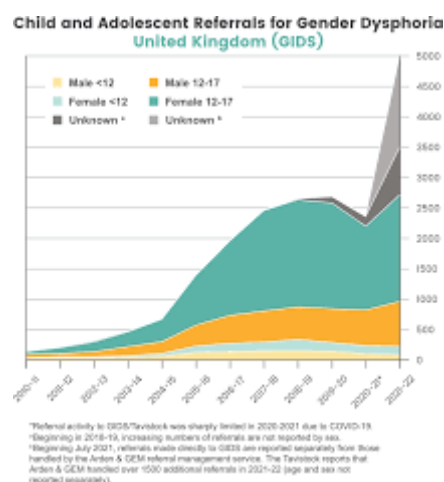


Identify ONE activist/campaigning group in the news and critically reflect upon why this movement has developed, the aims and objectives of the group and consider what barriers to equity need to be resolved

Introduction

In the last ten years, there have been an increase in the number of young people identifying as being trans and gender diverse (Ehrensaft *et al.*, 2018; Olson and Gulgoz, 2018; Roche, 2020), shown through the number of young people accessing gender clinics (Cohen-Kettenis *et al.*, 2011b; Telfer *et al.*, 2015) and population studies (Strauss *et al.*, 2020). As the 2021 UK Census only measured gender diversity of those over 16 (ONS, 2022), population-based studies are used to estimate numbers of trans young people as between 0.5% (Flores *et al.*, 2017; Strauss *et al.*, 2020; Telfer *et al.*, 2015; Winter *et al.*, 2016) and 2.7% (Rider *et al.*, 2018).

Throughout this submission, the umbrella term 'trans' will be used (Davy *et al.*, 2022). There is a medical definition of 'trans', that historically depended on a diagnosis of gender dysphoria and used the term transsexual (Fraser, 2015), viewing gender as binary system that only included males and females (WPATH, 2011). The queer theory definition of trans is therefore used to encompass gender diversity and refers to any young person, from birth to age 21, who have a gender different to the sex they were assigned at birth, or identify with non-binary or gender non-conforming identities, among others (Quinn *et al.*, 2017). The queer theorists engagement with trans young people also encompasses their power in challenging heteronormativity and cisnormativity (Keegan, 2020).



The increase in people, particularly young people, identifying as trans, led to Time declaring in 2014 that society had reached 'the transgender tipping point' (Steinmetz, 2014).



2 - (Steinmetz, 2014)

Media attention and articles have increased since this time, with sensationalist headlines including 'Kids as young as four can 'explore gender' in school without parental consent in parts of the UK' (Chalmers, 2021; Dixon, 2021).

Conflict theory and queer theory are engaged with throughout this submission, to understand the barriers to equity that activist groups face. Conflict theorists argue that negative attitudes towards trans young people often come from other groups, notably gender critical feminists (Raymond, 1979; Stryker, 2017; Hines, 2017), feeling threatened (Blalock, 1967; Coser, 1956; Meuleman *et al.*, 2009). Negative attitudes are a defensive reaction to a perception of competing for goods (Blumer, 1958), single-sex spaces for example (Apsani, 2018; McLean, 2021), but can also include power (Meuleman *et al.*, 2009). Conflict theory has gained criticism in the past for being solely focussed on economic factors as the cause of conflict in society (Bartos and Wehr, 2002; Delaney, 2016). Whilst this may be true of the Marxist approach to conflict theory, queer theory engages with other factors (Elliot, 2010; Sullivan, 2003), including gender diversity, and is therefore relevant for this submission.



Health > News Health

GENDER RULES Kids as young as four can 'explore gender' in school without parental consent in parts of UK

3 - (Chalmers, 2021)

Mermaids



4 - (Mermaids, 2022)

As the number of visible trans young people increased, issues around healthcare, education and societal views have become more apparent (Todd, 2022). Support, campaigning groups and advice were therefore needed, to create more equitable opportunities.

Charities such as Stonewall (2021) and Gendered Intelligence (2015) offer support to young trans people and their families, but Mermaids (2022) is the longest standing charity offering bespoke support in the UK. The controversy in the media surrounding trans young people has extended to charities such as Mermaids, who have been in the news recently due to debates with gender critical feminists (Siddique, 2022) and safeguarding concerns, leading to an investigation into the charity (Hayton, 2022).



5 - (Charity Commission, 2022)

Despite the controversies, Mermaids continue to support trans young people until their 20th birthday, through online communities, helplines, events and community groups (Mermaids, 2022). Support is also offered to the young people's families and professionals who are involved in their care (Mermaids, 2022).

