



THE COUNTESS

Ten Years of the Gender Recognition Act:
The Impact on Children in Ireland

Acknowledgments

The authors of this paper would like to thank those who allowed their stories to be told within its pages.

Introduction

On **15th July 2015**, the Gender Recognition Bill completed its passage through the Oireachtas and was sent to the President of Ireland for signature. The Act commenced on 4th September 2015. This act was introduced with no public knowledge or consultation, and no critical analysis of how it might impact women and children in Ireland.

The Countess was founded in 2019 to focus on the conflict of rights and child safeguarding issues that emerged from the introduction of the Gender Recognition Act (GRA) 2015.

Ten years on, it is time to talk about the impact this Act has had on women and children in Ireland.

This paper explores how children in Ireland have been impacted since the introduction of the GRA in 2015. It includes all children – those who are gender questioning, have come out as trans or non-binary, and those who have no gender identity issues.

Part One: Government Policy and Strategy

The Gender Recognition Act

The GRA was the first legislation in Ireland to legally recognise a person's "preferred gender". At the time it was enacted, it was seen as groundbreaking because it allowed people who wished to live as the opposite sex to legally change their "gender" without the need for any medical interventions or psychological assessments. Instead, a self-declaration process was put in place. The self-declaration process is commonly referred to as "Self-Identification" or Self-ID" for short.

"18(1) Effect on Gender Recognition Certificate generally"

Where a gender recognition certificate is issued to a person the person's gender shall from the date of that issue become for all purposes the preferred gender so that if the preferred gender is the male gender the person's sex becomes that of a man, and if it is the female gender the person's sex becomes that of a woman."

There are no definitions in the GRA for the words "gender" and "sex" to help explain what is meant by this sentence. It appears to say that the effect of a GRC is to change a person's sex, as the words "sex" and "gender" appear synonymous in this text. Once granted, the certificate allows individuals to update official documents such as birth certificates, passports, and driving licenses.

The only condition to obtaining a GRC is to make a declaration of the intention "to live in the preferred gender permanently". However, this declaration is not binding as there is also a process for people who wish to revoke their GRC and live in their original gender, by completing a form designed for this purpose.

Self-ID applies only to adults in Ireland; however 16- and 17-year-olds can also change their legal gender, albeit by a much more complex process. There are four hurdles to overcome before a 16- or 17-year-old is granted a GRC. The first is parental consent. The second is to apply to the family circuit court to allow the exemption from the over 18-year age limit to apply. Step three is to have a medical practitioner certify that the young person has the maturity and understanding to make this decision and has transitioned or is transitioning into their preferred gender. The final step is to be seen by psychiatrist or endocrinologist to confirm the medical practitioner's assessment.

From 2015 to the end of 2021 the number of GRCs issued by the state to adults was 1523; to minors it was 21. Only a few applications were refused, mainly for residency reasons. The number of GRCs then jumped threefold in the years 2022 and 2023, compared with the average of previous years to more than 300. (1)

The previous government had committed itself to lowering the age of exemption from the over-18-year age limit to eligibility for a GRC however, this did not happen and the new government did not include this in its programme for government.

The Impact of the GRA on Children

In passing the GRA, the Irish government adopted gender identity belief as a state doctrine. This has had profound implications for children in Ireland.

This belief is promoted by organisations like TENI and BelongTo, and is now taught in both primary and secondary schools. The Junior Cycle SPHE curriculum states that a person's felt gender is what makes them woman or man, male or female. **This inner sense is called "gender identity"**. According to gender identity doctrine, everybody is born with a gender identity and **it is a human right to have one's gender identity recognised by the state**.

While the law does not allow for children to change their legal sex, government guidelines advise that a child's claim that their gender identity does not match their biological sex should be affirmed socially. Affirmation or the social transition of a child includes using the child's preferred name, using opposite-sex pronouns, and allowing the child to access to the toilets, single-sex spaces, and sports of their preferred sex.

LGBT organisations and the government work together to implement gender ideology, by drafting and implementing the strategies, guidelines, and policies required to implement this belief in private and public institutions including education, child care and health sectors across the country.

The acronym LGBT – Lesbian, Gay, Bisexual, Trans – does not exclusively refer to the T but also to gays, lesbians and bisexual people. **Sexual orientation and gender identity are very different phenomena**. The former is about the sex a person is attracted to, which is objective and still of the binary, either male or female or both. The latter is about the gender a person identifies as, something that is entirely subjective.

The consequences for a young person coming out as L, G, or B are different from those of a young person coming out as T. LGB children and young people will never be affirmed or encouraged down an irreversible medical pathway.

'The consequences of what happened to me have been profound: possible infertility, loss of my breasts and inability to breastfeed, atrophied genitals, a permanently changed voice, facial hair.

As the judges [wrote](#), "There is no age-appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."

- Keira Bell, during the Tavistock case in the UK.

State agencies such as The Department of Children and the Department of Education, HSE, Tusla, the National Council for Curriculum and Assessment (NCCA) and schools, as well as various government departments have published a number of those LGBT strategies for young LGBT people/children.

Key Government Documents on LGBT Young People

NCCA Curricula

School plays a significant role in the lives of most children in this country, and their experiences there have a significant influence on their development. Recently, Irish school curricula have been redeveloped. The Social and Personal Health Education Subject (SPHE) now contains LGBT inclusion lessons, in which gender identity belief is taught as fact. (2) (3)

The redeveloped Junior Cycle SPHE curriculum was introduced into secondary schools in September 2024. The redeveloped Senior Cycle SPHE curriculum is being introduced into schools in September 2025.

In SPHE class we are taught about gender identity and LGB sexuality. As part of a classroom written exercise we were told to write down and discuss our feelings about our genders and who we have experienced sexual attraction to. It made me really uncomfortable as it was forcing me to disclose personal feelings and any gender identity and my sexual orientation to the teacher. I went home sick to avoid it.

Secondary school student (male)

A new Primary curriculum has also been developed and is being introduced in September 2025. It does not mention the term “gender identity”, but has the same equity, diversity, and inclusion message as the Secondary School curricula. School books and toolkits will reveal the concrete content of the new wellbeing area of education; the curriculum framework and specification document do not provide this information.

The main Irish LGBTQ+ youth organisation, **BelongTo, was involved in developing the LGBTQ inclusive Junior Cycle Curriculum**, which teaches gender identity as a fact. (4) BelongTo trains and teaches students, teachers and youth workers how so-called ‘trans children’ should be included in school. (BelongTo, TENI and other LGBT organisations were part of the oversight committee for the National LGBT Inclusion Strategy 2018–2021.) (5)

They promote the idea of “**Trans Inclusion**” which amounts to the unquestioned adoption of gender identity belief by the whole school community, including students, all staff members, and parents. In practice this means that anybody who says that they are “trans” must be affirmed by everybody else, through using the preferred name and pronouns.

The trans-identified students must thus be allowed being to use single-sex spaces of their preferred gender. This is said to be their **human right**. Sex and gender are used interchangeably in these definitions. If a child, a teacher, a parent, or an SNA does not believe in gender identity and does not believe that humans can change sex, he or she is viewed as being transphobic, denying that transpeople exist.

The glossaries of redeveloped curricula of Junior and Draft Senior Cycle SPHE courses reveal what children are being taught about gender identity.

Gender Identity is defined as: “a person’s felt internal and individual experience of gender, which may or may not correspond with the sex registered at birth.”

Gender “means the socially constructed roles, responsibilities, characteristics, behaviours, activities and attributes that a given society considers appropriate for women and men. Gender is socially and culturally constructed, so understandings of gender differ across contexts and over time.”

Sex: “refers to the biological and physiological characteristics that are defined as being male and female. When children are born, their sex is largely decided or ‘assigned’ on the basis of their external genitalia, which generally – but not always – reflects their internal hormonal and chromosomal make-up.”

“Sexuality: the components of a person that include their biological sex, sexual orientation, gender identity, sexual expression, sexual fantasies, attitudes and values related to sex. Aspects of sexuality can change as we go through different ages and relationships.”

LGBTQ+ is defined as: “an umbrella term to signify gender and sexuality diversity and refers to lesbian, gay, bisexual, transgender and queer people. The ‘plus’ is used to signify additional gender identities and sexual orientations that are not specifically covered by the five initials.”

Like the wording of the GRA, the language used in the glossaries is confusing to the point that it does not make any sense. For example, the wording “sex assigned at birth” is usually used for those whose sex may not be identifiable at birth as because of a genetic anomaly (referred to as a DSD or diversity of sexual development). DSDs are very rare and affect approximately 0.018% of the population. It is inappropriate to apply this term to the entire population whose sex is recognised and recorded at birth, not assigned.

The definitions of sex and sexuality are so full of words like values, characteristics, expression, attitudes, etc. that it is difficult for an average adult to understand them, never mind a young teenager.

