

Submission for the 4th Cycle of the Universal Periodic Review of the United Kingdom by the Human Rights Council

*Submission date: 31/03/2022*

**Mermaids**

Mermaids (Registered charity no: 1160575) has been supporting trans young people[[1]](#footnote-1) (<19 years and below), and their families since 1995. Mermaids has evolved into one of the UK’s leading LGBTQ+ charities. We amplify the voices of trans children and young people nationwide with an aim of helping create a future society that is void of transphobia so trans young people can be themselves without fear of discrimination and prejudice. Our overarching aim is to create a world where trans young people can be themselves and thrive. *Mermaids is the main submitting organisation.*

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**Stonewall**

At Stonewall, we stand for lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) people everywhere. We imagine a world where all LGBTQ+ people are free to be themselves and we can live our lives to the full. Our campaigns drive positive change in public attitudes and public policy. We ensure LGBTQ+ people can thrive throughout our lives by building deep, sustained change programmes with the institutions that have the biggest impact on us, whether we’re learning, working, praying or playing sport. We make sure that the world hears and learns from LGBTQ+ communities, and our work is grounded in evidence and expertise. And we’re committed to empowering people to create change in their own communities.

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1. **Introduction**
	1. During the III Universal Periodic Review (UPR) Cycle, the United Kingdom received 3 recommendations regarding SOGIESC issues. (134.125, 134.124 and 134.84). It has accepted only one recommendation:(134.84) addressing fighting negative stereotypes in the media against minorities, including LGBTI persons. It can be concluded that there was a lack of attention given to SOGIESC issues in the UK during the last review and a failure to implement 2 of the 3 recommendations this Council made.
	2. The human rights situation for LGBTQI people in the United Kingdom has deteriorated significantly since the last cycle (2017-2022), especially in relation to the rights of trans persons.
	3. As we make this submission in 2022, we draw the urgent attention of the Council to the daily evidence we receive that trans young people face a litany of abuses and discrimination. They are denied the right to access timely healthcare, are casually harassed within our schools and by the media without consistent challenge, their right to privacy is violated when they are outed without consent to ‘protect others’, their right to access facilities without discrimination is violated as they are ostracised and made to feel unsafe for using a toilet, and, they are told they are a risk to others if they want to play a sport.
	4. The State intervenes directly to question families who affirm their child’s gender identity and promote discrimination in the education system when telling teachers they should not be supporting trans pupils. At the same time, the equality watchdog - the Equality and Human Rights Commission - who our communities should be able to rely on to stand up for the rights of all people has actively advocated against the advancement of the rights and protection of trans people. The trans healthcare apparatus meant to provide for the realization of the human rights and dignity of trans people is woefully under-capacity with waiting lists of over 2 years.
	5. The UK Government has failed to enact its own 2018 LGBT Action Plan[[2]](#footnote-2) that promised to ban conversion therapy and to reform legal gender recognition legislation. The delays in delivering on the Action Plan have meant that this community has been the subject of sustained scrutiny, media attention and these delays have arguably increased trans people’s risk of violence and discrimination.
	6. While during the last UPR Cycle the UK committed to fighting stereotypes of minorities in the media, it is of extreme concern that in the intervening years these stereotypes have actually become more widespread, with the media having a key role in the attack on the human rights of trans persons.
	7. What we are witnessing in the UK is only part of a growing global anti-trans movement, reflected in the mass media, government, public bodies and broader society. The UK was once seen as a pioneer of LGBTIQ+ rights, but it is gaining an increasing reputation for regression borne out in its failure to end the retrogressive laws and policies it has been debating for many years.
