



Equality Hub

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Women and Equalities Committee
Chair, Rt Hon Caroline Nokes MP
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By email: womeqcom@parliament.uk

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Dear Caroline,

During my appearance at the Women and Equalities Select Committee on 13 December 2023, I undertook to write with further information on specific points of interest that you and Committee Members raised.

Data on gender identity services

The Committee asked about data on the significant rise in referrals of young people to gender identity clinics. [NHS England](#) report that in 2021/22 there were over 5,000 referrals into the Gender Identity Development Service (GIDS) run by the Tavistock and Portman NHS Foundation Trust. This compares to just under 250 referrals in 2011/12. The Cass Review reported there were approximately 50 referrals per annum in 2009 meaning that referrals have risen since then by 10,000%.¹ The Cass Review also noted that in 2020 referrals stood at 2,500 per annum, meaning that the rise to 5,000 in the most recent year represents a doubling in a single year. As I said in my evidence session, this trend represents an explosion in numbers of referrals.

I committed to providing further details on the evidence that children likely to grow up to be gay (same sex attracted) might be subjected to conversion practices on the basis of gender identity rather than their sexual orientation. Both prospective and retrospective studies have found a link between gender non-conformity in childhood and someone later coming out as gay.² A young person and their family may notice that they are gender non-conforming earlier than they are aware of their developing sexual orientation. If gender non-conformity is misinterpreted as evidence of being transgender and a child is

¹ The Cass Review, *Interim Report* (Feb 2022), p. 32, para 3.10

² Xu, Y., Norton, S., & Rahman, Q. (2021). Childhood gender nonconformity and the stability of self-reported sexual orientation from adolescence to young adulthood in a birth cohort. *Developmental Psychology*, 57(4), 557–569. <https://doi.org/10.1037/dev0001164>

medically affirmed the child may not have had a chance to identify, come to terms with or explore a same-sex orientation.

The strong link between same sex attraction and a transgender identity has been discussed in the relevant academic literature for many years. The Dutch founders of medical gender transition for adolescents wrote in 1999 that (the language is their own):

*“Not all children with GID (Gender Identity Disorder) turn out to be transsexuals after puberty... Prospective studies of GID boys show that this phenomenon is more strongly related to later homosexuality than to later transsexualism. These findings are in accordance with retrospective studies that have shown that male and female homosexuals recall more cross-gendered behaviour in childhood than male and female heterosexuals.”*³

In 2012, one of the same authors also found a clear pattern emerging:

*“Follow-up studies have demonstrated that only a small proportion of gender dysphoric children become transsexual at a later age, that a much larger proportion have a homosexual sexual orientation without any gender dysphoria.”*⁴

The most recent reported data from GIDS in England demonstrates that older patients expressing a sexual orientation were overwhelmingly not heterosexual. 67.7% of adolescent female patients were recorded as being attracted to other females only, 21.1% were bisexual, and only 8.5% were listed as heterosexual. Among adolescent male patients, 42.3% were attracted only to other males, 38% were bisexual, and only 19.2% said they were attracted only to females.⁵

As I mentioned at the Committee hearing, I am aware of troubling accounts that some clinicians are hesitant to work in gender identity services. I take this extremely seriously. As detailed in the interim report of the Cass Review, primary and secondary care staff have stated that they feel under pressure to adopt an unquestioning affirmative approach, which is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake.

Dr Natasha Prescott, a former GIDS clinician reported in her exit interview from the Tavistock that ‘there is increasing concern that gender affirmative therapy, if applied unthinkingly, is reparative therapy against gay individuals, i.e. by making them straight’ and Dr Matt Bristow, a former GIDS clinician, reported to Hannah Barnes that he came to feel that GIDS was performing ‘conversion therapy for gay kids.’⁶ In a survey of 100 detransitioners, the experience of homophobia or difficulty accepting themselves as

³ Cohen-Kettenis, P. T., & Gooren, L. J. G. (1999). Transsexualism: A review of etiology, diagnosis and treatment. *Journal of Psychosomatic Research*, 46, 315–333.