Much of the education in LGBTQ+ or LGBTQIA+ consists of explaining the language used, mostly about the concept of gender identity, trans and non-binary, because these are new words and new concepts. In contrast, one sentence can explain what gay, lesbian, and bisexual means.

The definitions in the curricula do not even try to explain why an internal experience of gender, which they define as a social construct, makes a person’s sex so irrelevant, so unimportant and nebulous, that it appears to almost no longer exist. Replacing sex with gender immediately obliterates the rights of females/girls, which have been hard earned over many decades.

Parents can opt their children out of SPHE if they do not believe in gender identity and do not want their children to be taught this belief as fact. **However, this belief comes up in other subjects as well.** It cannot be avoided. This will be covered later in the section on “Cineáltas”.

There are three main concerns about children being taught gender-identity as fact.

- Young people are taught that they **can** change sex if they feel they might want to change their sex. Some children may take this quite literally, particularly those who are autistic, because of their tendency to see the world in terms of black and white/false and true. If an adult tells them they can change their actual sex then that child may well believe it. In reality, they will only ever be able to present to some degree as the opposite sex but not actually be able to ever change their sex.

'Maybe it is because I am autistic, but I had believed that you could actually change sex. And then there were the side effects of puberty blockers, testosterone and surgeries, which the trans community never talked about.'

- Sinéad (female desistor)

- The second serious concern about teaching young people gender identity as a fact is that it may lead them to a path of medical transitioning, which carries with it a very heavy health burden, of synthetic hormone treatment and very invasive and irreversible surgeries. There is no evidence to support these treatments and emerging evidence of harm. This will be discussed in later sections.
- The third concern is that children who do not believe in gender ideology are being disenfranchised. If they express their views or do not agree to “affirm” a trans-identified fellow student or if they do not agree to use the trans-identified child’s preferred name and pronouns, they may be accused of being transphobic. This may lead to the child being threatened with sanctions because of “bullying”. The outcome is likely to be that the school will insist that these children change their behaviour and accept the new identity of the trans-identified child or leave the school.

'Our son is seven years old. Another boy, who is six years old and in a different class, identifies as a girl now. The school is telling the children that they must use the new girl's name for this child and call him a girl. Our seven-year-old son cannot accept that this boy is supposed to be a girl now and refuses to call him by the new name. We explained the situation to the school and suggested that our son could just avoid interacting with the other child. The school did not agree to this. They insist that our son accepts this boy as a girl and uses the new name for him. We don't know what to do.'

Parents of a boy in primary school (Ireland)

Being LGBT in School

In 2016, the Department of Education, GLEN (Gay and Lesbian Equality Network), and other organisations such as Tusla, published **“Being LGBT in School” a resource for post-primary schools to prevent homophobic and transphobic bullying and support LGBT Students.** (6)

This document is pivotal in the governments' adoption and implementation of 'gender identity belief' or 'gender ideology' in respect of children/young people, which culminated in the inclusion of gender ideology in Irish school curricula.

Ireland's largest Trans charity TENI (Trans Equality Network Ireland) wrote chapter 4 of this document titled "Specific Guidance in Relation to Transgender Students". The following is the first paragraph in this chapter:

"Over the last two decades, Ireland has witnessed significant social change and increasing levels of awareness and acceptance of diversity. However, transgender people remain among the most vulnerable members of Irish society and experience high levels of stigmatisation and marginalisation (Higgins et al, 2016; TENI, 2014; Mayock et al, 2009)."

The claim that transgender people are an extremely vulnerable cohort, and experience high levels of stigmatisation and marginalisation is the rationale behind all the focus and effort focused on achieving equality and inclusion for this group of the LGBTQI+ community.

The increasing number of young people coming out as trans in school is the explanation why schools need guidance on how to include those students and prevent them being bullied. TENI asserts without evidence that children's identity is generally established at the age of four, and that self-determination is very important for a child whose gender identity does not match the sex assigned at birth. Only the child themselves, or in case of a young child, the parents, can determine gender identity.

The importance of respecting the trans-identified student's gender identity, especially using the preferred name and pronouns is emphasised repeatedly. TENI advises that respect and inclusion of trans-identified students should also be demonstrated by reducing or eliminating single gender activities if possible. If this is not possible, 'transgender' students should be included in the group that corresponds with their 'preferred gender identity'. The same applies to school uniforms and to participation in PE class and use of changing rooms.

TENI advises the following in the Being LGBT in School Guidance: *"In general, it is extremely important to ensure that the correct gender, name and pronoun are used to address transgender or intersex people. Using the correct name, pronoun and gender is a mark of respect against which individuals will measure the level of safety and inclusion for them within the school. While adjustment to a new name may take time, and accidents in misuse of original names may happen, the school should be alert to the use of the original name and pronoun as a means of name-calling and harassment."*

TENI's chapter presents two examples of a transition plan; one in the case of parents agreeing with the child's wishes, and one where parents did not agree with the child's wishes. In the latter case, TENI advises that a compromise could be reached with the parents, which was that the child would be called by their preferred name and pronouns in school, but the name of the school register would not be

changed. There was no example given what happens in a case where parents do not agree to a compromise.

Loretto school policy on social transition, which is based on National Association of Principals and Deputy Principals (NAPD) guidelines (formulated with TENI and based heavily on the document 'Being LGBT in School') is an example of these policies. (5) Loretto appears willing to consider transitioning a child without parental consent if that is what the child wishes.

*'If the student is reluctant to involve their parents, it may be advisable to work with the school counsellor and assess what the potential risks might be, **in terms of facilitating a social transition without the parents' consent.**'*

'If the student is comfortable and feels safe to use the bathroom that matches their gender identity they should be allowed to do so.'

It must be noted here that teachers or organisations like TENI are **not qualified** to socially transition children. **They are not psychologists nor medical professionals.** TENI is purely an activist organization that has appointed itself as an authority on this matter. Social transition, particularly for a child, is a serious psycho-social intervention which should only be done under clinical supervision, if at all.

Dr. Hillary Cass states that social transitioning of minors is not a neutral act, but a significant psycho-social intervention, which teachers are not qualified to carry out. (7)

In the case that a transitioned student changes school, the school is advised ["it is particularly important to ascertain the student's wishes around confidentiality in the new school, for example some students will not want to reveal their transgender identity, choosing to simply present in their preferred gender."](#)

'In BelongTo everyone said non-gendered spaces were better for trans people. So, I moved to a mixed secondary school. I went in as a male student. The other students didn't know.'

- Luke (female) who moved from all-girls to mixed school (Ireland)

Social transitioning functions to ingrain the wrong-body belief and embed the trans identity. It also makes it extremely difficult for a young person to ever change his or her mind about it.

Children, especially pubescent minors, are managing many physical, emotional and cognitive changes and are learning to develop and integrate the different aspects of their being into their identity. Young people need to be supported and guided by adults through this vulnerable period and allow room for growth and change. Natural puberty can resolve the gender dysphoria itself for the vast majority of gender questioning children.

Due to the lack of evidence of the existence of a 'gender identity' which determines whether a person is male or female, and in light of the mounting evidence that a child

is not “born trans”, it is clear that affirming young people as ‘transgender’ is not helpful to children who question their gender or feel uncomfortable in their bodies, and puts them at risk of harm. Telling young people that “living as a different gender” is the answer to their distress or discomfort prevents them availing of the appropriate help. There are many reasons why children/young people feel uncomfortable about themselves, or their sexed body – which could be resolved with therapeutic, or other, support.

The gender questioning children/young people are not the only ones who are affected by the guidance of TENI and the other LGBT organisations to schools. **The whole school is affected by this.** The opinion, feelings, concerns, and religious convictions of staff members are not accepted, unless they aligned with the TENI doctrine.

All students are asked to agree to with the doctrine of gender identity. They are also asked to affirm a co-student who has come out as ‘trans’, for example affirming Mary as Tim or Michael as Linda, by using their new name and pronouns. The other young people might be confused or upset over the transition of their classmate, or not accept that Michael does not exist anymore, or think that this is all nonsense. They are likely to sense that they could not express their feelings and thoughts on the matter, and might **feel pressured to play along**, or risk to be seen as a bully, or a transphobe.

Furthermore, **all children have to accept and agree that Michael, now Linda, is participating in girls’ sports**, which gives him an unfair advantage and can put the girls at risk of injury in contact sports. Michael/Linda would be in the girls’ changing rooms and use the girls’ toilets. No girl would be able to object to this, even if it made her feel very uncomfortable. **Girls’ dignity and privacy are not being considered, neither their increased risk of harm.**

Boys’ dignity and privacy are not considered either when Mary becomes Tim and uses the boys’ toilets. Mary/Tim is not likely to play sports with the boys though. Girls and women who identify as trans hardly ever compete in boys’ men’s sports because of the unfairness and danger. There is an obvious risk to girls using the boys’ toilets.

