Children of Omelas; Effects of the UK Puberty Blocker Ban.

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Abstract

This paper presents an examination of survey data from the parents of young trans people following the imposition of a UK-wide ban on puberty blockers for trans children. The consequences of this ban on trans and non-binary children and young people are analysed revealing very serious adverse effects, only a few weeks after its imposition, including sharply declining mental health, increased depression, social isolation, anxiety, stress, self-harm, attempts to avoid school and suicide ideation. The ban appears to be a particular worry for children who are currently known only by their identified genders who fear being coercively outed to peers. Parents themselves also report significant corresponding increases in levels of stress and worry, with regard to their children's well-being and possibility that they might attempt suicide. Parents also reported that their children are experiencing increasing levels of transphobia and social exclusion since the ban was imposed. This analysis questions the entire rationale and ethical basis for the puberty blocker ban, providing evidence that it is both dangerous and unjustified given the significant level of harm it is causing young and consequently concludes the that the proposed 'study' into puberty blockers is ethically unjustifiable.

Keywords: *Hormone blockers, trans youth, ethics, ban, harm, evidence.*

> 'There can be no keener revelation of a society's soul
> than the way it treats its children.'
> *Nelson Mandela 1995*

1.0 Introduction

The Cass Report (Cass Review 2024), despite being lauded as a 'gold standard' review of trans children's healthcare has been widely discredited and condemned on every level worldwide and in an unprecedently short space of time. Pearce (2024) lists most of the critiques of it to date. Indeed Cass seems to be one of the most widely discredited pieces of 'research' ever published. Significantly, it needs to be remembered that it has not been peer-reviewed, which might explain many of the problems with it. Serious concerns have more

recently been raised about whether its author was already biased against transition-related healthcare prior to embarking on it (Brown 2024) something supported by the government's admission that she was appointed from a shortlist of one[1] and reflected in many of the aspects of the way the Review was conducted (McNamara et al 2024).

Despite the near-universal global criticism of Cass, to date nothing has been published about the tangible effects of the resulting puberty blocker ban on the trans and non-binary children and young people it targets. Importantly however, Lee et al (2024)'s quantitative research into the effects of similar bans of puberty blockers and other targeted anti-trans legislation, imposed in extreme right-wing Republican states in the US has revealed the effects of similar bans there. Lee at al (*ibid*) confirms the conclusions of the present study, namely that these measures have resulted in very significant increases in stress, anxiety, trauma and other adverse effects on the mental health of young trans people, to the extent that a major increase in suicide attempts among this group was found. Furthermore they noted that in the 13-17 age-range – the demographic specifically affected by puberty blocker bans – this effect was significantly higher than in the rest of their sample in the 18-24 age range. Although suicide statistics are a crude measure of the effects of anti-trans legislation such as the puberty blocker ban, they are an indicator of the wider harm being caused to this group by this ban, harm which this paper evidences.

So this qualitative research in the UK provides complementary evidence of the effects of the UK puberty blocker ban. Based on a questionnaire distributed via online forums for parents of young trans people in mid-September 2024, 97 responses have been obtained for analysis here. This paper constitutes an initial submission to the consultation announced by the Department of Health and Social Care into the puberty blocker ban and, in its current form needs to be regarded as a preliminary analysis resulting from this tight deadline. It will be published as a fully peer-reviewed journal article at a later date, after further data has been collected directly from the young trans and non-binary people affected. So it is the consequences of the imposition of this ban that is the focus of this analysis. As a piece of research carried out subsequent to the imposition of the ban it constitutes a crucial understanding of its effects and is based on actual data from parents of trans children living with the ban already.

[1] Response to FOI request; FOICRM NHS England – X24 11 July 2024
https://www.whatdotheyknow.com/request/cass_review_chair_selection_figu

The almost hermetic exclusion of trans people generally, and trans children and their parents in particular from government deliberations about them has reinforced Amery's and Mondon's (2024) definition of organised transphobia;

> Organised transphobia describes a top-down movement that relies on prominent platforms and privileged access to shaping public discourse to divert attention away from the real struggle most women and LGBTQ+ people are facing conjointly, but also from the deeply reactionary and threatening nature of transphobia.

