

Written evidence submitted by Angela Gbemisola on behalf of Parents campaigning for sex equality for children and young people to the Transgender Equality Inquiry.

Executive summary

- 1. We are concerned that current policies on transgendering children do not take account of anti-sexist parenting approaches***
- 2. The transgendering of children is reinforcing socially produced gender stereotypes***
- 3. The transgendering children NHS policies do not take adequate account of the risks and harms and the emerging critique of such practices***
- 4. The financial costs to the tax payer of transgender children services, as well as adult services***
- 5. The need for government policies to focus on tackling entrenched cultural gender-stereotyping as an alternative to medicalising children's unhappiness with being trapped inside traditional gendered roles***

Introduction

We are a voluntary group of concerned parents and grandparents who are raising our own young children or are responsible for caring for our grandchildren. Like many other parents groups, we aim to raise our own children in non-sexist ways as far as possible and to challenge the pervasive gender stereotypes for boys and girls that are promoted by the toy, clothing, entertainment and media industries. We also campaign for more effective social policies and practices to counteract socially produced gender conformity in early years education, primary and secondary schools in order to achieve greater sex equality for girls and boys in adulthood.

We are not against equal rights for transgendered adult people except where they conflict with the equal rights of others. In particular we are very concerned about the recent developments in the transgendering of children. We believe that children also have rights to be protected from harm as stated in the UN convention on Children's Rights (1989) and not be subject to social and medical experimentation where the long term outcomes are uncertain and harmful.

We also believe that children have the right not to be subject to social produced gender-stereotyping which produces inequalities between the sexes in relation to their educational and career aspirations and long term life chances. We also feel that the Women and Equalities Committee as a matter of urgency should address the issue of sex equality for women and girls and we are somewhat surprised that the committee has chosen to prioritise transgender rights over and above this important issue.

Our submission addresses these aspects and how the labelling of very young children as transgender has also created considerable anxiety for us as parents and carers of young children. The following relates the experience of one of our members.

I have a 3 year old boy, like most children his age I have had the chance to meet, he is curious He wants to play with all sorts of toys, toys designated for boys as well as toys designated for girls. He really likes the colour pink, as well as the colour orange. I would never restrict access to a toy because it's been labelled a "girl toy" nor do I

think or enforce the idea pink is a "girls colour" or that some clothes are "girl clothes" or "boys clothes". I am very aware and concerned about the trend to enforce gender stereotypes on children from birth and as much as possible want to delay the impact of such socialisation in my family. As a consequence I do not believe boys playing with girls toys are really girls nor do I believe that girls who used to be called tomboys are actually boys inside. Now, after reading and seeing all the media propaganda about children as young as three being seen as transgender, I am terrified and very anxious that he might be labelled as transgender when he starts school.

Gender stereotyping

We are very concerned that our society is going backwards in terms of promoting equality for girls and boys. This is seriously affecting children's life chances when they grow up. From a very young age, children are being increasingly trapped within rigid, socially produced gender stereotypes and roles, which are limiting their own career aspirations and life choices in adulthood. In fact, over the last fifteen years a very old fashioned sexism has been imposed on children and their parents by the toy, clothing, entertainment and media industries. This coercive sexism has particularly impacted on the life chances of girls. As Jenny Willott, a minister for consumer affairs in the previous government stated 'women are being forced into professions that pay less well, because of gender stereotyping when they are in children.'

For example, the stereotypical images and toys that are currently targeted at girls under five and their parents, alongside the traditionally ones, such as cookers, baby dolls and prams are those of the prettified, cute, little princess of old fashioned fairy tales. This little princess waits helplessly in her tower to be rescued by the adventurous, brave and aggressive '*Mike the Knight*'.¹

Another pervasive image for young girls to imitate is that of the twerking, sexualised, semi-naked celebrity living doll represented in pop music culture by young female singers such as Lady Gaga. The toy industry now produces pornified toy dolls and heads of women for girls aged 2-5, so that they can dress and make them up with bright red lipstick, false eyelashes and do their hair.

As seen above, little boys are also affected by the stereotyped and confining masculinised images, role models and toys targetted at them, such as cars, train sets, and action men. Some boys prefer dressing up, wearing brightly coloured and decorative clothes and playing with soft toys, rather than having to take on the aggressive dominating role of *Mike the Knight*.

Old fashioned sexism and the return to biology - sex-brain theory.

Another reason for the return to old fashioned sexism is the retrograde step of using biological explanations to justify socially produced inequalities. For centuries men (and it is largely men) have been arguing that women have essentially different minds or brains which are only suited to childbearing, motherhood and romance. The modern version of this ideology is known as the *Men are from Mars Women are from Venus* rationale. Such explanations have been used to deny women access to education, the arts and sciences and political life. At a time when women have begun to break into these fields and become high achievers, it is not surprising that largely male scientists are once again saying that there are biological differences in the brains between the sexes.