‘No one told me I would be more self-conscious with males younger than me who were taller, with broken voices, facial hair. I was so used to being treated as male before I think I now had a small reality check. But adults always say, “you can be whatever you want to be”.’

Luke (female)

Parents who wish to protect their children from the risk of the harm affirmation can cause their child, which could be life-long harm, are being branded as unreasonable, transphobic and sometimes a danger to their children. TENI has taken on the role as the expert on their child, the protector of their child. **By declaring transition as a human right of the child, TENI’s guidance, as endorsed by the Department of Education and Skills, interferes unduly with the parent/child relationship by undermining parents’ rights and authority over their child.**

Many parents do not believe in gender identity and do not wish their children to be taught it as a fact, nor do they agree with trans-identifying students using the toilets and changing rooms of the opposite sex, which puts them in conflict with the school. This places the young people in the centre of a conflict between the adults, which affects their relationship with school and parents. This is a difficult position for young people to be in and impacts negatively on them.

LGBTI Youth Strategy 2018–2020

In **2014**, the year Tusla, the Child and Family Agency, came into being, The Department of Children and Youth Affairs launched the National Policy Framework for Children and young people, “Better Outcomes, Brighter Futures”: the national policy framework for children and young people 2014-2020 (BOBF). (8)

The BOBF Framework is a whole-government policy that operates across all Government Departments and Agencies, and also extends to statutory and non-statutory organisations that work with, and for, children and young people. From this framework flowed the DCYA’s National Youth Strategy, 2015–2020, which included LGBTI+ young people. It states:

“Despite the recent improvements in the LGBTI+ landscape in Ireland, the National Youth Strategy 2015-2020 identified LGBTI+ young people as a specific group to be considered in the context of focused provision for marginalised young people. While their situation has improved considerably over recent years, significant challenges still remain for LGBTI+ young people today. It is on this basis that the LGBTI+ National Youth Strategy has been developed, with the aim of ensuring that LGBTI+ young people can achieve the same outcomes as all young people in Ireland.”

In **2018**, following consultation and research, in accordance with the National LGBTI+ Strategy 2015–2020, the Irish Department of Children and Youths Affairs (Minister Catherine Zappone) published the **National LGBTI Youth strategy 2018–2020. The first in the world!** The government has recently published its successor, the 2024 LGBTQIA+ Strategy, which combines government’s policies for LGBTI+ adults and youths.

The **LGBTI Youth strategy 2018–2020** set out the Strategic Goals for 2020 and Action Plan. The stated goals were to: 1 create a safe, supportive and inclusive environment for LGBTI+ young people; 2 improve the physical, mental and sexual health of LGBTI+ young people; 3 Develop the research and data environment to better understand the lives of LGBTI+ young people. The aspirations and goals for LGBTI Youth Strategy match those of the BOBF Framework of the Department of Children and Youths Affairs.

It stresses that much progress has been made with the enactment of the Equal Marriage Act and the GRA, in improving the life of LGBTI people in Ireland, but that there continue to be gaps, and marginalisation of this vulnerable cohort, which is also true for LGBTI young people. It states, *“that the importance of schools being spaces where LGBTI+ young people feel included, respected and safe cannot be overstated, and any barriers to making them so must be removed.”* The publication of the “Being LGBT in School”, resource for post-primary schools to prevent

homophobic and transphobic bullying and support LGBT Students, by the Department of Education and Skills in 2016, had been the government's first building block for its policy of prioritising the inclusion of LGBT young people, especially in school. LGBTQI inclusion is to become an integral part of all schools in the country.

Una Mullally, Independent Chair of the overseeing committee of the LGBTI Youth Strategy project points out in her introduction that [“The dominance of religious patronage in Irish schools can present challenges for LGBTI+ young people.”](#) This statement can reasonably be interpreted as declaring that LGBTQI+ inclusion and Catholic ethos are in conflict with each other, and that LGBTQI+ concerns should be a priority.

The document acknowledges that progress for LGB was achieved since the Marriage Equality Act, but that a change in policy on transgender issues is much slower. It takes stock of the achievements and/or additional strategies and policies for LGBT young people.

Over the last decade or so, numerous changes in policies, legislation, curricula and school environments the implementation of plans devised throughout has brought about these changes. The Departments of Children, Education, Health and Justice, as well as Tusla and the HSE are the main state contributors and executors of the plan, in close partnership with LGBTIQ organisations. The documents and policies include:

- The development of a series of LGBTI+ guidance documents, such as resources and initiatives for primary and post-primary schools, including Being LGBT, Growing Up LGBT, RESPECT.
- Different Families Same Love, a variety of picture books, Safe and Supportive Schools Toolkit and Stand Up! Awareness Week.
- The publication of the Action Plan on Bullying and Anti-Bullying Procedures, and the introduction of a national anti-bullying website by the Department of Education and Skills, with a particular focus on promoting inclusion and tackling identity-based bullying.
- A 2017 Programme for Government commitment to increase the number of non-denominational schools to 400 by 2030.
- The initiation of a review of Relationships and Sexuality Education (RSE) in schools in 2018, to include content of the RSE curriculum, support materials and delivery approach.
- The ongoing work of a number of organisations focused on supporting LGBTI+ young people and advocating for their rights, such as BelongTo, TENI, LGBT Ireland and ShoutOut.
- The planned development of the National LGBTI+ Strategy by the Department of Justice and Equality in 2018.
- An HSE commitment to introduce an LGBTI+ Health Strategy in 2018.

The National LGBTQI+ Inclusion Strategy 2024–2028

The new National LGBTQI+ Inclusion Strategy, 2024-2028 (9) continues to work on the same themes as the previous one. Three changes in legislation are named as necessary action in this strategy:

1. Change to the GRA 2015, to make it easier for young people aged 16–18 to receive a Gender Recognition Certificate.
2. That the Criminal Justice (Hate Offences) Bill should pass.
3. That the Prohibition of Conversion Therapies Bill 2018 to outlaw practices aimed at changing or suppressing a person's sexual orientation or gender identity should pass.

The Criminal Justice (Hate Offences Bill) was enacted in 2024, in an amended form, but the hate speech element of the bill was removed due to strong opposition against it.

The previous government was committed to making changes to the GRA to improve access to a Gender Recognition Certificate for young people. Should such a change be made in the future, it would give young teenagers the right to make a serious decision, they are not equipped to make at that age.

The Prohibition of Conversion Therapies Bill, which is to be applied to gender identity as well as a person's sexual orientation, has the potential to cause further harm. The term Conversion Therapy described the practice of trying to "cure" homosexuals to convert them to heterosexuality, often with cruel methods. Such practices are unethical and are not practiced in Ireland. However, because the state doctrine supports the claim that gender identity is real and must be affirmed, the probing and exploring of gender identity with a person experiencing gender distress, will be viewed as practicing conversion therapy on a "transperson".

The impact of coming out as "trans" on a person's life, and the life of his or her family cannot be compared with coming out as lesbian, gay or bisexual. More importantly, the reasons why people feel a strong sense, urge or wish to identify as the opposite sex or to be neither of the sexes or both are varied and complex. Often there are underlying mental health issues, neurodevelopment issues such as autism, trauma, confusion or gender non-conformity, as found by the Cass Review. (7) These underlying causes of distress need to be explored and addressed, and the wish to transition needs to be probed, in order to find out what treatment and/or support a person needs – especially a young person. The passing of this law would make it extremely difficult for therapists to engage in meaningful therapy, which would impact on children's/young people's ability to access appropriate therapeutic services to resolve their distress.

Cineáltas or Bí Cineálta Action Plan on Bullying

"Cineáltas, Action Plan on Bullying is Ireland's 'whole- education' approach to preventing and addressing bullying in schools. Cineáltas builds on the achievements and ambition of the previous Action Plan on Bullying published in 2013, taking into

account the work undertaken in recent years to ensure that our schools are safe and happy places for all our children and young people”. (10)

Cineáltas corresponds closely to the revised Curricula as it emphasises repeatedly diversity, equity, inclusion, wellbeing, race, gender identity, sexual expression, and LGBTQ. It has been rolled out in primary schools and secondary schools and will be implemented in September 2025.