The top-down and exclusionary nature of organised transphobia is also illustrated in the way mainstream media have almost totally excluded trans voices (Davies 2024) and that both main political parties have excluded trans people from any involvement in the conception, shaping and implementation of policies targeting them, resonating with the complete exclusion of trans people from the Cass Review analysis team. As a consequence this paper is very different to the material from establishment sources, including mainstream media, in that it is produced by an academic with lived experience as a trans person. What is hoped is that, especially by the time further data are included directly from trans and non-binary children, a rounder picture of them as individuals emerges rather than the way they are usually depicted, especially in mainstream media; as an undifferentiated and dehumanised group, the kind of portrayal which, as history has shown time and again, permits discriminatory and harmful action to be taken against those targeted.

2.0 Data Analysis

Data from survey respondents has been analysed in three sections; from parents;

1. whose children did not have access to puberty blockers before the ban
2. whose children have had continued access to puberty blockers after the ban.
3. whose children who were prescribed blockers prior to the ban and are now unable to access them.

What is remarkable about the data is that, despite these three distinct categories, it presents a very consistent picture to the extent that it is evident that thematic saturation has been comfortably reached.

The study involved a detailed questionnaire posted online by the mother of a trans child who is trusted and well-known in trans parent communities, which means that respondents could

feel confident that their data would be treated in full confidence and their experiences respected. 97 responses were received in just a few days, a figure little different from the number of trans children being medically treated annually by Tavistock and Portman clinic in recent years.

2.1 Data Analysis 1; Children who did not have access to puberty blockers prior to the ban.

By far the strongest theme to come out of these interviews was in relation to the extreme levels of distress observed in these children, which contrasted markedly with how parents described them prior to the ban's imposition and those who were able to continue on puberty blockers. They were reported as happy, well-adjusted and little different from most cis children. The ban has changed this and from being happy, well-adjusted and thriving children they are now described as having become depressed, distressed, fearful, suicidal, despairing, traumatised, anxious, scared and stressed, and suffering from a sharp decline in mental health including becoming introverted, withdrawn and attempting to refuse to go to school.

Many parents described their children as either suicidal or self-harming;

> My child was suicidal and has self-harmed many times as a way to express her emotional distress at the change in her access to gender affirming care. She felt life wasn't worth living because she couldn't begin her medical transition as planned. She had looked forward to this for months and then with no warning it was taken away. The shock was awful for her and she could not cope.

> My child feels despair, notions of suicide as puberty now accelerating and body changes seem so out of control and irreversible.

> I have a child who has been suicidal, self-harming and has been unable to leave the house.

> … once she found out that blockers were banned she has withdrawn from spending time with friends, she is crying all the time.

Others spoke of the constant nature of her child's anxiety, how it is literally an all-encompassing anxiety, something that is ever-present in their lives;

> My child worries every day about changes to her body and her voice

> Constant worry; more dysphoria; self-conscious; anxiety, fearful of future; more tears and sadness.

In turn their children's suffering has caused the parents great anxiety as they are at a loss as to what to do to protect their children.

> I am so worried about my child's well-being when puberty starts, and that I won't be able to help her pause it if she needs space and time to think.

> This ban has kept me awake at night, I struggle daily with worries of how I will support her when her body begins to change. I have visited our GP and local counsellors for support. The pressure I currently feel under is affecting my work now, I can't concentrate and am desperately looking for alternatives.

> I am so afraid for her. She is in stealth[2] at school, afraid of being stabbed and now she will undoubtedly go through the wrong puberty for her. I am like a coiled spring living on my nerves.

This persistent and relentless anxiety felt by their children is reciprocated by their parents;

> I'm terrified of what puberty is going to do for my child's mental health and not having access to life-saving medication. I live in a pretty constant state of worry and anxiety.

> I am so worried about puberty. I think about it at least once a day. I am deeply concerned that if she struggles then we are helpless.

However those parents of younger children, who have not told their children about the ban seem to experience heartbreakingly high levels of stress also;

> I am scared what will happen to my daughter when puberty starts if she needs blockers then she won't be able to access them. I am scared of her being harmed.

> It has caused direct damage to my mental health by causing panic and confusion. I was left to support a child whose mental health changed for the worst overnight (literally). There was no support for her or parents. There was no warning. I felt confused and desperate and also totally unseen. I felt like my child was being attacked and she was not being seen as a person - her needs were not taken in to consideration. It left me in a position of exhaustion trying to find information quickly. I felt a sense

[2] "Stealth" means when a trans person passes for their true gender as opposed to that wrongly assigned to them at birth. In this case, although assigned male at birth, this is not known to anyone at school and she is regarded as a cis girl.