There is however no credible evidence that males and females have different sexed brains. Professor Cordelia Fine, an expert in neuro-psychological research, has exposed the bad science, gender bias, and frankly ridiculous arguments on which such claims are made.ⁱⁱ One such is that made by the influential Professor Simon Barron-Cohen who has stated that ‘the female brain is predominantly hard-wired (innately pre-determined) for empathy, while the male brain is predominantly hard-wired for understanding and building systems’.ⁱⁱⁱ If this statement were actually true it would mean, that all fathers should be kept away from children, since they would be incapable of caring for them. Professor Gina Rippon a well-known neuro-scientist at Aston University, Birmingham has found that children’s brains interact with their environment from the moment they are born. Differences between male and female brains are therefore the consequence of the ‘drip, drip, drip of gender stereotyping stereotyping in children’s social environment rather than essential brain differences.’^{iv}

The consequences of sex brain theory for the transgendering children

The archaic sexism which is put forward by proponents of sex brain theory has been adopted wholesale by the highly medicalised transgender industry and used as the basis of their rationale for the need to transgender children. Thus, it is argued that young children who persistently resist limiting, and socially produced gender stereotypes are really transgenders who have been born with a pre-determined male or female brain in the wrong sexed body. Despite the lack of any scientific evidence for this, they go on to claim that this has come about because the foetus has been exposed to an excess of male or female hormones during pregnancy.^v

In the UK this has led to the expansion of a specialist transgender NHS clinic for young people to include children as young as 3 years old. The purpose of the clinic is to assess children who may present with what is labelled as gender identity confusion and to support children who are diagnosed with gender identity dysphoria or, as it is more commonly known gender identity disorder (GID). The latter are put on a pathway towards transition and very young children are expected to live as the other sex for a few years to see if they really have GID. Since this process can result in considerable bullying at school, teachers are also enlisted to support the child. These children are assessed over a period of 5 years and if they are viewed as having GID, with the permission of their parents, they can be given synthetic hormone blockers to delay puberty. This treatment can start at the age of nine.

At sixteen they are then prescribed the sex hormones, oestrogen or testosterone. At aged 18 they can be offered cosmetic and mutilating surgery to remove their sex organs and have reconstructive surgery for example, to create a fake vagina, all of which is funded by the NHS.^{vi}

Harming children through transgenderism

Some psychiatrists who have previously been instrumental in supporting transgenderism now convincingly argue against it. One such is Dr Paul McHugh, from John Hopkins university, based in Baltimore.^{vii} John Hopkins was the first medical centre to undertake ‘sex reassignment surgery’ in the 1960s in the US, but stopped doing it after a study undertaken in the 1970s found that patient satisfaction was no better than those who did not have the surgery. McHugh cites a Swedish 30 year long term study which followed up 324 persons who had received ‘sex reassignment surgery’ from the 1970s to 2003.^{viii} This was a comparative study, comparing outcomes for transgenders, matched with those from the non-transgendered population. It found that after ten years the transgenders experienced

increasing mental difficulties. Significantly, their suicide rate also rose 20 fold compared to the non- transgendered population..

Feeling suicidal is often cited as a reason as to why young people should be offered early transition, yet this study strongly counteracts the notion that having transgender surgery will alleviate these feelings in the long term.

Hughes also indicates that two studies of children and young people attending gender identity clinics (The London Portman Clinic and Vanderbilt University) showed that between 70-80% of children and young people attending the clinics lose their feelings of gender identity confusion, spontaneously over time.

Physical harms

He points out the risks of giving synthetic hormone blockers to prepubescent children which can cause sterility and stunt children's growth as well as increasing the risk of cancer. Other health risks identified with these drugs include depression, asthma and ovarian cysts. Dr Hughes indicates that the use of these drugs approximates to child abuse and we agree.

There are also considerable risks for young people at the age of 16 being given the sex hormones testosterone and oestrogen. One of the most serious of these is the risk of blood clots. Those who take hormone treatment will lose the fertility of their biological sex. For young males they will not be able to produce sperm and young females will not be able to produce children. There are then the risks and harms of cosmetic surgery which as Hughes points out does not actually change the sex of the person but just results in more physically feminised men or masculinised women.

Hughes argues that those who believe in their minds that they are the other sex are suffering from a mental disorder akin to those suffering from body dysmorphia. For example some men believe that their bodies are wrong because they have 2 legs, but the NHS is unlikely to offer them treatment to have a leg cut off. While believing that such individuals are in need of psychotherapy, he argues that there should be no medicalised treatment for this condition.

Inflicting psychological harm

Children and young people are clearly too young to make decisions that will affect the rest of their lives. Children aged nine can have no understanding of what it means to live as an adult transgendered person with all the health and mental health risks this entails. Even at 18, the supposed age of adulthood, they can have little idea of what this means in the long term. This is partly because social and mainstream media always present the outcomes as positive. Both children and parents are sold the myth by some transgender activists and the transgender industry that they can actually change sex, when this is blatantly not true.