	8. Most notably, in January 2022, the Council of Europe Parliamentary Assembly approved a resolution[[3]](#footnote-3) condemning the “extensive and often virulent” attacks on LGBT+ rights, singling out the UK for criticism, citing that “anti-trans rhetoric, arguing that sex is immutable and gender identities not valid, has also been gaining baseless and concerning credibility, **at the expense of both trans people’s civil liberties** and women’s and children’s rights.” The UK continues to drop in the rankings as against other member states.
	9. With a sharp increase in transphobic hate crime, with transphobic hate crime reports having quadrupled over the last 6 years (Hunte, 2021[[4]](#footnote-4)), and concerning statistics highlighted by the ‘Just Like Us[’](https://www.justlikeus.org/single-post/lgbt-pupils-twice-as-likely-to-contemplate-suicide) report (2021[[5]](#footnote-5)) identifying high levels of suicidal ideation (77%) our LGBTIQ+ young people, we see the impacts of the rise in societal and institutional transphobia having real, personal impacts.
	10. We, as trans people and those supporting trans children and young people, are falsely being positioned as a threat to women’s and children’s rights and a threat to the protection of wider society. Trans rights are being attacked in all areas of government, policy and daily life. The Government has a duty to act to protect the rights of trans people, to counteract the increasingly toxic anti-trans environment, and listen to the needs of children and young people. In this submission, we will outline some of the key areas of concern for Mermaids and our community.
	11. In the previous UPR cycle, the recommendations to the UK government did not relate directly to trans young people, so cannot be drawn on here. However, for the reasons laid out in this submission, it is imperative that these recommendations hold a place in this UPR cycle.
2. **UK Gender Recognition Act (2004)**
	1. Background
		1. The Gender Recognition Act (2004[[6]](#footnote-6)) (GRA) enables transgender people to achieve legal recognition in their acquired gender and change their recorded sex on their birth certificate from male to female or vice versa, with ‘acquired gender’ understood by the government as the “gender in which an applicant is living and seeking legal recognition” (House of Commons, 2022[[7]](#footnote-7)).
		2. The current process requires that applicants are over 18, have been diagnosed with gender dysphoria, have ‘lived in their acquired gender for at least 2 years’, and must declare an intention to live in that gender for the rest of their life[[8]](#footnote-8). If successful, applicants receive a Gender Recognition Certificate (GRC) after this evidence is reviewed by an anonymous Gender Recognition Panel.
		3. This legislation does not affect existing rights under the Equality Act (2010) relating to trans people’s access to single-sex services, whereby trans people can use services aligning with their gender except in specific (justifiable and proportionate) circumstances, and where no Gender Recognition Certificate is required[[9]](#footnote-9).
		4. The UK Government launched a consultation on the GRA in 2018, with then Prime Minister May promising to make the GRA process “more streamlined and de-medicalised”[[10]](#footnote-10). By the time the UK Government published their consultation response[[11]](#footnote-11) in 2020 (21 months later), the promised reforms had been watered down to recommending minimal changes (digitising the process and reducing the costs) against a clear response to the consultation for significant reform toward a system built upon the principle of self-determination.
		5. This matter is devolved, so the Scottish Government is pursuing its own Gender Recognition Reform (Scotland) Bill[[12]](#footnote-12), which we will not focus on here, following two public consultations (2017-18 and 2019-20). This proposed legislation shows promise. We encourage the UK Government to follow suit.
	2. Issues

*The process doesn’t work for trans people*

* + 1. The Government estimated[[13]](#footnote-13) in 2018 that of 200,000 – 500,000 trans people living in the UK, fewer than 6,000 trans people had been successful in obtaining a Gender Recognition Certificate (i.e. 1-3% of trans people). This statistic alone, paired with extensive feedback from trans people, demonstrates that the current system is broken - it is overly bureaucratic, dehumanising and inaccessible.
		2. In practice, trans people often spend years collecting the required evidence to ‘prove living in a gender’ (which often requires relying on sexist stereotypes), to undergo psychological diagnoses (which can take many years to access), and to submit extensive evidence (often requiring multiple physical boxes of materials) to virtual strangers who decide whether we ‘count’ as our gender.