> of utter terror that she would end her life and this was compounded by her repeatedly self-harming.
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> My daughter’s mental and emotional health has rapidly declined since the ban was enforced. So much so, that I haven't dared tell her about the heartbreaking decision to extend the ban for fear of how much more she may spiral downwards.
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> Watching my child suffer and struggle needlessly due to the decisions made by people who this has zero impact on is single-handedly the hardest thing I've ever had to do as a mother.

These are representative of the most common responses from the questionnaire, indeed almost all respondents had experienced the high levels of worry, anxiety and distress in their children and that had, in turn, caused great anxiety to their parents. In some instances this level of stress was worse for parents, as they had avoided, at least temporarily, explaining to younger children about the ban and the threat of its extension to permanence. This reflects Horton’s (2023) findings that anxiety, worry and stress about future access to puberty blockers extends well into pre-puberty. Young children already understand their bodies will change and become increasingly apprehensive, fearful and terrified by the prospect of being forced through the wrong puberty by a gender identity service that might somehow get it wrong or delay prescription until it becomes too late. Finding out about the puberty blocker ban will extend the period of distress well into the years before puberty.

2.2 Data Analysis 2; Children who have had continued access to puberty blockers from before the ban.

Although different, the data from respondents in this category were not in conflict with those respondents in the previous group. These children were fortunate enough to have continued access to blockers. Here the evidence is of an overwhelming sense of relief that they are still able to receive them. The descriptions are of children coming out of a time of great depression and uncertainty, of becoming themselves and being able to live normal lives again. As in *Section 2.1* above there is little difference between respondents, reports are very similar, again suggesting saturation has been reached. These children all seem to have expressed a huge sense of relief at being able, finally, to access blockers. Initially data are examined from those who were previously concerned their child might die from suicide, which are perhaps the most poignant and represent a significant proportion of the responses;

As soon as my daughter hit Tanner Stage 2 we were able to access blockers which was amazing, she found light and where previously she felt so scared for her life. Her mental health grew with her confidence, knowing she wasn't being pushed into a gender she didn't identify as.

He no longer attempts suicide and has started going to school again.

A massive relief for my child after seeing them so distressed about changes to their body. They could go on living.

Before we managed to access puberty blockers and hormone therapy my child was actively suicidal and we lived with the constant threat of her harming herself. She couldn't bear to live with being forced through a male puberty. As soon as we started her medical transition, all of her suicidal ideation disappeared.

She was terrified of going through Male puberty and wanted to die. She is now a young girl with hopes.

I honestly believe my daughter might not be with us if she had been unable to access puberty blockers. Until we addressed this she couldn't begin to process anything else, she was just utterly frozen by her fear of the changes that were happening to her against her will.

This last testimony reflects Maines' (2016) description of her life as being 'trapped in gender', unable to move on in her life until she could transition. This was also reflected in other testimonies;

As puberty began, my child's mental health declined. She developed OCD and such anxiety that she could not sleep alone. Puberty dominated every conversation. She was terrified of her voice breaking and no longer looking and sounding like her real self. She watched me cry for 3 days straight when the expected referral to NHS endocrinology was pulled and I could not see how I could access blockers for her safely. I desperately wanted to remain in the NHS and so did she. At that time we thought it would be better for her. When she had her first blocker she felt relieved because she would no longer stop looking like herself, her voice would not deepen irreversibly and she would not masculinise. Her OCD disappeared. She anxiety lessened. She thrived and could sleep alone.

Once on blockers, within a matter of weeks she was a different child. Her dysphoria was lessened and unwanted male puberty development stopped. Her mood stabilised and she wasn't as emotionally overwrought or anxious. Her attendance at school went up to 85% and she was able to spend more time away from us and more time with friends.

> Her sleep improved, she had more interest in life and hobbies. She was calmer and happier.

The contrast here is dramatic; the ability to lead normal, relatively unstressed lives like other children is enabled by puberty blockers; there are clear mental health benefits from them. The ban on blockers has taken that away and as a result is causing quite extreme mental health problems, problems that can only be relieved by blocking puberty. In particular the observation that 'puberty dominated every conversation' is important, reflecting the ever-present and constant worry, expressed by many others, amongst trans children and young trans people, that they might be forced to experience a harmful puberty. The puberty blocker ban needs to be understood as something that causes persistent and unending stress, trauma and anxiety amongst its victims, it is not a 'one-off' event that can be 'cured' with any kind of psychiatric support, it is ongoing and its effects cumulative. It is also evident from the research of Lee at al (2024 *op cit*) that the harm caused will increase and become more widespread over time, suggesting that the stress, anxiety and other harms increase in time and cannot be dismissed as constituting a singular event that will pass.