Why has this movement developed?



6 - (Mermaids, 2022)

This movement has developed because of the low, albeit increasing, attention paid to gender diversity for children (Costello and Duncan, 2006) and limited exposure of young trans voices in queer research (Jenzen 2017; Rooke 2010a; Todd, 2022).

Trans people, especially young people (Strauss *et al.*, 2021), face significant difficulties when accessing gender identity healthcare (Linander and Alm, 2022; Lindly *et al.*, 2018), which has led to health inequalities (Pearce, 2018; Vincent, 2018; Gleeson and Hoad, 2019), which have been worsened due to reduced services during the COVID-19 pandemic (Todd, 2022).

As the gender referral process for treatment is lengthy (Kennedy, 2022; NHS England, 2020), and 45% of trans young people in the UK have attempted suicide (Bradlow *et al.*, 2017), movements such as Mermaids developed to safeguard these young people from the associated mental health difficulties (Linander and Alm, 2022).

Groups such as Mermaids also developed to offer trans specific support. Research into trans populations can be lost within wider LGBTQ+ studies, despite gender and sexuality being distinct (Hillier et al., 2010; Veale et al., 2017; Strauss et al., 2020).



7 - (Bradlow et al., 2017)

The poorer mental health outcomes for trans people, in comparison to cisgender (Bouman et al., 2017) and LGB (Rider et al., 2018) and heterosexual peers (Veale et al., 2017; Strauss et al., 2020), therefore needed support and acknowledgement.

The attitudes and knowledge of parents and caregivers were also an important factor in the development of Mermaids. Negative parental behaviours to young people coming out as trans could include transphobic comments and rejecting behaviour (Kennedy, 2022; Travers et al., 2020; Violet, 2018), which can exacerbate mental health difficulties (Morgan et al., 2020). Johnson et al. (2020), however, have stated that most parents showed a mix of supportive and rejecting behaviours, often compounded by a lack of understanding around trans identities (Linander and Alm, 2022). This has meant that the number of parents of trans young people accessing peer and professional advice in the past decade (Horton, 2022b; Kuvalanka et al., 2014; Pullen Sansfaçon et al., 2015; Pyne, 2016) has increased.

Education establishments and their staff could also have differing reactions to trans inclusion, including panic (Payne and Smith, 2014), concerns about facility use (Bower-Brown et al., 2021) and concerns regarding the reactions of parents (Carlile et al., 2021). Poor reactions could cause trauma for young trans people (Horton, 2022c), highlighting the importance of groups such as Mermaids.



8 - (Kibirige, 2018)

Aims and objectives



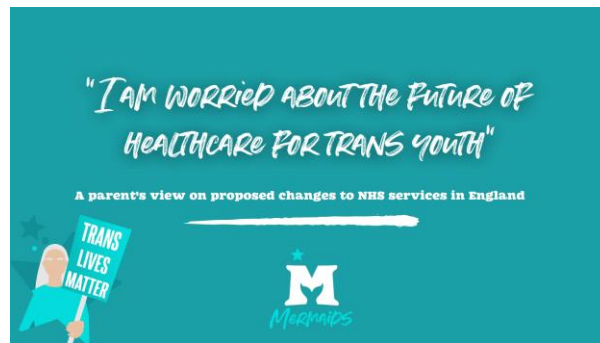
Mermaids commit to five main aims:

- To reduce feelings of isolation for trans young people
- To provide trans young people and their families with healthcare and education guidance
- To offer trans young people support for mental health, and help those around them understand emotional challenges
- To improve social skills for trans young people
- To build on existing gender identity awareness of anyone involved in the care of trans young people (Mermaids, 2022)

Barriers to equity

Trans young people face a set of unique and universal challenges, including, but not limited to: transphobia (Morgan *et al.*, 2022); discrimination (Strauss *et al.*, 2020) and confrontations in spaces such as public facilities (Bender-Baird, 2016; Cavanagh, 2018), youth rehabilitation services (Rosenberg and Oswin, 2015), asylum centres (Das Gupta, 2018, 2019), education (Das Gupta *et al.*, 2021; Mearns *et al.*, 2020), and family settings (Andrucki and Kaplan, 2018; Arun-Pina, 2021; Johnston, 2018; Marshall, 2017).

