teachers and education:**

We have grave concerns that requiring teachers to affirm a gender identity on pain of breaking the law forces schools into making an active intervention for which there is little in the way of evidence. We hear from parents and teachers who tell us that schools are socially transitioning children (changing their name and pronouns, treating them as if they were the opposite sex) without telling parents and sometimes against clinical advice, and that when challenged they say that they believe (and have been trained) that equality law makes a “watchful waiting” approach by the school unlawful. **(Articles 3, 4, 5, 6)**

The report from Dr Cass states unequivocally that social transition is not a neutral act:

***“It is important to view [social transition] as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning.”***

We understand from this report and our own professional opinions and experiences, that there are many complex reasons which underpin why a child may identify out of their sex, such as sexual abuse and trauma, questioning their sexual orientation, autism, and other associated conditions. **(Articles 19, 36)**

We also understand that there are many possible pathways to be taken to help identify and support the underlying reason a child is struggling with gender incongruence. Children with gender related distress should have the right to receive the same care as any other child.

As mentioned, we are concerned that the current push by the Scottish Government of an ‘affirmation’ model of care and treatment of children with gender dysphoria is extremely risky and flies in the face of safeguarding policies and knowledge. Most children and young people presenting to clinics are not questioning but absolutely certain that they are ‘trans’. This, we believe, is due to the push of affirmation in schools, and by our governments and through social media.

We draw your attention to Keira Bell, who is typical of many detransitioners who were convinced they were transgender but then came to regret medical intervention, which will affect them for the rest of their lives. There are other young women such as Sinead Watson in Scotland with similar experiences who would be very willing to talk to you about their experiences here.

There are also many children who feel bullied because they do not subscribe to gender identity beliefs and are punished and isolated for referring to their own belief that sex is binary and immutable. **(Articles 14, 28, 36)**

We know that referring to a child by their name and sex (so called “deadnaming” and “misgendering”) is already being presented to schools as intimidating, humiliating and abusive by organisations promoting the transitioning of children. Professionals and parents who do not affirm a child’s self-identified gender can be threatened with investigation and prosecution, or protective orders, and organisations will be made afraid to support them. **(Articles 6, 8, 14, 16)**

For example, the advocacy organisation GALOP lists as the most common “transphobic hate crimes” invasive questioning, deadnaming, discrimination, outing, being treated as diseased. All of these are versions of not accepting that someone is the opposite sex or exploring other mental health explanations for dysphoria. We hope that you would share our concern for children who do not believe in gender identity and want to have their beliefs respected and not punished or stigmatised.

**Protection and safeguarding of vulnerable young people must be the priority and this must be explicit.**

### Parents and carers:

We are concerned that there is currently a lack of protection for parents to support their children if they are questioning their gender identity. Parents (many of whom we support ) who do not believe in 'gender identity' will often support their child's self-expression whilst not 'affirming' them as the opposite sex. This is the approach that has been found to be most helpful to children who are going through gender dysphoric feelings and doubts. **(Article 3, 5)**

The upbringing and development of children is first and foremost the right of the family, and the State's role is to assist, only taking action to protect a child from abuse or neglect. We have spoken to parents who have had their families ripped apart by a school who affirmed their child, enabled her to socially transition and then alerted social work to investigate the parents because they disagreed with this approach and requested watchful waiting instead, as backed by clinical advice. This should not be happening to caring loving parents.

Article 3 of the UNCRC – **Adults must do what is best for me** – is one of the 4 general principles which underpin how it should be interpreted and put into practice. It's our concern that when considering approaches to gender, affirmation, and social transition, many are not considering the best interest of the child as paramount. This is evident through the interactions we have with parents and teachers. We understand the need for flexibility when there is a potential for the rights of the child's best interest to clash with the rights of the parents, however what is happening is not this. Schools are making decisions without adequate consideration of the point that a child who is part of a loving, supportive family, will not be protected and cared for if their parents are not involved in major, life altering decisions being made.

To date we have been left unimpressed and concerned with the support (or lack of) being offered to parents in this position, or parents more generally who do not believe in 'gender identity'. We need substantial support to make sure that decisions being made around a child questioning their gender identity doesn't interfere with a parent's right to be honest with their child about the reality and immutability of biological sex. Children deserve the right to be given information to help them make decisions and parents, as the child's first teachers, should not be hindered in providing this information. **(Article 3, 6, 13, 14)**

### Unintended consequences:

It is our understanding that if left alone, or given neutral exploratory therapy, most children and young people expressing a trans identity are likely to be gay or lesbian. Unfortunately, due to the push of affirmation and social transition, children and their parents are not being given access to all the information that is needed for them to make informed decisions. **Article 17** gives children the right to get information in lots of ways, however this is not happening because we appear to be at a point where adults are accepting a child's announcement of being 'transgender' as fact and no questions are being asked.

It is our view that the conflation of LGB and T confuses two very different issues. Sexual orientation is a recognised and defined material fact of human sexuality and is protected by law. However, 'transgender' is based on an idea of 'gender identity', a subjective belief that is unsupported by any scientific evidence, which is also not referenced or defined in the Equality Act.

We are concerned about the impact of the concept of a 'transgender child' being written into law. There is no scientific, biological, legal, or clinical definition of 'Transgender' and it can mean anything from part-time cross-dresser to people who don't comply with traditional gender roles. The term 'Transgender' is unverifiable and subjective to self-definition and is not an appropriate label to place onto children with gender dysphoria or those who are gender non-conforming.

Children and young people are still exploring their identities and still developing into who they will be and there is a risk that ‘affirmation’ of a transgender identity could constitute ‘conversion therapy’ of their sexual orientation. We believe that this directly impacts **Article 8**, where children have the right to an identity, including that of same sex attraction when age appropriate.

Sexual orientation requires no surgery or drugs. Being gay, lesbian, or bi is simply a state of being. However, ‘transgender’ is treated through physical intervention in the form of hormone treatment and the surgical removal of healthy body parts, with irreversible lifelong serious consequences, such as sterility and loss of sexual function. A ‘transgender’ identity in children and young people is not fixed (as identified in the Interim Report of the Cass Review) and as evidenced by the number of children who naturally desist (around 80%) and the increasing number of detransitioners speaking out.

These are only some of the issues and concerns that have been brought to us. Others include the push to change single sex toilets in schools to be ‘gender neutral’ resulting in girls not using the toilets (risking medical conditions) and missing school entirely when menstruating. Health and Wellbeing surveys that ask intrusive and age inappropriate questions have also caused concern amongst parents and teachers.

We would welcome a chance to address these issues further with you and hope that you will follow up and meet with us to discuss the concerns we have raised.

Kind regards,

Safeguarding Our Schools - Scotland