*“Cineáltas is dedicated to preventing and addressing bullying online and offline, including bullying based on race, **gender identity**, sexual harassment, among other areas, in schools”. (p. 6)*

The document does contain some general, common-sense approaches to tackling bullying, but it also focuses heavily on minority groups, which raises two concerns. The first is that school children are being divided into oppressed and oppressor categories, into marginalised minorities and privileged majority. The second one is that bullying on the grounds of gender-identity is being included, which implies that gender-identity is accepted as a fact, that everybody in the school community has to accept. **Parents and teachers have no way to opt out of this.**

Page 20 lays out the training that will be offered to teachers and parents about Cineáltas, and notes that the bullying strategy corresponds with the changes in the school curricula, stating: *“These reviews aim to address learning needs as age appropriate in the areas of consent; healthy, positive sexual expression and relationships; safe use of the internet and social media and its effects on relationships and self-esteem; and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) identities and will help to prevent and address bullying. The primary curriculum framework has also recently been published.”*

BelongTo was consulted in the drafting of this strategy, and its teaching has been adopted in Cineáltas. BelongTo promotes the affirmation approach as the only correct response to a young person coming out as “trans”, ignoring the evidence presented in the Final Report of the Cass Review. (7) The report concluded that even social transition (e.g. changing names and pronouns) is not a neutral act and may have long-term psychological and developmental consequences. The report recommends a cautious, evidence-based approach to gender distress in children, centred on safeguarding and clinical oversight rather than affirmation.

Every school will have to draw up their school specific Bi Cineálta Action Plan on bullying, which has to be in keeping with the Cineáltas document. The introduction of Cineáltas has caused concern among parents as the majority of the Irish population do not agree with identity politics and gender ideology. Tensions are bound to intensify when Cineáltas, the bullying action plan is put into practice in Irish schools.

INTO LGBTQI+ Inclusion Resources for Teachers

As one of the major teaching unions in Ireland, the Irish National Teachers Organisation (INTO) represents over 45,000 teachers at primary level in the

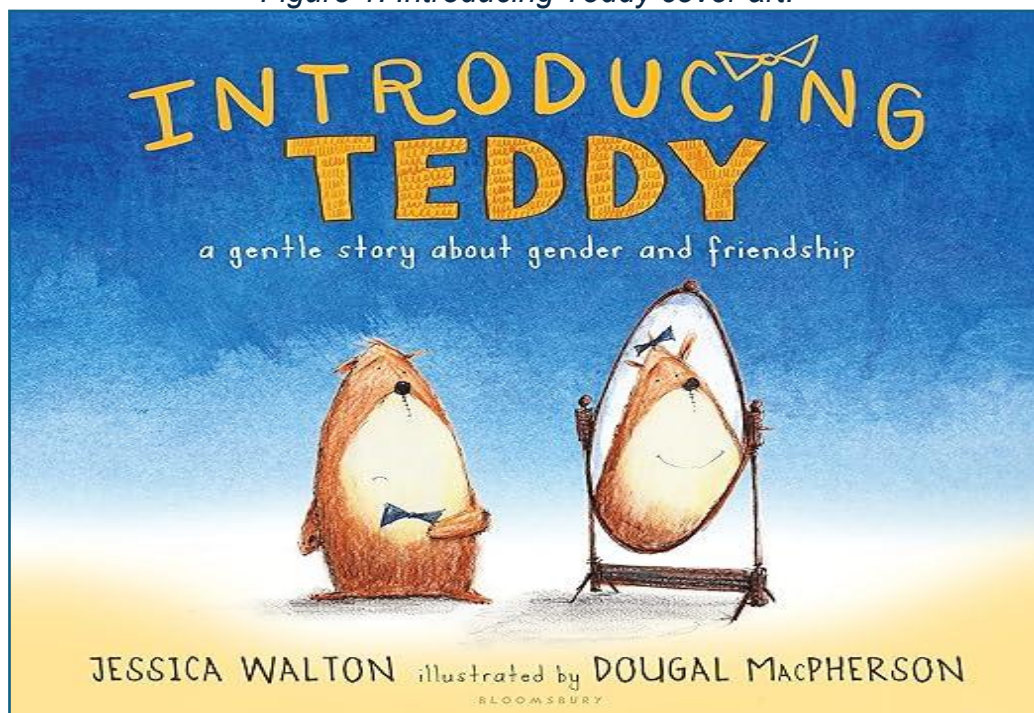
Republic of Ireland and over 7,000 teachers at primary and post-primary level in Northern Ireland.

The INTO website features the “Good Teaching/Learning Practices” page which promotes “LGBTQI+ inclusiveness” in the classroom. Visibility and celebration of LGBT+ is encouraged through the use of stories and books, as well as throughout other areas of the curriculum such as art, music, history. The page also includes advice and video resources for teachers, although some of these can no longer be played (possibly because of the significant backlash by the public when it they were first released). The INTO said that the videos are to help teachers to structure lessons and not for showing to children, however they are presented in a very child-friendly cartoon format.

One of the most concerning videos, INTO-Video3_Facilitating a social transition of a child, Lucy to Liam, was seen by The Countess schools and safeguarding team and others. (9) In the video, the teacher introduces the story book “Introducing Teddy, a Story About Being Yourself” (Figure 1) This is a book intended for the youngest of school age children (3- to 6-year-olds).

Teddy Tom is sad and is afraid to tell his friend, the boy Errol, the reason for his sadness because Errol might not like him anymore if he knew. Errol reassures Tom. Tom tells Errol that he does not want to be Tom anymore because he wants to be called Tilly. Errol replies to this: “I don’t care if you are a boy Teddy or a girl Teddy! What matters is that you are my friend!” “You’re the best friend a Teddy could have.” Said Tilly. Later in the story, Tilly takes his bow tie off to put it in “her” hair.

Figure 1: Introducing Teddy cover art.



The teacher in the video reassures the young children that boys can be girls and girls can be boys by saying *“Sometimes, while the doctor says the baby is a boy, as that baby grows up, they feel inside that they’re not a boy. While they might have a boy’s name...they know they aren’t a boy...by making those changes, the person feels happier and more like themselves.”*

If an adult in a position of authority and guidance tells a child he or she can be born in the wrong body and that changing sex is possible then that child will believe this to be true. Introducing this highly controversial concept at such an early age can at best confuse and at worse untether that child from the reality of their own body. These unproven academic ideas do not belong in a children’s classroom.

Figure 2: Still image from the INTO video “Supporting a child socially transitioning”.

Supporting a child socially transitioning

It is usual that the parent/guardian would have a chat with you about the child socially transitioning. The child themselves may be present for this conversation and it's important that you show your support. If you have not taught lessons on gender identity that included gender transition such conversations allow you time to prepare your class so they too can be supportive of the child and their family.

The story *Introducing Teddy* is a very useful resource to allow children understand social transition. The following video exemplar shows how it can be used to support a child socially transition in class.



You'll note from this video how the teacher prepared the class. You'll also note his use of inclusive age appropriate language and terminology to support children's understanding, his affirmation of the pupils' contributions as they processed the concept and his follow-up language lesson introducing the term non-binary.

<https://web.archive.org/web/20211204035620/https://www.into.ie/about/our-structure/associated-groups/into-lgbt-teachers-group/good-teaching-learning-practice-videos/>

In the description of this video from their website, the INTO also recommends introducing the term non-binary, another undefined and highly conceptual idea (Figure 2).

The reality that boys can prefer quiet games and activities like art and girls can enjoy rough and tumble play has been replaced by concepts that teach children that they could have been born in the wrong body.

An effeminate boy who takes his disposition to mean he must be in fact a girl, should, according to the INTO, be fully supported in a social transition. This would be

a first and significant step towards a medical pathway. There is no age-appropriate way to convey to a child how this may impact his entire his adult life as he is too young to understand consequences like sterilization, sexual dysfunction (inability to orgasm), and lifelong medication along with the side effects that these drugs entail. All this may occur and yet his sex will remain male.

Videos titled Being an Ally; Creating an LGBT+ Inclusive School: Language and Resources; and Creating an LGBT+ Inclusive School: Visibility and Inclusion were presented by the INTO to Féilte (the Teaching Council's Festival of Education in Learning and Teaching Excellence) 2020 by the INTO LGBT+ Teachers' Group where it quite evident that the LGBTQI+ ideology has been fully adopted by the INTO,

It is clear that the INTO have wholeheartedly adopted transgender ideology, without considering the child welfare and safeguarding implications of this. Yet again activists dictate what children and adolescents are exposed to, not parents or experts in education or child development.

Part Two: Schools and Youth Groups

This section explores in more detail what services LGBT organisations provide, what those services look like, and what questions or concerns may arise. The focus will remain on TENI and BelongTo, because they are not only the two largest LGBT organisations in Ireland, but they are also the most influential ones. Their ideological framework has been adopted by all of the Irish LGBT organisations – of which there are almost thirty. There is a close relationship between the Irish state and TENI and BelongTo. For example, at least one BelongTo youth group holds their weekly meetings in the Office of the Ombudsman for Children. They also are funded to a significant degree by the Irish Government, mostly the Department for Children.