2.3 Data Analysis 3; Children who were prescribed blockers prior to the ban and are now unable to access them.

In many ways these are the children most harmed by the puberty blocker ban, they have been promised that they would not have to go through a damaging puberty and been let down. This kind of betrayal, in this instance by those claiming to be 'protecting' them, is likely to deeply scar these children for life.

> Distraught. Devastated. Distressed. She had already been through the experience of having her healthcare access stopped after the Bell judgement - she had been due to start blockers that week and they were instantly stopped. This deeply affected her trust in adults responsible for her care, and had a knock on effect on relationships with teachers, club leaders, the GP etc.

The way this child has been treated by the system has been nothing short of appalling, she has been denied healthcare twice after decisions by people who are likely antagonistic to trans children. The effect on other children in this position is no less distressing;

> Worried our child would feel like they have nothing to live for if they had to live as a man. Fear of losing our child. Without blockers our child felt she couldn't live as free and blend in to just being a girl.

> It was devastating to finally receive a prescription and then be told that within 48 hours we would no longer be able to access the treatment which professionals had told us would really help our child. A local pharmacist tried to prevent us having our prescription before the ban was in place and I had to stand my ground and insist on having the prescribed medication. I was made to feel like a bad parent which was awful. I am genuinely scared that my child will continue to self-harm or worse if the ban is not reversed.

On top of this it is evident that increasing numbers of parents are regarding the replacement NHS provision with scepticism. The offer of the new 'gender identity' services for trans kids seems to be regarded largely as offering only conversion therapy[3] (Ashley 2022). It is seen as being staffed by individuals who want to find a way of forcing trans children to be cis, regardless of the harm that is known to cause, with some psychological counselling to attempt to relieve the stress of being coerced through a puberty these children do not want and do not recognise. The latter constituting an admission that the blocker ban is harmful. Parents clearly articulated scepticism at this, responding with ire at Hilary Cass's proposed system;

> No amount of therapy will change the fact that these youth will have to go through natal puberty and live with those permanent changes so they can't even recognise themself when they look at themself. It will increase their dysphoria and being exposed as being trans puts them at further risk of exclusion, discrimination, bullying and will reduce their ability to do well at school and socially.

The new NHS gender service was regarded with apprehension and wariness and is clearly suspected of being staffed by transphobes;

> We found ourselves being guided by who we now suspect was a covert TERF who recommended "watchful waiting" which unfortunately at the time we did try as we thought we were working with an expert. This approach was incredibly damaging to our child and we are still recovering from that as a family.

[3] Conversion 'therapy' is the use of psychological, and sometimes physical torture, to attempt to change someone's sexual orientation or gender identity. It has never achieved its stated aim of doing this. Its effects are usually only to produce traumatised and suicidal victims.

This is likely to become a recurrent issue for parents and children as the suspicion is that those working in this 'new' NHS gender service for children are likely to be undeclared transphobes; indeed it is arguable that no-one else would want to be associated with what is already widely regarded as a network of state conversion therapy centres. There have also been reports of training materials for the new NHS gender identity centres being created by supporters of conversion therapy. In effect there is little these centres can do for these children and young people. They seem to be little more than conversion therapy centres, performing damaging searches for assumed 'causes' or 'comorbidities' which do not exist (Kennedy 2013) all the while adding very stressful delays to an increasingly distant prospect of obtaining the healthcare they need before it is too late.

3.0 Transphobia

Respondents are also reporting an increased level of transphobia since the introduction of the puberty blocker ban. It appears that the ban represents an opportunity for transphobia to become more respectable and has made transphobes more confident, something that communicates itself tacitly to children and others at school. By undermining trans children's identities as it has done, the publication of the Cass Report (2024) seems to have made these children perceive transphobia as more widespread. Concern about this is magnified when the likelihood of pubertal changes is factored in, with the possibility that trans children who have been in stealth will be outed to peers and school staff now representing another source of stress reported by parents. As such school avoidance appears to be becoming an increasing issue.