*The process does not align with principles of international law on gender recognition*

* + 1. A process of legal gender recognition (LGR) based on self-determination, is advocated for within the Yogyakarta Principles on the Application of International Law in Relation to Issues of Sexual Orientation and Gender Identity[[14]](#footnote-14), which calls for all “a quick, transparent and accessible” mechanism for recognising people’s gender identity and no prerequisite eligibility criteria in order to legally recognise an individual’s gender identity: “State’s shall: ... Ensure that no eligibility criteria, such as medical or psychological interventions, a psycho-medical diagnosis, minimum or maximum age, economic status, health, marital or parental status, or any other third party opinion, shall be a prerequisite to change one’s name, legal sex or gender” (Principle 31 (YP +10), Yogyakarta Principles[[15]](#footnote-15)).
		2. The UK approach fails this on multiple fronts, as the process for obtaining a Gender Recognition Certificate is highly medicalised, requires people are over 18, and varies based on marital status.
		3. United Nations entities have also highlighted that “sterilization requirements run counter to respect for bodily integrity, self-determination and human dignity, and can cause and perpetuate discrimination against transgender and intersex persons”. Findings from the European Court of Human Rights and multiple UN treaty bodies include recommendations to eliminate sterilisation requirements as they violate principles of bodily autonomy and self determination[[16]](#footnote-16).
		4. In February 2017, the United Nations High Commissioner for Human Rights recommended certain features for the process of recognition: Be based on self-determination by the applicant, be a simple administrative process, not require applicants to fulfil abusive requirements, such as medical certification, surgery, treatment, sterilization or divorce, acknowledge and recognize non-binary identities, such as gender identities that are neither “man” nor “woman” and ensure that minors have access to recognition of their gender identity[[17]](#footnote-17). These criteria are also supported by the UN Independent Expert on SOGI.

*Specific issues*

* + 1. The core issues are current requirements for:
* Gender dysphoria diagnosis;
* Provision of medical reports detailing treatments;
* ‘Living in role’ for 2 years prior to application;
* Mandatory spousal consent (i.e. their option to veto);
* Over-18s only;
* Recognition only as a binary gender (male or female).
	+ 1. There is a clear public support for reform of these issues, reflected in the results of over 100,000 responses to the 2018 UK Government consultation[[18]](#footnote-18), whereby 64% called for the requirement for a diagnosis of gender dysphoria to be removed, 80% supported the removal of the requirement for a medical report detailing all treatment, 79% called for the removal of the requirement for individuals to provide evidence of having lived in their ‘acquired gender’ for a period of time (‘2 year test’), and 85% called for the removal of the spousal veto requirement.

*Government inaction*

* + 1. Despite the UK Government’s promise of reform in their 2018 LGBT Action Plan[[19]](#footnote-19), and despite overwhelming public support in the consultation response, the UK Government has made no substantial progress in reforming the Act. They have reduced the cost of application from £140 to £5, and plan to digitise the application process - but nothing of real impact.