Regretters

There are an increasing number of young people as well as adults who now regret their transition, feel that they were coerced into making a decision too young or with too little information and want to have the effects of taking hormones and transgender surgery reversed.^{ixx}

The pathologising and abuse of children through transgenderism

In our highly gendered society, it is not surprising that some young children are unhappy or distressed with the gender stereotypes they are coerced into. But the solution should not be to

label and pathologise these children as transgender and put them on them on an harmful pathway to transition. Rather, they should be offered support to resist such gender conformity, while still being boys or girls. But there is also an urgent need for social change and government could play a key role in this and this is contained in our recommendations below.

Lesbian and Gay young people

While the government is very keen to address transgender inequality, and provide support for young transgenders in schools we are also concerned about what is happening to lesbian and gay young people. In the recent past some of the children who are now defined as transgender would have chosen to become lesbian or gay in their adolescence. Yet government policy in this area suggests that they wish to return to the Section 28 law where lesbian and gay sexuality could not be mentioned in schools as a positive choice for young people.^{xi}

Costs and the ethics of providing free transgender services

What we have described as the transgender industry is largely funded by the tax payer through the NHS. These costs have risen exponentially in the last 15 years.^{xii} Between 1999 and 2009 there were ten thousand surgical operations given to transgender persons, 80% of whom were men, costing the NHS ten million pounds and this figure did not include the costs of hormone therapy. We were unable to find any published figures of current costs or the costs of providing transgender services to children, except for the costs of providing puberty blocking drugs. Each dose of these drugs costs over £80 and these have to be administered monthly until a child is 16. However, the wide publicity given to the transgending of children as a totally positive development by mainstream and publically funded media^{xiii} has meant that the numbers of children and their parents and attending the Portman Clinic, has increased fourfold since 2009. In 2014/15 500 children and young people received services, with children under 11 representing about a fifth of these.^{xiv} There is also a form of trans tourism, where transgenders from other countries decide to come to live and work in the UK for a year, in order to obtain free surgery on the NHS.^{xv}

Given these increasing costs, ethical questions have to be raised about providing such care for free, particularly as they could be harming transgender persons in the long term. NHS trusts are already under considerable financial pressure to meet the demand of adequate mental health services in general as well demands for the provision of urgent healthcare

Recommendations

- The government should develop appropriate equality policies to confront and effectively regulate the private industries which promote gender stereotyping and gender conformity.
- The government should immediately develop policies which address the gender stereotyping of children in schools and nurseries and provide appropriate education/training for teachers and childcare workers on this issue
- The government should review its current policies on supporting the transgending of children, having due regard to the risks and harms of the current policy
- The government should instruct NHS Health Trusts to review the current costs to the tax payer of providing free transgender services to children and adults and consider whether these costs are justified in the light of NHS funding and priorities

- In considering transgender rights to equality the government should not produce any legislation, which limits the free speech of those who critique or are opposed to the transgenering of children
- The Women's Equality Committee should have an urgent consultation on sex equality for women and girls as a protected group under the Equality Act 2010. This should include the rights of lesbians who are part of this protected group

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ⁱ Mike the Knight is a bbc children's programme that is shown daily on the cbeebies channel – targeted at children from 0 -7 years.

ⁱⁱ 'Delusions of Gender – the real science behind sex differences.' Cordelia Fine, Icon Press, 2010.

ⁱⁱⁱ <http://www.theguardian.com/books/2010/oct/11/delusions-gender-sex-cordelia-fine>

^{iv} <http://www.telegraph.co.uk/news/science/science-news/10684179/Men-and-women-do-not-have-different-brains-claims-neuroscientist.html>

^v <http://www.nhs.uk/Livewell/Transhealth/Pages/Transparentalworries.aspx>

^{vi} <http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Treatment.aspx>

^{vii} <http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120>

^{viii} Long Term Follow Up of transsexual persons undergoing reassignment surgery. Cohort Study in Sweden.Cecilia Dhejne et al, 2011. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>

^{ix} <http://www.dailymail.co.uk/news/article-2776090/Transsexual-10-000-surgery-NHS-wants-man-again.html>

^x <http://www.smh.com.au/national/i-will-never-be-able-to-have-sex-again-ever-20090530-br41.html>

^{xi} https://www.google.co.uk/?gws_rd=ssl#q=Briefing+number+06103

^{xii} <http://www.dailymail.co.uk/health/article-1196024/Sex-change-ops-NHS-trebled--procedure-right.html>

^{xiii} The BBC has already shown two films on the transgenering of young children this year.Both programmes presented the issue in an unbalanced light and neither highlighted the potential risks and harms to children. It also covered the issue in News Beat a programme covering the news for children

^{xiv} <http://www.mirror.co.uk/news/uk-news/nhs-treating-transgender-kids-aged-5475663>

^{xxvxxv} <http://www.mirror.co.uk/news/uk-news/transgender-american-woman-plans-move-5009275>