Trans people have lived with hermetic exclusion from the media since around 2017 with extreme transphobia becoming the daily norm in UK mainstream media. An average of 18 articles or broadcast segments about trans people were published every day in UK mainstream media in 2023, almost all of them anti-trans (Davies 2024). Very, very few of these articles have been authored by trans people and very few oppose the transphobic media consensus that has held sway for at least the last seven years. However what has also been at least as damaging is when politicians and government publications deploy transphobic terms like 'gender questioning' instead of 'trans and non-binary'. For example this language is deployed in the current safeguarding guidance for schools (DfE 2024 p 55) which uses the heading for the section on LGBT+ children 'Children who are lesbian, gay, bisexual or gender questioning'. This kind of thing has exacerbated the fear experienced by young trans

people as parents report the effect of this delegitimising and transphobic language on children;

> She feels as though the government and media hates her. It’s disgusting that our country is doing this to children.
>
> It seems since the ban following the Cass Review that it has given politicians, the government, the press and public endorsement to try to further reduce trans youths’ rights and even the word ‘trans’ or ‘transgender’ is being removed from the narrative and there seems to be an erasure of using the word ‘trans’ for youth and it has been replaced with Gender Questioning Children. My child is not gender questioning they are transgender and have been out for over 9 years and living as themselves. They know who they are and it hurts terribly when people doubt that or don’t accept it.
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> They think the people making the decision to ban blockers are ignorant bullies who don’t want the best for trans kids but want to make them cisgender and that calling all trans kids, gender questioning kids means they don’t accept them as themselves and they don’t matter and that they are not believed.

This ignores the findings of Olson et al (2015) which established that trans children are broadly the same, psychologically as other children of their identified gender. In reality trans children are overwhelmingly secure in their identities, it is others who are confused (sometimes wilfully). Meyer’s (1995) well-established concept of minority stress; that members of minority groups live with an elevated level of stress and anxiety is particularly relevant here. Olson et al (2016) discovered that trans children who are supported in their identities experience only a slightly higher level of anxiety than their cis peers. In other words, acknowledging trans children’s genders as valid helps them in their schoolwork and everyday lives, and not doing so is harmful to them. The Cass Review has allowed transphobic politicians and ‘journalists’ to deploy delegitimising language against trans children and this is having a damaging effect on them. It is no wonder that this constant bombardment of propaganda means that many now live in fear of violence and bullying. The likelihood that the progress of a puberty they do not want will further out them to their peers is clearly terrifying to many, especially those who currently live in stealth.

3.1 Financial and institutional concerns

These were not the only issues that were reported by respondents; problems with the NHS were common, with people reporting wide differences in knowledge levels amongst GPs,

from those who were confident and helpful, to those who claim to have no knowledge whatsoever. Parents are also reporting financial worries, since the cost of obtaining puberty blockers for their children has now increased considerably as a result of the ban. This has resulted in many respondents considering emigrating if they possibly can.

4.0 Implications

There are a number of important implications arising from the evidence presented here. In particular the issue of the validity and ethics of the decision to ban puberty blockers and the imposition of the already unethical and methodologically problematic clinical 'study' of puberty blockers using inappropriate Randomised Control Trial methodology. If the puberty blocker ban is to be at all justified, the level of harm that it would need to find in these medicines would have to be very significant indeed compared to the huge amount of suffering already caused – and still to be caused – by the puberty blocker ban. It is untenable, given that they have been in widespread use for decades, that anything serious enough to justify the level of suffering enforced on young trans people and documented here would now be found. Any significant short or long-term negative side effects would have been noticed already.

The evidence of any significant risk is so minimal that other gender identity services and professionals around the world have already discounted it[4]. Yet Cass appears to have decided that this unquantified and minimal risk of something very minor is worth the absolute certainty of causing psychological damage, stress, anxiety and physical harm it will bring to thousands of children, as well as the risk of assault and bullying and the likelihood that they may fall behind in their schoolwork.