*Rise in hateful, anti-trans discourse*

* + 1. The debate on the GRA is yet to lead to any reform and it has also become the nexus for efforts by a small, concerted group focussed on pushing back against the rights of trans people, creating division, fuelling toxic debate, and spreading misinformation. On a near-daily basis, trans people’s right to exist and access public services is debated in mainstream media, in Parliament, and in our schools.
		2. In a recent report[[20]](#footnote-20) by the Women & Equalities Select Committee (December 2021), MPs raised concerns with how “debate in this area has become extremely toxic,” (p. 5) and cited “ a lack of any real change to the gender recognition process” (p. 17). They have requested swift Government reform and response, despite the Secretary of State for Women & Equalities refusing to engage with the Committee’s GRA work.
	1. Recommendations
		1. We recommend that the UK Government introduce legislation within the next parliamentary cycle to substantially reform the Gender Recognition Act (2004) to:
* Remove the requirements for diagnosis and proof of medical treatments;
* Remove the 2 year ‘living in role’ requirement;
* Remove the ‘spousal veto’ option;
* Expand the process to 16 and 17 year olds;
* Recognise non-binary identities, such as in Iceland;
* Introduction of a process of self-determination, like in Ireland, Malta, Denmark, Argentina and Belgium.
	+ 1. We further recommend that the UK Government combat hateful anti-trans rhetoric and violence, through measures such as:
* Implementing national strategies to combat disinformation about trans and gender-diverse people, including online disinformation campaigns.
* Investigate and prosecute hate speech against trans people, including that which is made through social media.
1. **Access to gender-affirming healthcare for children and young people**
	1. Background
		1. In England, the Gender Identity Development Service (GIDS) is the only provider of specialist gender services for children and young people; it is based in one Trust (Tavistock and Portman), with two satellite bases. GIDS accepts referrals from various sources, including GPs. Patients are assessed at GIDS by a multidisciplinary team, and those who need physical interventions are referred to a separate endocrine clinic, where they may begin reversible puberty blocker treatment (usually aged 15+), with potential for feminising/masculinising hormones from age 16 (Cass Interim Report, 2021, pp.30-31[[21]](#footnote-21)). Surgeries are not available to those under age 18.
		2. Regulators and the National Health Service (NHS) have highlighted the inadequacy of trans healthcare access. In January 2021, the Care Quality Commission (CQC), which regulates health services in England, published a report[[22]](#footnote-22) criticising GIDS for their unacceptable waiting times (over 23 months for a first appointment as of December 2021[[23]](#footnote-23)) and inadequate responsiveness to patient needs. The NHS England also commissioned an independent review of gender identity services for children and young people (The Cass Review) was launched in Autumn 2020, tasked with recommending improvements to services for young people experiencing issues with their gender identity. Their interim report[[24]](#footnote-24) published in March 2022 highlighted that the current system is not safe or viable long-term, and has disadvantaged trans children and young people by their inability to respond to demand (p.20).
	2. Issues
		1. Since its inception in the UK, access to trans healthcare has been an ideological battleground (Faye, 2021[[25]](#footnote-25)), and globally trans people continue to face disproportionate barriers to accessing timely, good quality and trans-affirming health care (Aaron, Breslow, Wojcik, Roberts and Augenblick, 2021[[26]](#footnote-26); Bartholomaeus, Riggs, and Sansfaçon, 2021[[27]](#footnote-27)). As Carlile, Butteriss and Pullen Sansfaçon (2021, p.412[[28]](#footnote-28)) write: “National Health Service clinical routes in England are beset with lengthy waiting lists, issues with geographical inaccessibility, a lack of relevant clinical knowledge, and a failure to recognize the value of family expertise.”
		2. Generally, in the UK trans young people continue to face high levels of gatekeeping to gender affirming health-care. These barriers commonly include long waiting lists, deferrals in referral processing, ‘and a lack of adequate training in the areas of gender-identity development and gender dysphoria’ for clinicians and other health care providers.
		3. In Mermaids’ own research on experiences of GIDS, young people and their parents have told us:

“I’ve been waiting as long as I can remember, so quite a few years. It has been hard and stressful and…the wait would be until I am 18.”

“Waiting times are too long for hormone blockers. We made the difficult decision to see a private doctor and this put financial strain on our family.”

“I feel like the service doesn't actually understand trans people and treat them like a research project.”

“I felt like a guinea pig and a science experiment to the therapist.”