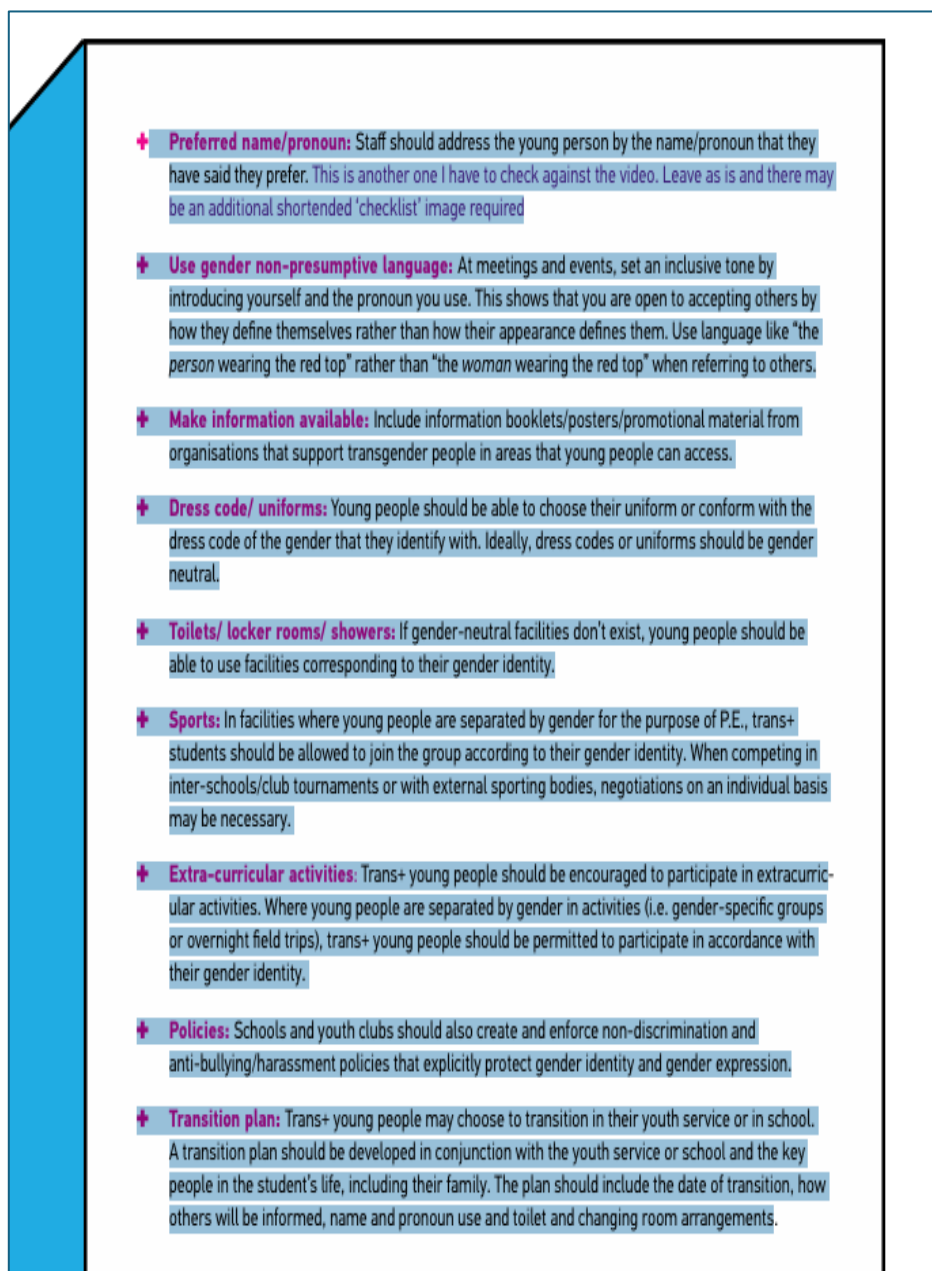
LGBTQIA+ Organisations in Schools

TENI has been working with both primary and post-primary schools in Ireland since **2013**. They work with individual young people and their families and have a “wrap around support plan” to keep trans students in primary and secondary schools. Their work with “transgender” children/young people centres around individual support of the young person and their family. They say they “provide **guidance on gender-affirming healthcare** for those under 17, **mental health support**, and **family assistance** to help parents and guardians navigate their child's journey.” (11) (12)

TENI has been training staff in schools since 2015 through their “Transforming the Classroom” programme. (9) TENI was also the main contributor to the governmental document used in schools, “Being LGBT in School”.

BelongTo has offered the Quality Mark programme to schools and youth centres since **2022**. This shows schools and youth centre staff how to become an “LGBT inclusive community”. In 2023–2024 around 90 schools received the Quality Mark. According to BelongTo, over 100 schools have received it as of April 2025. To achieve this, schools must demonstrate a commitment to fostering an inclusive and supportive environment for LGBTQ+ students and must undergo an 18-month-process (Figure 3). (13)

Figure 3: *BelongTo* advice to schools on how to become LGBT+ inclusive.



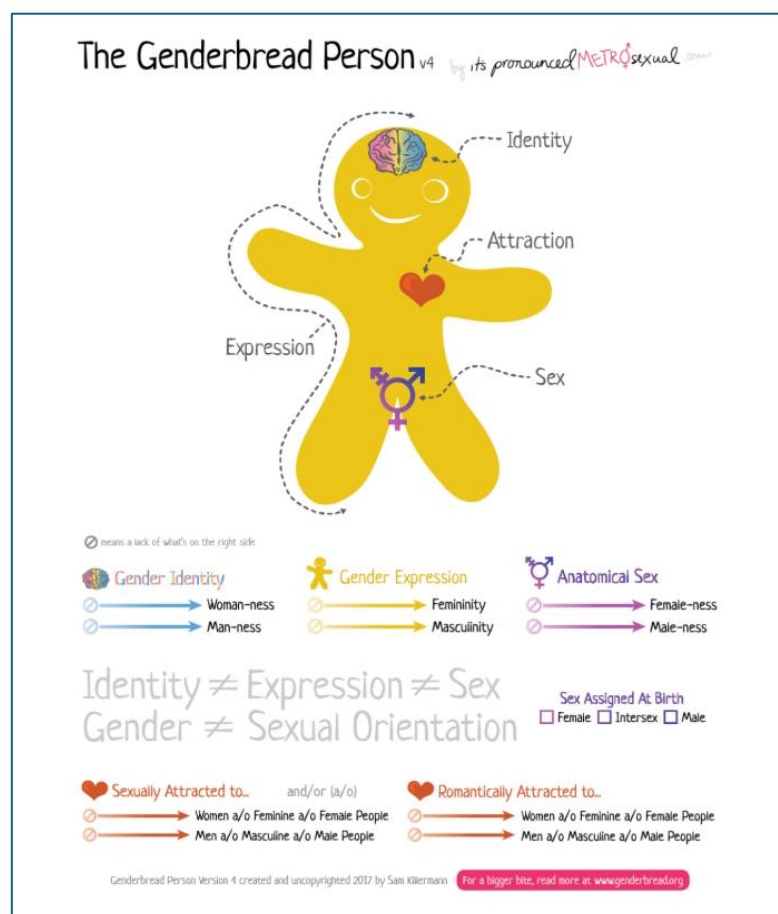
BelongTo recently launched its **Strategic Plan 2025-2027: You Belong Here**, which outlines its commitment to supporting LGBTQ+ youth, including transgender individuals by: (14)

1. **Creating an LGBTQ+ Inclusive Culture and Environment** – Schools must actively promote inclusivity through visible support, such as Pride events, LGBTQ+ student groups, and inclusive language in school communications.
2. **Resourcing an LGBTQ+ Inclusive Curriculum** – Schools integrate LGBTQ+ topics into their curriculum, ensuring representation in subjects like history, literature, and social studies.

3. **Nurturing LGBTQ+ Inclusive Relationships and Partnerships** – Schools work with students, parents, and external LGBTQ+ organizations to create a supportive network.
4. **Supporting LGBTQ+ Inclusive Policies and Planning** – Schools must implement policies that protect LGBTQ+ students from discrimination and bullying, ensuring staff receive training on LGBTQ+ inclusion.

BelongTo also offers free online short training courses to educators in schools on LGBT inclusiveness, called “Supporting LGBT+ Young People”. The content of the course and the booklet demonstrate very clearly that coming out as trans-identifying or non-binary is very different from coming out as gay, lesbian or bisexual, despite the creation of the acronym (and ever-increasing letters being added to it), as well as using the umbrella term Queer. The fact that one whole chapter is dedicated to trans and non-binary identifying people exclusively, while all other chapters are about the whole LGBTQI+ cohort, makes it clear that gender identity needs a lot more explanation and has a lot more rules to follow than sexual orientation. The chapter on the importance of language is also mostly focused on gender identity, including the “genderbread person” (Figure 4), to explain the concept (15).

Figure 4: The Genderbread person.



Much of this is happening in Irish schools. Anecdotally we hear from parents that some boys and girls don't use the toilets at school anymore, because they are uneasy about the presence of student of the opposite sex.