The critique of Cass by McNamara et al (2024) is scathing about its rationale for the 'study' into puberty blockers. It references how Cass has expressed concern for cognitive development of adolescents who are prescribed puberty blockers, yet observes that there are many other factors that affect cognitive development in children of this age;

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[4] E.g. https://www.medicalrepublic.com.au/why-queensland-didnt-copy-the-uk-approach-to-transgender-care/109942
https://patha.nz/News/13341582
https://www.scribd.com/document/730283314/Statement-From-AAP
https://bagis.co.uk/position-process-statements/
https://sway.cloud.microsoft/pFNJFRo9BM6LChR0?ref=Link&loc=play

> Chronic stress, particularly during adolescence, does indeed impact cognitive development. Gender diverse youth with gender dysphoria who are denied the option of medically affirming interventions are thus forced to undergo unwanted physical development. This can cause significant distress that then limits learning, building friendships, future orientation, and other developmental milestones in adolescence. The harms this poses to healthy cognitive development cannot be ignored. Clinicians, parents, and youth themselves are rightly concerned with the cognitive impact of untreated gender dysphoria, but the Review clearly is not. (p26)

The data analysed here evidence that the concerns expressed by McNamara et al are very real, and that the ban simply ignores the clearly harmful effects on cognitive development of a coerced puberty and all that goes with it. If the government and Cass are genuinely concerned about the cognitive development of trans youth the government and Cass should not be ignoring the, obviously very extreme, harm caused by this ban which is likely to have far-reaching and lifelong consequences. Cognitive development is affected by many factors, including social acceptance, being comfortable in one's own skin, stress, anxiety, bullying and overall mental health, not just physical factors. It is also well-known (E.g. Merrick et al 2017) that adverse childhood experiences such as stress, anxiety, bullying and trauma have a significant ongoing impact on mental health into adulthood. These harms are not something that will just go away when these children grow up. Crucially in this respect, the longest and most extensive study of the effects of puberty blockers, Arnoldusson et al (2022) found that there was no difference in cognitive abilities between adolescents receiving puberty-blockers and those who were not. It is of great significance that the York University systematic review of evidence for the Cass Review *failed to include this crucial and particularly relevant study*. The effect of this omission cannot be overstated. If it had been included it would have been very difficult for Cass to credibly recommend a ban on puberty blockers on the grounds of protecting safety.

Given that puberty blockers elsewhere in the world are prescribed unproblematically, and that a great deal of research has found them safe and beneficial, and given that these medicines have not been banned in the UK for children experiencing precocious puberty, the question arises as to whether this 'study' – in the unlikely event that it were credibly carried out – is warranted at all. It would seem very unlikely that it will reliably and credibly find anything damaging enough to justify the very high levels of suffering and ongoing harm already reported here, and as such needs to be regarded as unethical from this perspective also. In a 'study' that is already unethical from the perspective of consent, problematic

methodologically, and now because of the high level of psychological and physical harm caused to children throughout the country including those 'study' participants in receipt of a placebo, the warrant for its continuation can in my view no longer be valid. When a 'study' itself is causing widespread harm – harm to *children* – it cannot be justified under any Helsinki-compliant research ethics system (World Medical Association 2013). When the rationale for the study is based on the flimsiest of evidence and runs counter to the largest and most significant research published in this area (Arnoldussen et al 2022, *op cit*), it is indefensible. One parent expressed this coherently;

> The damage done to my child's mental wellbeing through this ban far outweighs the medical considerations/implications that would have come in tandem with my child being able to proceed with taking the blockers […] We are all just trying to do the best for our children and are being denied this opportunity for political reasons, which are masked behind biased studies.

4.1 Conclusion

All medicine is a balance of risk, something from which the misused slogan, recently deployed by transphobes, 'first do no harm' seeks to distract. Here the balance of risk is of the absolute certainty of psychological, physical and social harm scarring the lives of these children well into the future compared to the supposed harm of treatment. This clearly runs counter to the idea of 'first do no harm' as its first effect is to cause great harm to these children. This is set against a vague, unsubstantiated and contested possibility of a small risk of limited harm. Modern medicine already prescribes drugs to children that have known harms and, in some instances, risk quite significant detrimental side-effects. In these cases there is a balance of risk involved. Yet for some unargued reason, trans children are deemed to be allowed only medicines that can be shown to have absolutely no negative effects whatsoever. The double-standard is clear.

The puberty blocker ban is harming children now, this is not a nebulous, indistinct, unevidenced and unlikely harm that the vague and poorly evidenced claims of the discredited Cass Review deploy, these harms are occurring to trans and non-binary children and adolescents all over the country now. Given the evidence provided here there can be no justification whatsoever for the ban to continue, for the 'trial' to go ahead in its present form and for the new – untrusted – gender identity service to continue in its current format. The

damage is being done now and it may well last a lifetime for many, far outweighing any possible risks of taking puberty blockers.