⁴ Annelou L. C. de Vries MD PhD & Peggy T. Cohen-Kettenis PhD (2012) *Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach*, *Journal of Homosexuality*, 59:3, 301-320, DOI: 10.1080/00918369.2012.653300

⁵ Holt V, Skagerberg E, Dunsford M. Young people with features of gender dysphoria: Demographics and associated difficulties. *Clinical Child Psychology and Psychiatry*. 2016;21(1):108-118. doi:[10.1177/1359104514558431](https://doi.org/10.1177/1359104514558431)

⁶ *Time to Think: The Inside Story of the Collapse of the Tavistock’s Gender Service for Children*. Hannah Barnes, Swift Press, 2023.

lesbian, gay, or bisexual was expressed by 23% of respondents as a reason for transition and subsequent detransition.⁷ As German gender clinicians have noted:

*"it must be understood that early hormone therapy may interfere with the patient's development as a homosexual. This may not be in the interest of patients who, as a result of hormone therapy, can no longer have the decisive experiences that enable them to establish a homosexual identity."*⁸

During our evidence session you also asked me if there is a pattern being established specifically around girls with autism and transition. In its June 2023 statement, [NHS England](#) noted the rise in autistic young people seeking gender transition:

"Marked changes in the types of patients being referred which are not well understood. There has been a dramatic change in the case-mix of referrals from predominantly birth-registered males to predominantly birth-registered females presenting with gender incongruence in early teen years. Additionally, a significant number of children are also presenting with neurodiversity and other mental health needs and risky behaviours which requires careful consideration and needs to be better understood."

Many studies have reported that autistic people are over-represented in gender clinic populations, including a recent study noting "evidence of an increased rate of autism in adults and young people accessing gender clinics internationally, ranging from 5% to 26%".⁹ Authors have cautioned that this represents a challenge to the affirmative model:

- The Journal of Autism and Developmental Disorders published a 2018 study which found 'autistic traits appear to be more prevalent in transgender people assigned female at birth'.¹⁰
- 9.4% of adolescent Dutch gender patients were autistic. Autistic patients were reported to be on a range of gender-affirming pathways, including on puberty blockers, gender-affirming hormones, and having undergone sex reassignment surgery.¹¹
- The Journal of Autism and Developmental Disorders in 2012 published a study which found that nearly 30% of transgender men (natal females) were autistic compared with only 2% of non-transgender females.¹²
- Child and Adolescent Psychiatry and Mental Health in 2015 published a study which found that 26 % of adolescent sex reassignment applicants were diagnosed to be on

⁷ Littman L. Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. Arch Sex Behav. 2021 Nov;50(8):3353-3369. doi: 10.1007/s10508-021-02163-w. Epub 2021 Oct 19. PMID: 34665380; PMCID: PMC8604821.

⁸ Korte, A, Goecker, D, Krude, H, et al, Gender Identity Disorders in Childhood and Adolescence: Currently Debated Concepts and Treatment Strategies, Dtsch Arztebl Int 2008; 105(48):834-41. <https://www.doi.org/10.3238/arztebl.2008.0834>

⁹ Cooper, K., Mandy, W., Russell, A., & Butler, C. (2023). Healthcare clinician perspectives on the intersection of autism and gender dysphoria. Autism, 27(1), 31-42. <https://doi.org/10.1177/13623613221080315>

¹⁰ Nobili, A., Glazebrook, C., Bouman, W.P. et al. Autistic Traits in Treatment-Seeking Transgender Adults. J Autism Dev Disord 48, 3984–3994 (2018). <https://doi.org/10.1007/s10803-018-3557-2>

¹¹ de Vries, A.L.C., Noens, I.L.J., Cohen-Kettenis, P.T. et al. Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents. J Autism Dev Disord 40, 930–936 (2010). <https://doi.org/10.1007/s10803-010-0935-9>

¹² Jones, R.M., Wheelwright, S., Farrell, K. et al. Brief Report: Female-To-Male Transsexual People and Autistic Traits. J Autism Dev Disord 42, 301–306 (2012). <https://doi.org/10.1007/s10803-011-1227-8>

the autism spectrum which far exceeded the prevalence of 6/1000 for the general population. The authors concluded 'autism spectrum needs to be taken seriously in considering treatment guidelines for child and adolescent gender dysphoria'.¹³