'My school has mixed sex toilets in one area of the school. They are stall cubicles with gaps at the bottom and top of the stall. Me and my friends avoid them as much as possible as the boys can hear you pee and can hear your sanitary towels being unwrapped and comment to others that we are "on the blob". Other times they try and video with their phones. It's horrible.'

Female secondary school pupil (Ireland)

Clearly, the wishes of trans-identified students are placed before the wishes and needs of other students. This is a serious breach of safeguarding principles. Girls are at greater risk than boys, and sexual harassment of girls by boys is an issue in secondary schools. Incidents of sexual assaults of girls by boys who identify as girls have been reported in other jurisdictions. Girls who might have experienced a trans-identified boy in the girls' toilet making inappropriate remarks, gestures or worse, are not likely to report such an incident out of fear they would be seen as transphobic. There is also an increased risk to girls who identify as boys, when they use the boys' bathroom.

I have stopped using the swimming pool and wellness studio as males use the female changing areas. My university fully allows for males who have a gender identity of a woman, or are gender fluid or non-binary, to use the female facilities. Worse, they state it would be discrimination and harassment for me to object to a male being in the changing room. Females are left in the situation of not being able to raise concerns when a male sees you undress and the male undresses in front of you. We are not allowed to ask about their gender identity. We have been made mute by policy. My mental and physical health suffers due to this and a lack of access to safe female only facilities.

Female university student (Ireland)

BelongTo has a list of dos and don'ts for the school community.

- **DO:** Respect their judgement and preferences in relation to their family. Don't assume that someone is out – it may not be safe for them to be out in certain environments.
DON'T: Out them to their parents. Ensure you use whatever pronouns they wish you to use if you are communicating with their parents about or with the young person.
- **Do:** Respect their confidentiality. Being trans is not a child protection issue in and of itself, only if there is additional threat of harm present, in line with the national guidelines.
DON'T: Out them if their parent/guardian asks directly – say you don't know, reassure the parent that the most important thing is the young person's happiness and feeling of safe spaces. Encourage them to speak to their young person.

This advice from BelongTo is outrageous. The Cass Report concluded that affirming the gender-identity of a minor is a serious psychosocial intervention. (7) It should only be done under clinical supervision. Teachers are not qualified to carry out such an intervention and they take no responsibility for the consequences of this intervention. Dr Paul Moran consultant with the HSE National Gender urged schools stop socially transitioning children: *“Irish schools should not be taking the lead in the social transitioning of children. The Department of Health should reconsider some of the overly affirmative educational and training materials it is sending to schools and the prominent role it has given to activist organisations in policy development and teacher training.”* (16)

Advising that teachers should collude with a child to keep something as serious as identifying as trans and socially transitioning from parents is a violation of parents' rights. Schools must inform parents about any significant occurrence or concern about their child. Coming out as trans is a very significant occurrence. A young person might be afraid that their parents will not agree to affirm him or her and therefore ask a teacher not to tell the parents. That does not mean the young person “is not safe in the home environment.” Parents are the ones who carry the responsibility to make decisions for their children as long as they are minors. The school has no right to make such a decision. This advice is violating parents' rights and interferes with the child–parent relationship.

When it gives such advice, BelongTo acts as if it is the primary protector of young people who come out as trans. It is not. Children who identify as trans are first of all children, whose relationship with their parents is the most important. The only valid reason to suspect a child is at risk of harm from parents is when there are indications of abuse and/or neglect. In that case, Child Protection Services need to be consulted, according to the Children First Act. A teacher cannot take it on themselves to decide what is best for a student.

BelongTo's statement that *“Being trans is not a child protection issue in and of itself”* as if this absolves teachers from their duty to inform parents about significant occurrences, which are important for parents to know, is nonsensical. In no other context would such breach of parents' trust be tolerated. Parents are the ones who bear the responsibility for their child and how to respond to child's wish to transition, a decision with very serious, possibly life-long, consequences. Given the findings of the Cass review that caution is to be advised, and a watchful waiting approach should be adopted, when it comes to transition children, a school policy adhering to BelongTo's advice might well be considered a potential child protection issue.

No consideration is given to the other students. Their boundaries are breached when they are being forced to affirm their co-student and even more so if they are asked to keep a secret for them. This is putting an unreasonable burden on the other young people.

All of the BelongTo advice breaches child safeguarding principles.

It cannot be stressed enough: BelongTo and all the other LGBT organisations adopt the position that a child is born trans and that coming out as trans is the same as coming out as gay, lesbian or bisexual. This is simply not true!

No special training is needed for schools to become LGB-friendly and inclusive; no language, nor names and pronouns would have to be learned, and no safeguarding concerns would arise because of LGB-inclusive policies.

Most schools that signed up to the Q Mark programme attempt to follow the rules around trans-inclusion, however they can prove to be disruptive and unworkable. The number of young people who identify as “trans” or “non-binary” is rising. There are some schools with many such students. Parents and students are rarely consulted about school policy on these issues. **Trans rights trump everybody else’s rights, as per usual.**

LGBTQIA+ Organisations in Youth Work

Many of the of the thirty LGBT+ organisations in Ireland offer services to children and young people as well as adults, and some offer services to children/young people only. Other organisations for the general population of young people also offer services to LGBT+ young people.

Outside of schools, BelongTo youth work comprises mostly of running LGBTQI+ peer support youth groups throughout Ireland, led by qualified youth workers. BelongTo states that their youth workers carried out **2,395 interventions** with LGBTQ+ youths. Online LGBTQI training is available on the BelongTo website for youth workers as well, which the same as the training for teachers.

The make up of groups varies depending on the demand and the age groups, etc. Some are open to LGBTQI young people, and some are open to their “allies” as well. Mostly they are for specific age groups. Typically, groups meet weekly. They are often open – which means anybody can attend on the day, without an official membership.

These groups are not organised around age-appropriate activities and fun, nor around a common interest or activity like sports or music. Instead, they are peer-support-groups for young people who feel they might be same-sex attracted, bisexual, and/ or question their gender. The reason these youngsters are looking for support, according to BelongTo, is the “minority stress” they experience as members of a marginalised group on the grounds of their sexual orientation or because they don’t identify with their sexed body. These groups are mixed sex, even the ones specifically for either gays or lesbians because “transwomen are women” and “transmen are men”.

Given the age of the members and the nature of the group, youth leaders who facilitate such groups would need to be very sensitive towards the age and developmental stage of the young people attending, and very skilled in leading discussions about intimate and sensitive subjects. The young people are bound to be at various stages of emotional and sexual development in their teenage years and need protection from inappropriate subjects and situations.

Former BelongTo attendees have said that young gays and lesbians in BelongTo groups have been pressured into accepting trans-identified young people as romantic/sexual partners. They describe attending groups which were open to gays,

lesbians and trans people from 14 to 23 years of age, with up to eighty people present at times. These groups were open to anybody and peer-led, with three professional youth workers supervising. (17)

From a youth work perspective, such a group would be highly unusual because best practice is to offer groups for young people of similar age; the age difference should be no more than approximately two years. That young teenagers should be in a peer support group with adults is very concerning. It is highly inappropriate for untrained, unvetted 23-year-olds to engage in discussions around sensitive and sexual matters with teenagers. **This breaches all safeguarding principles.** It has been reported that there were 14-year-olds and adults attending the same groups, including on overnight trips. Given BelongTo's advice on sleeping arrangements for trans-identified youths, this is a major safeguarding risk.

Young people who attended a BelongTo group for at least one year could be trained by staff to become "peer-educators". These peer educators would run workshops that were supervised by BelongTo staff. Such a workshop would be run at least every six months, covering topics such as drugs and alcohol, sexuality, sexual health, and "binding" or "tucking" safety

Binding and tucking are practices done by people who wish to disguise their sex. Women and girls do this by "binding" their breasts, which involves wearing a very strong, tight garment that flattens the breasts called a binder. Breast binding can be very painful and can restrict lung capacity; long term use can damage ribs or lead to deformity. Men and boys "tuck" their genitals, which involves pushing their penis and testicles back under the perineum – often using a specialist garment – which is painful and can lead to injury and even infertility. Such practices should not be taught to minors, whose bodies have not finished developing. BelongTo is said to have justified this by saying they intend to impress on young people to use these devices safely and not for too long. BelongTo group were reported to discuss where to get these garments and how to hide them from parents, another major safeguarding breach.

'In the group, we spent time talking about where to get binders... We were told how to hide them from parents and about some Facebook groups online who offer binders donated by transmen who had had their breasts removed and no longer needed them.'