* + 1. The consequence of these long waiting times, as the Children’s Rights Alliance England (2016[[29]](#footnote-29)) found, is that “whilst waiting for treatment [Trans] children said they often struggled with depression, self-harm and self-destructive behaviours and had nowhere to turn for support. Nearly 50% attempt suicide’”. This stark reality is one we hear almost daily through Mermaids’ helpline.
		2. In addition to specialist care (i.e. GIDS and endocrinologists), primary care (i.e. general practitioners, GPs) access can feel, in the words of one Mermaids’ young people we spoke to, like a ‘postcode lottery’, with many GPs unsupportive or unwilling to provide care for trans young people or refer them to specialised services where they can receive that care.
		3. In summary, the core issues with access to timely, informed trans healthcare for children and young people are:
* GIDS waiting times of 23+ months, far exceeding the 18 week maximum[[30]](#footnote-30);
* Overly-medicalised, pathologising approach which tends to take a further 1-2 years;
* Inadequate, inconsistent support by GPs, who in turn do not receive adequate training and support;
	1. Recommendations
		1. The continued reliance on the current model means that the GIDS is unable to provide the care necessary to all the trans young people who require its services in a timely manner. The service as part of NHS England is hugely underfunded, and itself provides a binary form of care which at times does not meet the needs of its patients and/or acts to discriminate against gender diverse young people.
		2. We therefore recommend that the UK Government:
* Increase capacity of specialist gender-affirming medical services across England beyond GIDS, with the aim of reducing the waiting list to the NHS maximum of 18 weeks by 2025.
* Revise standards and operating procedures for care of trans children and young people to align with international best practice (i.e. WPATH[[31]](#footnote-31)) via an exploratory, affirmative care approach.
* Require improved competence in primary and secondary care for caring for trans patients, including through contractual obligations to GPs to support continued care, and required training in mental health services.
* Ensure regional training programmes are run for clinical practitioners, including GPs, upskilling the workforce on trans-inclusive healthcare;
1. **Ban conversion therapy**
	1. Background
		1. Conversion therapy is a widely condemned pseudo-medical or religious practice that seeks to change someone’s sexual orientation from LGB to ‘straight’ and/or from being transgender to cisgender (non-transgender). The term “conversion therapy” is most widely used to describe this process of cisgender, heteronormative indoctrination— that is, attempting to change, suppress, or divert one’s sexual orientation or gender identity.
		2. It occurs in nearly every country in the world and often amounts to torture, according to the United Nations independent expert on protection against violence and discrimination based on sexual orientation and gender identity (IESOGI)[[32]](#footnote-32) and the UN Special Rapporteur on torture[[33]](#footnote-33).
		3. Conversion therapy often masquerades as a legitimate collection of practices informed by scientific or religious principles and it can take many forms, including psychiatric, psychological, religious, and cultural interventions. For example, faith-based interventions can submit victims to the tenets of a spiritual advisor, and be subjected to programmes to overcome their “condition”. Such programmes can include anti-gay slurs as well as beatings, shackling and food deprivation. They are also sometimes combined with exorcism.
	2. Issues
		1. Conversion therapy is extremely harmful to those who experience it, often causing lifelong mental health challenges including loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts, and symptoms of post-traumatic stress disorder.
		2. Ozanne Foundation, with the support of Mermaids and others, conducted a Gender Identity ‘Conversion Therapy’ (GICT) Survey[[34]](#footnote-34) in 2020 which highlighted trans people’s experiences of conversion practices. Of 450 trans respondents, 64 had been offered Gender Identity conversion therapy, and 39 had undergone it - nearly half of whom had been forced into it. Nearly half were children when they began GICT. The majority of respondents reported religion as the key factor motivating pursuit of GICT.
		3. Figures fromthe Government's National LGBT Survey (2018[[35]](#footnote-35)) foundthat 7 per cent of LGBT+ people have been offered or undergone “conversion therapy”, with trans respondents almost twice as likely to have been offered or undergone “conversion therapy” (13 per cent).
		4. Mermaids held focus groups with trans people when responding to the consultation. One trans person shared their experiences[[36]](#footnote-36) of undergoing conversion therapy through their evangelical Christian church at age 19. They “experienced exorcisms and went on retreats to “healing” camps with other LGBTQ+ Christians, arranged by the church, and spent hours of my day in private prayers of repentance. “Regularly, I begged God to save me from my queer thoughts and take away the feelings of gender dysphoria.“ They reflect that it “has taken me over a decade to heal”.
		5. Other young people reflected that:

 ‘Quite frankly it’s idiotic. How can people honestly think it’s ok to try and change someone’s sexuality or gender?’ (16-year-old, non-binary person)