There is also significant evidence young people with gender dysphoria are more likely:

- to have associated difficulties including non-suicidal self-harm, suicidal ideation, suicide attempts, attention deficit hyper- activity disorder (ADHD), symptoms of anxiety, psychosis, eating difficulties, bullying and to have experienced abuse (i.e. physical, psychological/emotional, sexual abuse and neglect). These findings were from a cross-sectional study of 218 children and adolescents with features of gender dysphoria referred to the GIDS in London during 2012. In 2014, the three most common associated difficulties in GIDS' patients were: bullying, low mood or depression and self-harming – found in 47, 42 and 39% of the cases respectively.¹⁴
- To be looked after. A study of 185 young people referred to GIDS over a 2-year period (1 April 2009 to 1 April 2011) found looked-after young people represented 4.9% of referrals, which is significantly higher than within the English general population (0.58 %).¹⁵
- To have experienced difficult life events. A study of children presenting to a multidisciplinary gender service in Australia found a prevalence of adverse childhood experiences including family conflict (65.8%), parental mental illness (63.3%), loss of important figures via separation (59.5%). The study also identified high rates of comorbid mental health disorders: anxiety (63.3 %), depression (62.0%), behavioural disorders (35.4%), and autism (13.9%).¹⁶

Following the interim report, NHS England is setting up a new clinical model for children and young people experiencing gender incongruence and gender dysphoria. We are expecting the final Cass Review to be published shortly, which will include further recommendations in this area.

GANHRI Accreditation

The Committee asked whether the UK Government would be excluded from any specific bodies or committees if the EHRC's 'A' status was downgraded by the Global Alliance of National Human Rights Institutions (GANHRI). The EHRC's status as a NHRI does not affect the UK Government's participation in any UN committees or bodies.

¹³ Kaltiala-Heino, R., Sumia, M., Työläjäarvi, M. *et al.* Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child Adolesc Psychiatry Ment Health* 9, 9 (2015). <https://doi.org/10.1186/s13034-015-0042-y>

¹⁴ Holt V, Skagerberg E, Dunsford M. Young people with features of gender dysphoria: Demographics and associated difficulties. *Clin Child Psychol Psychiatry*. 2016 Jan;21(1):108-18. doi: 10.1177/1359104514558431. Epub 2014 Nov 26. PMID: 25431051.

¹⁵ Matthews T, Holt V, Sahin S, Taylor A, Griksaitis D. Gender Dysphoria in looked-after and adopted young people in a gender identity development service. *Clin Child Psychol Psychiatry*. 2019 Jan;24(1):112-128. doi: 10.1177/1359104518791657. Epub 2018 Aug 11. PMID: 30101601.

¹⁶ Kozłowska, K., McClure, G., Chudleigh, C., Maguire, A. M., Gessler, D., Scher, S., & Ambler, G. R. (2021). Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems*, 1(1), 70-95. doi/10.1177/26344041211010777

The EHRC was reaccredited by GANHRI as a National Human Rights Institution in October 2022, and was successful in keeping its “A” status, which denotes “full compliance” with the Paris Principles.

Why the question of EHRC’s status was reopened by the UN Sub Committee on Accreditation so soon after reaccreditation is unclear. Those organisations who lobbied the UN for the EHRC to be subject to a Special Review have diverted valuable resources of the EHRC away from discharging their statutory duties to uphold human rights and equality onto complying with this exercise. From an equalities perspective, having our independent regulator preoccupied in this way is unfortunate and any attempt to impugn its reputation only undermines trust in the institution set up to defend human rights and equality.

Art.59 of the Istanbul Convention

The Committee also asked about the reservation made on Article 59 of the Istanbul Convention. We did this to enable us to fully consider the links between financial support for migrant victims (taking into account the Support for Migrant Victims Scheme (SMV) pilot findings) and residence status. The Convention defines the reservation as the right to apply or not to apply articles only in specific cases or conditions. Once we have considered the evidence from the SMV pilot, we will make a decision on whether or not to lift the reservation.

VAWG Statistics

The Committee expressed that they have heard evidence that victims of sexual abuse may be reluctant to come forward and asked if the Government is failing women.

