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First Response Talking Points (NSW) – The Cass Review 2024

Background

The UK National Health Service commissioned this review in 2020 amid growing concerns about the 'affirmation model' of treatment for trans-identifying children used by England's Gender Identity Development Service at the Tavistock Hospital in London.

Dr Hilary Cass released her final report, the Cass Review, a few days ago. The Review is damning of the ideologically driven 'standards of treatment' and the appalling lack of evidence base to support them. It is the largest systematic review of evidence to date on gender-transition medicine.

The Cass Review Final Report

- There is no evidentiary basis for medical gender-affirmation therapies in children.
- Claims that gender affirmation treatment prevents suicide were found to be without a credible evidence base.
- The available research on puberty suppression and cross-sex hormone treatment is of such poor quality that no foundation exists for clinical decisions and informed consent.
- Clinicians are unable to determine with any certainty which children and young people will go on to have an enduring trans identity.
- The long-term impact of puberty suppression and cross-sex hormones on cognitive and psychosexual development is unknown.
- An unusual number of children who believe they are trans are neurodiverse and have psychiatric disorders or mental health issues.
- Initial research also indicates that children presenting at gender clinics have experienced higher-than-usual levels of maternal and paternal mental illness, exposure to domestic violence, emotional abuse and combined neglect or abuse.
- A review of the first 124 cases at the NHS Gender Identity Development Service found that over 25% had spent some time in care, and nearly 50% were living with only one parent.
- 73% of patients discharged between April 2018 and December 2022 were natal sex females. **This calls for an immediate suspension of the use of puberty blockers and cross-sex hormones in West Australian children.**
- **The Cass Review has shown that the gender-affirming approach is without empirical justification.**

The conclusions that Dr Cass draws include:

*For most young people, a medical pathway will not be the best way to manage their gender-related distress. For those young people for whom a medical pathway is clinically indicated, it is not enough to provide this without also addressing wider mental health and/or psychosocially challenging problems. While a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there **is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices.*** (emphasis added).

Australian Inquiry Needed

The NSW Specialist Trans and Gender Diverse Health Service's 'model of care' is based on WPATH's Standards of Clinical Guidance (Appendix 1). The WPATH's Standards of Care' have been [discredited publicly](#) after Mia Hughes and Environmental Progress exposed WPATH's leaked files. NSW clinics like Maple Leaf House consistently adopt the affirmation approach with the routine prescription of puberty blockers and cross-sex hormones in conjunction with their social conditioning that all persons are part of the biodiverse gender forest (appendix 2).

The off-label use of medications to children to deter the natural process of puberty, without a proper understanding of the long-term physical, psychosexual and cognitive consequences and without another robust evidence-based rationale, is to engage in a medical scandal of the highest order.

We urge the Government to immediately respond to the Cass Review's findings by ceasing the operations of Maple Leaf House and all other Gender Services before more children are harmed and that the NSW Government conduct an independent inquiry into all health services and guidelines for gender-diverse persons. Failure to do so could result in serious legal challenges against the Department for breaching its duty of care.

Appendix 1

Clinical guidance

- [Australian Standards of Care and Treatment Guidelines For Trans and Gender Diverse Children and Adolescents](#) 
- [World Professional Association for Transgender Health \(WPATH\) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8](#) 
- [Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy](#) 
- [Australian Position Statement on Hormonal Management for Adults](#) 
- [Endocrine Society Clinical Practice Guideline: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons](#) 

Appendix 2

Gender forest

We are all part of the biodiverse gender forest. Every tree is different. We can label the trees but they are just that.....labels.



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