Luke (female), BelongTo attendee at age fifteen

The Countess wrote to BelongTo (twice) and asked why they offer groups with such a wide age range, if best practice was followed by them, and if a young adult group members are garda vetted. We received no reply. The Countess also contacted the Ombudsman for Children about our concerns. He advised that we should contact Tusla if there were child protection concerns, despite the fact that Tusla only gets involved when concrete concerns about a specific child are reported. **One of the BelongTo groups for 14- to 23-year-olds was, and possibly still is, held on the premises of the Ombudsman for Children.**

BelongTo groups placed a strong emphasis on the danger the young people would be in if they were "outed" somehow outside BelongTo. For example, there were

some rules around confidentiality, such as “ if you see someone outside of BelongTo, don’t say you know them from there because they may not be out to family and friends,” and “don’t take photos in this space as there may be someone in the background who could be recognised if the picture gets posted on social media” and “What is said in BelongTo stays in BelongTo”.

Group members were advised not to socialise with others outside of BelongTo because this also could lead to them being outed. Despite this, BelongTo youths did socialise outside of the groups, some got into romantic relationships with each other, and some of the adults supplied minors with alcohol when they socialised outside BelongTo. Young lesbians report that they were pressured by into sex with trans-identified males – some of them adults – when the girls were still underage.

Despite the major safeguarding red flags, which were pointed out to him, the Ombudsman for Children (and the rest of government) appears to accept BelongTo as the experts on LGBT youth. Government agencies do not inspect these organisations sufficiently to ensure that child safeguarding principles and best practice are adhered to in their work with young LGBT people (if that is even possible). As long as BelongTo, TENI, GLEN, and the other LGBT organisations continue to teach transgender ideology, they are breaching child safeguarding principles because, as we have shown, **gender ideology is not compatible with child safeguarding principles.**

General Youth Organisations in Ireland

Case Study: Scouting Ireland and the Irish Girl Guides

Scouting Ireland has over 26,500 young members and 10,000 adult volunteers, making it one of the largest youth organisations in the country. As of the most recent figures, the **Irish Girl Guides (IGG) have approximately 12,000 youth and adult members** across the 26 counties of Ireland.

Scouting Ireland is a well-established and large youth organisation and a good example to demonstrate how trans-inclusion policies are implemented in this sector. It is worth looking at their policy in detail to get a sense of how their trans-inclusion policies might impact young Scout members. (18)

Scouting Ireland’s LGBTQIA Newsletter states:

*“Scouting Ireland is actively committed to creating an inclusive environment for all young people, including those who are transgender... **Open to All:** Scouting Ireland welcomes members regardless of gender identity. Trans individuals have the right to be treated according to their true gender, regardless of any medical or legal transition status.”*

Scouting Ireland policies reflect this commitment, with no consideration for safeguarding.

Facilities

- **Gender-neutral options encouraged:** Shared tents, mixed-gender bathrooms, and inclusive changing areas are being promoted to reduce gender separation.
- **Privacy-first approach:** Leaders are encouraged to provide private changing spaces and individual toilet/shower cubicles when possible.
- **Youth-led input.** Young members are consulted on what makes them feel safe and included in facilities and sleeping arrangements.

Support for Trans Youth

- **Affirmation of identity:** Trans youth are supported to be recognized as their true gender, regardless of legal or medical status.
- **Safeguarding & DEI Team:** A dedicated team offers guidance, training, and resources to leaders and youth on LGBTQIA+ inclusion.

Safeguarding & DEI Team: A dedicated team offers guidance, training, and Support for Trans Leaders: Scouting Ireland explicitly supports the inclusion of trans individuals as leaders. Their Equality, Diversity and Inclusion Policy affirms equal access and fair treatment for **every member**, regardless of gender identity. It applies across all roles—including adult volunteers and leaders.”

Scouting Ireland’s policy names the reality that accommodation of trans-identified members means that facilities have to become either single occupancy or mixed sex. They state that: “**Young members are consulted on what makes them feel safe and included in facilities and sleeping arrangements.**” However, they do not specify if all young people are asked if they feel safe and included in mixed-sex facilities and sleeping arrangements, or just the trans-identified ones. Even if the others were consulted, it would be extremely difficult for young people to openly admit to feeling unsafe or uncomfortable with the lack of single-sex spaces, given Scout Ireland’s stance on trans-inclusion.

The Irish Girl Guides (IGG) website says: “*Membership of IGG is based on gender identity, anyone who lives their life as female and accepts the Guide law and promise is welcome to join.*” The Irish Girl Guides’ Equity, Diversity & Inclusion policy reiterates this. (19)

Same-sex facilities and sleeping arrangements exist to protect the privacy and dignity of boys and girls, and the safety of girls, especially from the age of puberty, because of their biology, not their gender identity.

Apart from the concrete concern about dignity, privacy and safety, young Scouts and Girl Guides are asked to not trust their senses and instincts about the sex of a person, a vital skill for every human to have to keep them safe. This undermines the Stay Safe programme, taught in Irish schools, which tells children to trust their instinct when they don’t feel safe. **To be asked to deny a biological reality impinges on a young person’s ability to stay safe. This is a valid safeguarding concern!**

In the case of the Irish Girl Guides the cause for concern is even more obvious as it is meant to be a single-sex organisation. All leaders and all young members should be female but they explicitly allow trans-identified males to join the organization. This means that there are boys and men in girls' spaces.

Given the size of these two organisations, their policies affect a large number of children/young people in Ireland. Those young people matter and their safeguarding should not be overruled for the benefit of a small number of trans-identified adults.

Sport Organisations

Young people's privacy, dignity and safety are being put at risk by some of the trans-inclusion policies of general youth organisations. In the field of sports, trans inclusion impacts mostly girls, because when boys are allowed to enter their sports, their right to fair competition is being denied, and in some sports, their risk of serious injury is significantly increased.

In Ireland, there are a number of sports organisations (and schools) that allow boys to compete against girls, including The Ladies Gaelic Football Association, Golf Ireland, and Basketball Ireland.

The number of sports organisations in Ireland who allow trans-identified athletes to compete in their preferred gender category is decreasing. Some sports don't allow trans-identified males to enter the female category but do allow trans-identified females to play with the boys/men. Boys, especially from puberty onwards, have significant physical advantages over girls. Most female athletes who identify as men compete in the women's category.

'I tried out for the basketball team. I've never felt so unfit in my life. I've been playing basketball twice a week for seven years with a good strict but fair coach, yet at age 17, I am trying out with 14-year-olds I could just about keep up with.'

Luke (female) on playing on the boys' sports team

Girls playing Ladies Gaelic football continue to have to play against (or with) teams with male team members. The Countess met many parents of girls who are Camogie or LGFA member who object strongly to this practice, but the policies remain in place. Girls are losing their places on teams to boys. They are losing matches and championships because of having to play against a team with a boy or boys. There is a real risk of incurring injuries. **From a safeguarding point of view, it is of concern that the girls also have to share changing rooms with the trans-identified boys.**

Just like in youth organisations and schools, the LGBTQI+ inclusion policies of sports organisations are concerned with the trans-identified young people only. They do not consider the impact on all the other children/young people – especially the effect it has on girls. The arena of sports is another example of where children/young people receive the clear message from the adults that young people, especially boys, who identify as trans are special, exceptional people whose wishes and needs are important and need to be accommodated, while their own do not matter at all.

Part Three: Impacts on Children and Families

Treatment of Children who Identify as Trans

The numbers of young people who say they are transgender or non-binary have exploded over the last ten to fifteen years. The number of 16- and 17-year-olds who have obtained a GRA is low but many more young people are declaring themselves to be trans or non-binary. A 2023 Children's Ombudsman survey of children aged 12 to 17 years suggested that one in twenty-five young people identifies either as non-binary or as being a gender different to their biological sex. (19) **The largest children's gender clinic in the UK the Tavistock Gender Identity Disorder Services (GIDS) reported a 400% increase in referrals over the ten years or so before it was closed.** There is no doubt that **this increase is to a large extent caused by social contagion**, spreading online and through friendship groups and schools. Anecdotally, we hear from social workers and teachers that around 20% of their charges are contemplating, experimenting or identifying as a different gender than their sex. To be straight and "cis" today is seen as boring by many young people, you need to call yourself at least queer, if you want to be popular.

The "Trans Child": Who are they and what do they need?

An important aspect in the discussion is the disputed question of what a healthy development for children/young people who identify as trans should look like and what is the appropriate care for these "trans children." There are two main approaches to this issue.

The Child Developmental Support approach says that children/young people who are gender incongruent, gender-non-conforming, and gender-questioning to the extent that they are distressed and express the wish to be the opposite or think they are the opposite sex are suffering from a psychological disorder, which is appropriately treated with psychotherapeutic treatment, which explores the underlying causes of this deep pain and helps the child to resolve them. Proponents of this view base their approach on the child-development-model, which understands that the developing of an identity is a process which takes place all through childhood and adolescence. The task is to integrate all different aspects of one's personality, biology, sexuality, and social role into one's identity into a whole. This means that children learn to accept themselves as they are, their looks, their achievements, their family, their weaknesses, their sex, their sexual orientation, their interests, their temperament... The aim is that young people grow up to be comfortable in their skin, and confident in who they are. It acknowledges that the body we are born in is "us," because we experience all of life through our bodies.