The Government is making every effort to tackle violence against women and girls (VAWG). A key part of our strategic approach has been to encourage increased reporting of such crimes, but our fundamental long-term ambition is to reduce the prevalence of violence against women and girls in all its forms. This is being done by improving the criminal justice system response to tackling VAWG, ensuring victims receive appropriate support, bringing perpetrators to justice and taking action to intervene early and prevent future offending.

We are committed to more than doubling the volume of rape cases reaching court by the end of this Parliament. The latest CPS data for April to June 2023 shows we have met all three ambitions set out in the *Rape Review 2021* - “return the volumes of adult rape cases being referred by the police to the CPS; charged by the CPS; and reaching Crown Court to 2016 levels” - and are on track to remain at or above the ambitions by the end of this Parliament. Police referrals to the CPS were up by 206% compared to the quarterly average in 2019 when the *Rape Review* was commissioned. There were 599 CPS charges, up by 145% compared to the 2019 quarterly average. Crown Court receipts, which count the number of cases entered on the court administrative system, were up by 171% compared to the 2019 quarterly average.

In the year ending June 2023, 193,096 sexual offences were recorded overall by the police, an 18% increase from the year ending March 2020. Of all sexual offences recorded by the police in the year ending June 2023, 35% were rape offences. This was a 15% increase in the year ending March 2020.

We also funded the development of a new module of the landmark Domestic Abuse Matters training programme. This is targeted specifically at officers investigating domestic abuse offences, to enable further improvement in police responses to domestic abuse incidents. The police flagged 885,393 offences as domestic abuse-related in the year ending June 2023.

We want victims to have the confidence to report these crimes, knowing they will get the support they need and that everything will be done to bring offenders to justice. To this end, we accepted all the recommendations made by HMICFRS following their inspection into police handling of VAWG, including adding VAWG to the revised Strategic Policing Requirement. This means VAWG is set out as a national threat for forces to respond to, alongside other threats such as terrorism, serious and organised crime, and child sexual abuse.

The Committee on the Rights of Persons with Disabilities

The Committee asked whether the Government has ignored the UN Convention on the Rights of Disabilities' (UNCRPD) country reports. The Government remains committed to the UNCRPD and to improving the lives of disabled people. To tackle the barriers faced by disabled people, we have implemented numerous policies and programmes including investing in employment support initiatives, improving the health and disability benefits (welfare) system and social care support, as well as improving the accessibility of homes and transport.

We recognise that more needs to be done and that is why in July 2023 we launched an accessible 12-week consultation on our new Disability Action Plan. The Disability Action Plan will set out the immediate action the Government will take to improve disabled people's lives, as well as laying the foundations for longer term change, and complements the long-term vision set out in the National Disability Strategy. We received more than 1300 responses to this consultation, and we are carefully considering those responses before publishing the final Plan.

The committee was also keen to understand why the government response to the UNCRPD was delayed until March 2024. We take our engagement with the Committee very seriously and this Government has followed all of the Committee's rules and procedures. We have agreed with the Committee that we would participate in the non-compulsory dialogue in March 2024. This agreement was mutually reached and is within existing protocols. At this dialogue, Government representatives will provide further information on the UK's progress and we look forward to attending.

The next Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) inspection

The Committee was keen to hear about the Equality Hub's preparations for CEDAW's next investigation into the UK. Since our last reporting cycle, CEDAW has asked that all state parties follow the *Simplified Reporting Procedure*. Under this, the Committee sends a *List Of Issues Prior to Reporting (LOIPR)* to each state party who then has 12 months to respond. It is this response that constitutes the periodic report.

We do not yet know when we will receive the LOIPR from CEDAW. Their work plan is set out approximately 12 months in advance and the UK does not appear on its current programme - which runs until October 2024. It is therefore unlikely we will receive the LOIPR until January 2025 at the earliest.

I hope that this further information is helpful. Please do get in touch if you or the Committee requires anything further.

Best wishes,

A handwritten signature in black ink that reads "Kemi Badenoch". The signature is written in a cursive, flowing style.

THE RT HON KEMI BADENOCH MP
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Secretary of State for Business & Trade and President of the Board of Trade