‘Surely making someone suppress who they are is going to ruin their life.’ (17- year-old, trans male)

‘This idea that someone can be ‘cured’ distresses me. Being LGBT+ is not an illness.’ (16-year-old, trans female)

* 1. Recommendations
		1. The UK Government committed to ending conversion therapy in its 2018 LGBT Action Plan, however, at the time of writing, they have failed to advance a Bill through Parliament following a 2021 consultation[[37]](#footnote-37).
		2. We therefore recommend that the UK Government:
* Pass legislation to ban all practices that have the predetermined outcome to change, “cure”, or suppress an individual or group of individual’s sexual orientation or gender identity. The ban should cover all conversion practices in all forms and settings, for all LGBTQIA+ people of all ages. This should be regardless of age, whether coerced or consenting. Legislation must safeguard safe and supportive therapies delivered by suitably qualified and regulated professionals that assist LGBTQIA+ people to explore and better understand their sexual orientation and/or gender identity with no pre-determined outcome.
* Invest in wider social awareness raising and education on the nature of conversion practices and the harm it causes.
1. **Equality & Human Rights Commission comes out against trans rights**
	1. Background
		1. In January 2022, the Equality & Human Rights Commission[[38]](#footnote-38) (EHRC) - which is Great Britain’s National Human Rights Institution (NHRI) - significantly shifted their public stance on trans rights. They reversed their long-held positions by calling for gender identity to be removed from the proposed ban on conversion therapy[[39]](#footnote-39), and wrote to the Scottish Government[[40]](#footnote-40) urging them to delay progressing reforms to legal gender recognition.
	2. Issues
		1. The independent body that is tasked with protecting our rights is now actively intervening to block progress to basic rights to dignity and respect. These statements reversed long-held EHRC positions under different leadership, but more importantly, are in contrast to international human rights standards (e.g. prohibition of discrimination based on gender identity and guarantee of legal gender recognition).
	3. Recommendations
		1. In February 2022, a coalition of LGBTQ+ and trans focused charities and human rights bodies, led by Stonewall with support from the Good Law project, wrote to the UN and the Global Alliance of National Human Rights Institutions. The report[[41]](#footnote-41) gives substantial evidence calling for a review of the EHRC’s ‘A’ status as a NHRI.
		2. It outlines a ‘complete absence’ of financial autonomy from the UK Government, and cites ‘excessive’ governmental interference – including ‘politically motivated’ appointments to the Chair and Board, many of whom have repeatedly and publicly demonstrated their opposition to the expansion of human rights, and whose appointments have drawn widespread criticism from NGOs. We recommend that this review be conducted within the year.
		3. While this is principally a matter for GANHRI, we ask that the UPR consider how the UK Government is ensuring the financial and political independence of the EHRC, enabling the effective fulfilment of their mandate to promote and protect human rights and fundamental freedoms for all, including for LGBTI persons.
1. We use 'trans' as an umbrella term for those who are transgender, nonbinary, genderqueer, genderfluid, agender, are of non-Western gender identities, and those who have a trans history. [↑](#footnote-ref-1)
2. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf> [↑](#footnote-ref-2)
3. Council of Europe Parliamentary Assembly, Resolution 2417 (2022) - Combating rising hate against LGBTI people in Europe. Available at: <<https://pace.coe.int/en/files/29712/html>> [↑](#footnote-ref-3)