The obvious improvements in quality of life and mental health of those who had access to blockers coupled with the evidence of harm done to those denied them constitutes significant evidence that removing them is severely detrimental to their health and consequently is unethical. The risk of death by suicide is increased, mental health is harmed, their ability to go to school and take part in normal social activities with peers becomes impossible for many and difficult for most, as anxiety, stress and other harmful effects levels are increased significantly. After analysing the testimonies of parents of trans and non-binary children in this survey, the only conclusion I can come to is that the puberty blocker ban needs to be regarded as a form of child abuse.

This raises the issue of whether it is the ban *itself* that is the main intended outcome rather than the 'study' and any outcomes of that. Given that the proposal is now for the ban to be made permanent, rather than limited until such time as the 'study' is completed, this is a question that specifically needs addressing. The British Medical Association recommended suspending the ban until it had had time to carry out its review of Cass, The government has refused to do this.

The very short timescale for responses to the consultation on the puberty blocker ban has necessitated a quick but evidenced response. This paper will be reinforced with additional material and published in a peer-reviewed journal as soon as possible. The enforced necessity for speed was created by the tight deadline for responses; there seems to be hurry to impose a permanent ban. However the quality and consistency of the evidence presented here speaks for itself. The certainty of causing widespread, unnecessary and increasing harm to children and young people needs to be weighed against the vague possibility of minor problems with puberty blockers. In my view it is unethical and dangerous, on more than one level (Council of Europe, SOGIESC p41) for any ban on puberty blockers to continue.

Those attempting to justify banning puberty blockers have argued that they are advocating it in order to 'protect children'. This is now quite clearly not the case, and this argument can no longer credibly be deployed as is flies in the face of the evidence. This ban will cause very considerably more harm than any possible protection it might conceivably give.

References

Amery, F & Mondon, A (2024) Othering, peaking, populism and moral panics: The reactionary strategies of organised transphobia. *The Sociological Review* https://doi.org/10.1177/00380261241242283

Arnoldussen, M et al (2022) Association between pre-treatment IQ and educational achievement after gender-affirming treatment including puberty suppression in transgender adolescents. *Clinical Child Psychology & Psychiatry.* 27(4):1069-1076. doi: 10.1177/13591045221091652

Ashley, F (2022) Interrogating Gender-Exploratory Therapy. *Perspectives on Psychological Science* 18.2

Brown, R (2024) The Government's Impartial Trans Healthcare Reviewer Isn't so Impartial, Colleagues Claim. *Novara Media* 8 August 2024

Cass Review (2024) *The Cass Report.* NHS

Davies, M (2024) Media agencies and clients must put a stop to 'dirty attention'. *Campaign* Jan 2024

DfE (2024) *Keeping Children Safe in Education.* DfE

Horton, C (2023) "I didn't Want Him To Disappear" Parental Decision-Making on Access to Puberty Blockers for Trans Early Adolescents. *Journal of Early Adolescence* 43.4 490-515

Kennedy, N (2013) Cultural Cisgenderism: Consequences of the Imperceptible. *British Psychological Association. Psychology of Women's Section Review* 15.2

Lee, W et al (2024) State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary people in the USA. *Nature Human Behaviour* https://doi.org/10.1038/s41562-024-01979-5

Le Guin, U (1973) *The Ones Who Walk Away From Omelas*. Small Beer Press. Easthampton MA

McNamara, M et al (2024) *An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria.* Yale University Integrity Project

Maines, N (2016) *The Trans Story Includes You*. TEDxSMCC https://www.ted.com/talks/nicole_maines_the_trans_story_includes_you?subtitle=en

Merrick, M et al (2017) Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect* 69 10-19

Meyer, I (1995) Minority Stress and Mental Health Development in Gay Men. *Journal of Health and Social Behavior* 1995. 36 38-56

Olson, K et al (2015) Gender Cognition in Transgender Children. *Psychological Science* 26.4 467-474

Olson, K et al (2016) Mental Health of Transgender children Who Are Supported in Their Identities. *Pediatrics* 137.3

Pearce, R (2024) *What's Wrong with the Cass Review? A round-up of commentary and evidence*. https://ruthpearce.net/2024/04/16/whats-wrong-with-the-cass-review-a-round-up-of-commentary-and-evidence/

SOGIESC (2024) *Third Thematic Report: Right to the Highest Attainable Standard of Health and Access to Healthcare for LGBTI People in Europe.* Council of Europe

World Medical Association (2013) *WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects.* WMA General Assembly 2013