It has previously been argued that there is inadequate research into gender identity in primary healthcare (Edmiston *et al.*, 2016), although more recent research has shown that awareness is increasing (Achille *et al.*, 2020; van der Miesen *et al.*, 2020), including the benefits of affirmative healthcare, such as puberty blockers (Hembree *et al.*, 2017). Although global and national healthcare services have endorsed the use of puberty blockers at the start of puberty (Hembree *et al.*, 2017), barriers to equity have been created through political attacks on healthcare needs of trans young people, which have caused restrictions on access to affirmative medication (Abreu *et al.*, 2021; Horton, 2022a; Leibowitz *et al.*, 2020). UK research has suggested that one in five GPs do not prescribe hormones to trans people, suggesting fear, lack of experience and a need for more specialised healthcare as contributing factors (Barrett, 2016). Viewing gender through a cisgender lens (Ansara and Hegarty, 2012; Riggs, 2019) has also been highlighted as a reason for the lack of appropriate healthcare.



9 - (Mermaids, 2022)

This barrier to equity is exacerbated as the people impacted by such restrictions are seldom heard (Schneider, 2017), meaning that this could be improved if young trans people were included in debates that impact upon them.

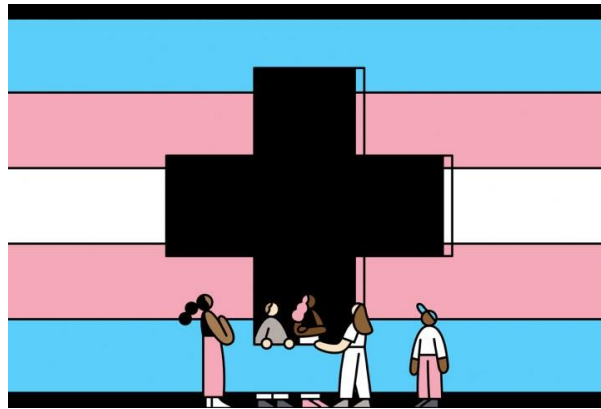


10 - (Stonewall, 2021)

The lack of awareness of gender identity by primary healthcare professionals, and the consequent restrictions for affirmative healthcare, has not only led to longer waiting times (Linander and Alm, 2022), but also political, academic and ideologised discussions on if young trans people should be able to access affirmative healthcare (Steensma and Cohen-Kettenis, 2018; Temple-Newhook *et al.*, 2018).

Within healthcare, 'youth' is the period between childhood and adulthood (Threadgold, 2020), which has created debates over if trans youth can give assent to gender-affirming healthcare, when they cannot understand the consequences (Linander and Alm, 2022; Threadgold, 2020). Some academics have highlighted that healthcare professionals must safeguard young trans people to ensure that they understand their decisions, or wait until adulthood (Riggs and McIntrye, 2022), but most recent research shows that young trans people who transition earlier in their lives (Durwood *et al.*, 2017; Olson *et al.*, 2016; Pollitt *et al.*, 2021; Russell *et al.*, 2018; Sherer, 2016), have better psychological wellbeing than their peers who waited to access treatment (Kennedy, 2022). Despite increased demand for gender-affirming healthcare, there remains limited understanding to the barriers to quality care for trans young people.

Further research in this area will help to create better understanding about primary healthcare (Davy *et al.*, 2022) and go some way to reducing the barriers to equity.



11 - (Wong, 2020)

Trans young people continue to face barriers to equity in the form of transphobia (Pearce *et al.*, 2020b), alongside the creation of hostile environments (Todd, 2022), where the existence of trans people is debated (Pearce *et al.*, 2020a; Todd, 2021). This, alongside the affects of cisnormativity (Todd, 2021, 2022), can marginalise trans young people (Brice, 2020; Doan, 2010), as well as gender critical debates questioning their access to gender-affirmative care (Riggs and McIntyre, 2022).

Such debates have also impacted on Mermaids, as in December 2022 the Charity Commission opened an inquiry into accusations of safeguarding concerns (Mermaids, 2022; The Charity Commission, 2022). This was met with concern by users of Mermaids, who feared that their support may be blocked (ITV News, 2022; Mermaids, 2022). This was not the first high profile case into the support given to trans young people, with Bell vs Tavistock in 2019 (Barras and Carlile, 2022) debating whether those under 18 could consent to gender-affirmative healthcare. Bell, the parents of a young person who later detransitioned, argued that gender-affirmative healthcare such as puberty blockers were unlawful, as those under 18 could not consent, claiming that such treatments were experimental (Barras and Carlile, 2022; Linander and Alm, 2022). The court ruled in favour of Bell, leading to NHS England blocking new referrals the Tavistock clinic, the leading Gender Identity service in the UK (Barras and Carlile, 2022). It also led to some parents being unsure over supporting their child to access gender-affirming healthcare, which can significantly impact on the young person's wellbeing (Baumrind, 2005; Gray and Steinberg, 1999; Marusak *et al.*, 2018; Morgan *et al.*, 2022).