4. Hunte (2021), <https://www.vice.com/en/article/4avkyw/anti-lgbtq-hate-crime-reports-increase-in-six-years> [↑](#footnote-ref-4)
5. <https://www.justlikeus.org/blog/2021/11/25/lgbt-young-people-twice-likely-suicide/> [↑](#footnote-ref-5)
6. <https://www.legislation.gov.uk/ukpga/2004/7/contents> [↑](#footnote-ref-6)
7. <https://commonslibrary.parliament.uk/research-briefings/cbp-9079/> [↑](#footnote-ref-7)
8. <https://www.gov.uk/apply-gender-recognition-certificate> [↑](#footnote-ref-8)
9. <https://www.equalityhumanrights.com/en/our-work/news/response-misinformation-about-single-sex-spaces-guidance> [↑](#footnote-ref-9)
10. <https://www.gov.uk/government/news/government-announces-plans-to-reform-process-of-changing-legal-gender> [↑](#footnote-ref-10)
11. <https://www.gov.uk/government/news/government-responds-to-gender-recognition-act-consultation> [↑](#footnote-ref-11)
12. <https://www.gov.scot/publications/gender-recognition-reform-scotland-bill-analysis-responses-public-consultation-exercise/> [↑](#footnote-ref-12)
13. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721725/GRA-Consultation-document.pdf> [↑](#footnote-ref-13)
14. <https://yogyakartaprinciples.org/principle-31-yp10/> [↑](#footnote-ref-14)
15. <https://yogyakartaprinciples.org/principle-31-yp10/> [↑](#footnote-ref-15)
16. Independent Expert on SOGI, A/73/152 para 29-32 [↑](#footnote-ref-16)
17. Independent Expert on SOGI, A/73/152 para 39. [↑](#footnote-ref-17)
18. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf> [↑](#footnote-ref-18)
19. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf> [↑](#footnote-ref-19)
20. <https://committees.parliament.uk/publications/8329/documents/84728/default/> [↑](#footnote-ref-20)
21. <https://cass.independent-review.uk/publications/interim-report/> [↑](#footnote-ref-21)
22. <https://www.cqc.org.uk/news/releases/care-quality-commission-demands-improved-waiting-times-tavistock-portman-nhs> [↑](#footnote-ref-22)
23. <https://www.cqc.org.uk/news/releases/care-quality-commission-demands-improved-waiting-times-tavistock-portman-nhs> [↑](#footnote-ref-23)
24. <https://cass.independent-review.uk/publications/interim-report/> [↑](#footnote-ref-24)
25. <https://www.penguin.co.uk/books/315/315349/the-transgender-issue/9780241423141.html> [↑](#footnote-ref-25)
26. <https://us.sagepub.com/en-us/nam/the-sage-encyclopedia-of-trans-studies/book270824> [↑](#footnote-ref-26)
27. <https://researchnow.flinders.edu.au/en/publications/expanding-and-improving-trans-affirming-care-in-australia-experie> [↑](#footnote-ref-27)
28. <https://www.tandfonline.com/doi/abs/10.1080/26895269.2020.1870188?journalCode=wijt21> [↑](#footnote-ref-28)
29. <http://www.crae.org.uk/media/118087/CRAE-BULLETIN_TRANS_FINAL.pdf> [↑](#footnote-ref-29)
30. <https://www.nhs.uk/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/> [↑](#footnote-ref-30)
31. <https://www.wpath.org/publications/soc> [↑](#footnote-ref-31)
32. <https://www.ohchr.org/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf> [↑](#footnote-ref-32)
33. SR on Torture, A/HRC/43/49, para. 37. [↑](#footnote-ref-33)
34. <https://www.ozanne.foundation/project/gender-identity-conversion-therapy/> [↑](#footnote-ref-34)
35. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721704/LGBT-survey-research-report.pdf> [↑](#footnote-ref-35)
36. <https://mermaidsuk.org.uk/news/conversion-therapy-louies-story/> [↑](#footnote-ref-36)
37. <https://www.gov.uk/government/consultations/banning-conversion-therapy> [↑](#footnote-ref-37)
38. <https://www.equalityhumanrights.com/en> [↑](#footnote-ref-38)
39. <https://t.co/1djOSIrOfN> [↑](#footnote-ref-39)
40. <https://t.co/nvQXr457vn> [↑](#footnote-ref-40)
41. <https://www.stonewall.org.uk/about-us/news/major-lgbtq-organisations-spark-international-review-ehrc> [↑](#footnote-ref-41)