

SANDYFORD GENDER CLINIC

In May 2022, 263 children were being treated at Sandyford Young Person's Gender Clinic with 1,086 on the waiting list, including 20 pre-pubertal children. Demand has increased over 1,300% from 37 referrals (mostly young boys) in 2013 to 521 of predominantly teenage girls in 2021. The service is failing, unable to cope with demand and staff recruitment and retention is a serious issue with the clinic closing the waiting list and no new appointments this year.

Sandyford follows a gender-affirming pathway of treatment based on the flawed Dutch protocol, which is also the basis of the discredited WPATH standards of care. Both recommend puberty suppression as an intervention for treating gender dysphoria followed by cross-sex hormones and surgery, all based on the small, uncontrolled Dutch study which was funded by the manufacturer of puberty blockers, where one patient died, and it was incorrectly assumed that treatment was reversible. A replication study in the UK found no improvement in patients. Instead, a study found that over 90% who did not start on puberty blockers actually desisted from believing they were trans as they naturally matured.

Systematic reviews of the medical evidence in several countries including Sweden, France, Finland and Norway have deemed puberty blockers and hormones as experimental with unknown risks, and has led to abolishment of such treatments for under 18s. In England the independent Cass Review interim report was enough of a warning to close the Tavistock children's clinic as "not safe".

The Scottish Government has rejected calls to close Sandyford and continues to allow trans lobby groups to influence school policies that encourage children as young as four to question their sex and self-diagnose as gender dysphoric. Without any medical input, and

often without parents' knowledge, teachers are affirming children as the opposite sex. This is a significant psychosocial intervention that guarantees children will find puberty catastrophic and fuels the ever increasing demand for medical treatment. It also leads to other causes of gender distress such as autism, trauma, and mental health issues being overshadowed and left untreated.

The Bute House agreement on trans healthcare has led to an activist-laden Scottish Government [reference group](#) who have produced [SPATH](#), the proposed new treatment model for Scotland. Worryingly, this affirmation-only plan includes:

- No psychiatric involvement or diagnosis of gender dysphoria; patient assessed only for readiness for their choice of procedure.
- Complete disregard for Cass review or the lack of evidence for medical treatment.
- Opens the door to GPs prescribing puberty blockers.
- Literature aimed at under 13s about the importance of gender identity affirmation.
- No consideration of care for the rapidly increasing number of detransitioners.

The harm this will do is unprecedented and we can no longer avoid, quash or ignore the mounting evidence against medically transitioning children. The upcoming Bill on a ban on conversion therapy is also likely to include explorative therapy or counselling aimed at helping children accept their bodies or homosexuality, and risks criminalising parents and therapists.

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