12 - (Reuters, 2022)

The young person in Bell vs Tavistock detransitioned to return to their sex assigned at birth, and this, alongside other examples, has led to arguments over the 'Desistance Myth' (Olson, 2016; Temple-Newhook *et al.*, 2018), claiming that the majority of young trans people do not remain trans

(Tannehill, 2017). Telfer's evidence in a case in Australia (Family Court of Australia, 2017) discredited this however, as he put the desistance rate at below 4% (Kennedy, 2022).

Further scholars and gender critical voices have continued to debate young trans people, with Littman (2018) suggesting 'Rapid-Onset Gender Dysphoria' (ROGD) as a new pathology, characterised by a short period from realisation to coming out. The gender critical argument is that the increasing attention to young trans identities has 'caused' increased numbers of trans people (Hines, 2017; Raymond, 1979; Riggs and McIntyre, 2022; Stryker, 2017). Restar (2019) discredited this and ROGD however, as Littman did not use data from the population about which they aim to pathologise (Kennedy, 2022).

Gender critical feminists have continued to exclude trans women from the category of 'women' and advocate for single-sex spaces that exclude trans women (Shaw, 2022). The root of gender critical thought often does not mention trans men, instead focussing on trans women and the discriminatory assumption that they will display predatory behaviour (Lawford-Smith, 2022; Shaw, 2022). This debate can also include young trans people, not just those over 18 (Shaw, 2022). Trans inclusive feminism is prevalent in UK academia, however, and engages with intersectionality, queer theory, gender theory and trans theory, and their impact on third and fourth wave feminism (Phipps, 2020).



13 - (El Palomar, 2022)

The reaction of many trans scholars, researchers and advocates to gender critical views have been to reiterate the need for trans equality (Faye, 2021; Kennedy, 2022; Shaw, 2022), rather than debates around whether or not they have the right to live as themselves (Stonewall, 2022).

Trans people may also face barriers to legal rights (Todd, 2022), alongside a rise in hate crimes (Home Office, 2021). Trans children in the UK are protected under gender reassignment in the Equality Act 2010 (Horton and Carlile, 2022; Wadham *et al.*, 2016) and the LGBT Action Plan included five commitments to trans and non-binary people (GEO, 2018a; GEO, 2018b; Bachmann and Gooch, 2018; Halberstam, 2005; Lawrence and Taylor, 2020). One proposed action was to diversify gender categories to go beyond 'male' and 'female' (GEO, 2018a; Lawrence and Taylor, 2020; Richards *et al.*, 2016), but this has still not been implemented (Lawrence and Mckendry, 2019; Lawrence and Taylor, 2020; Richards *et al.*, 2016). Discussions to reform the GRC have stalled, self ID being proposed by the Scottish government is being blocked and conversion therapy continues to be legal (Amos *et al.*, 2020; Gnan *et al.*, 2019; McDermott *et al.*, 2021; Su *et al.*, 2016; Todd, 2022).



14 - (GEO, 2018a)

For trans people to achieve equity in the legal sense, more must be done by the UK government to support trans people and the barriers that they face, with a stronger commitment to support equity for trans people.

Conclusion

In conclusion, Mermaids, and other activism groups campaigning for the rights of young trans people, have grown in prominence in the last 20 years, as the demand for gender identity support increases (Mermaids, 2022; Todd, 2022). Young trans people continue to face wide-ranging barriers to equity, including transphobia (Morgan *et al.*, 2022), barriers to accessing gender affirming healthcare (Hembree *et al.*, 2017), debates over the suitability of young people giving consent to gender affirming treatment (Linander and Alm, 2022; Threadgold, 2020) and the impact of gender critical views (Lawford-Smith, 2022; Shaw, 2022). It is apparent that the media does not engage with trans peoples' voices when reporting on such matters, and this would be an opportunity for a parity of equity to be realised (Faye, 2021). The UK Government also need to commit to trans equality, through banning conversion therapy, for example (Todd, 2022), alongside a greater awareness of the benefits of gender-affirming healthcare, including long-term wellbeing (Kennedy, 2022). Despite recent controversies (Mermaids, 2022), Mermaids continue to offer support to, raise awareness of and provide guidance for young trans people, which continues to be of great benefit to young trans people and those around them.

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