If a child rejects or feels alienated from their sexed body, this indicates that something has caused a deep pain. The appropriate treatment is to examine the cause of this deep pain and help the child resolve it through therapeutic, and other non-invasive intervention.

Genspect Ireland, an international organisation which promotes non-medical care and support for gender distressed youth, founded by the Irish psychotherapist Stella O'Malley, is a proponent of "child development support".

"We promote a holistic, psychosocial model of care that recognises the complexity of identity while upholding the reality of biological sex.... Our goal is a society where all young people are free to develop without ideological coercion or irreversible medical decisions."

"Ireland is at a pivotal moment in the conversation around sex, gender, and the care of gender-distressed young people. While international developments, including the Cass Review, have exposed the harms of a purely 'gender-affirming' medical model, Ireland has yet to fully engage with the need for a safer, evidence-based approach."
(20)

The Trans Child Affirming approach says that every person is born with an innate gender identity, known only to them, which might or might not match the sex "assigned" at birth. When gender identity and sex match, the child is "cis". When they don't match the child is "trans" and will reveal their true identity at some point. However, the child might not be able to do so because trans people are not accepted in society and are a marginalised minority. Because of this the child experiences minority stress, and cannot live as his or her authentic self, which causes severe distress.

Some parents of children who came out to them "as trans" were told by doctors or therapists that they have to affirm the child's gender identity or otherwise the child will commit suicide.

This approach claims that the only way this distress can be resolved is affirmation of the child's preferred, true gender. Gender-distressed children should be put on the so-called "Dutch Protocol", starting with puberty blocking medication prior to or during puberty. This would give them time to think and decide whether transition is right for them. Otherwise, these children would be forced to undergo the "wrong" puberty. This medication consists of synthetic hormones, which were developed for end-stage cancer treatment and are used in the US to chemically castrate sex offenders. They are also used for very short amounts of time in young children diagnosed with precocious puberty (when very young children enter puberty because of hormonal imbalances).

For children who wish to transition, the Dutch Protocol has the added effect that it makes it easier for them to pass as a member of the preferred sex as adults. It is argued that having to go through the "wrong" puberty and not being able to "pass" in their preferred gender would be a very distressing experience for trans child, and could cause mental health issues, and even suicide. The proponents of the Trans Affirming approach claim that the use of puberty blockers is life-saving treatment, and that it is safe and reversible.

Up to recently, the affirmation approach was generally endorsed by political establishments in the West, but recent, comprehensive international studies, most notably the UK Cass Review, have found that the Dutch Protocol provides very weak

evidence of being effective. The Cass Review noted that the the Tavistock GIDS Clinic use of puberty blockers was **worse than experimental**, because an experiment would have had a control group and would have followed the children up to learn about their long-term outcomes. This data has not yet been released by either the Tavistock or the adult gender services.

There is no evidence for the claim made that puberty blockers are safe and reversible. In fact, the use of hormone blockers has irreversible impacts on bone and brain development in children. Another effect of the use of puberty blockers prior to or in early puberty, before sexual maturity, followed by the use of cross sex hormones, is that the **children would become irreversibly sterile and with no sexual function**. Cass also found that puberty blockers did not have the effect of giving more time to think, rather over 90% of those prescribed them went on to take cross-sex hormones (the second part of the Dutch protocol), while about 80% of young people who did not take puberty blockers and went through puberty did not transition but became consolidated with their biological sex. There is no evidence of an increased suicide rate in gender-distressed children/young people who have not been affirmed and have not taken puberty blockers.

WPATH: World Professional Association for Transgender Health

In 2025, the battle between the two approaches is being fought on an international stage. The “World Professional Association for Transgender Health” (WPATH) is a self-declared authority on transgender treatment. WPATH members are not exclusively health care practitioners; there are also members who have a more general interest, such as trans-activists. They have no expertise in child development. WPATH have published their “Standards of Care” (SOC) for trans-identified people since **1979**. The latest issue, SOC 8, was published in 2023. **The previous edition SOC 7, published in 2012, heralded a shift from “trans” being viewed as a disorder to a human right’s issue.** (21)

The human rights claim is controversial among practitioners but is widely accepted by Western governments and academia. SOC 8 contains more controversial content. It endorses medical treatment of minors without specifying minimum age restrictions; it removed a chapter on “ethics” from the document; and it acknowledged “Eunuch” as one of the novel, non-binary genders. A eunuch is a castrated human male. If a child is born with a gender identity, which WPATH claims, then boys could be “born as eunuchs” – a very disturbing notion that should raise alarm bells everywhere. These developments indicate that the interests of trans-activists and medical practitioners specialising in and profiting from transgender care influenced the recommendations of SOC8. Documents leaked to Michael Schellenberger about WPATH, written up in the “WPATH Files” by Mia Hughes evidence questionable practices of WPATH. (22) (23)

WPATH has branches all over the world. An Irish branch was launched in 2024, calling itself the Professional Association for Transgender Health Ireland (PATHI). PATHI lobbies for the adoption of the Irish Health Services of the recommendations of SOC8. The previous government’s programme for government commitment on trans care stated that it would follow WPATH standards of care for trans health. The

current programme for government states that it will follow an evidence-based approach.

Children's Gender Services in Ireland

Although Ireland has so far not had a dedicated gender service for children and young people, Ireland began referring young people who were questioning their gender identity to the Tavistock Clinic in the UK in 2012. These referrals were made under the Treatment Abroad Scheme (TAS), which allows Irish patients to access specialist healthcare not available domestically. Between 2012 and 2021, over 230 Irish children and young people were referred to Tavistock for psychological assessment and support related to gender identity issues. The youngest Irish child referred to the Tavistock GIDS was four years old. (24)

Ireland's formal referral arrangement to the Tavistock Clinic for trans-questioning youth began to wind down in January 2021, when referrals were halted. This marked a significant shift, as Tavistock had been the primary destination for Irish children and adolescents seeking psychological assessment related to gender identity.

The Tavistock clinic was closed Spring 2023, following the Cass report and a review by the Care Quality Commission. The Cass review found that some Tavistock staff felt "under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters."

Although **233 referrals** were made from Ireland to Tavistock between 2012 and 2021, the actual number of children who received puberty blockers was very limited. According to the Health Service Executive (HSE) in Ireland, **fewer than ten Irish children** were prescribed puberty blockers. This is partly because Tavistock itself did not prescribe the medication; instead, Irish consultants made those decisions based on Tavistock's assessments.

In Ireland, only CAMHS (Child and Adolescent Mental Health Services) could refer children/young people to the Tavistock GIDS. If a parent went to a GP or a therapist because of their child's gender distress, the GP referred this child to CAMHS. Members of the Tavistock GIDS travelled to Crumlin Hospital about four times per year, to see their young patients there. This was part of a collaborative arrangement that allowed Irish families to access specialist gender identity care without having to travel to London. However, concerns were later raised by Irish doctors about the safety of the service, particularly regarding the prescription of puberty blockers. These concerns were reportedly **suppressed by the HSE**, according to media reports. (25)

'CAMHS trusted the Tavistock staff to correctly assess the needs of children with gender-identity-disorder, but it was not clear to us what criteria they based this on. We feared that having his puberty blocked might have serious consequences for that child. Our worry was that if he was put on puberty blockers, he would come back to us at a later time and ask us how we could let this happen to him.'

Retired social worker, Ireland

Following the closure of the Tavistock Clinic and the publication of the **Cass Review**, Ireland is now in the process of **reforming its gender identity healthcare services** for children and adolescents.

- **Referrals to Tavistock have ceased**, and some Irish families have been notified about an alternative service in **Antwerp, Belgium**.
- The **National Gender Service (NGS)** in Ireland has expressed concerns about the Antwerp arrangement and has reported these to the **Health Information Quality Authority (HIQA)**. (26) (27)
- The **HSE has committed to developing a new clinical programme** for gender healthcare, though progress has been slow. A consultant psychiatrist post to lead this service was advertised over a year ago but remains unfilled.
- The Cass Review has prompted calls for Ireland to **adopt a more evidence-based model**, with some experts recommending the **Finnish and Swedish guidelines** over the previously used WPATH standard. (26) (27)

With regards to medical interventions for gender questioning youths, Ireland has demonstrated more caution than many other countries such as the UK, Germany, and the US. However, some families possibly availed and still avail of medical interventions for their children abroad, without CAMHS involvement. We know of cases where young people socially transitioned as minors in Ireland and went abroad to avail of cross sex hormone treatment and/or surgeries as soon as they were 18 years old.

Despite the considerable influence of transgender organisations, we do not know of any case where a school had affirmed a child's preferred gender and changed the child's name without parents' knowledge and consent – although this is recommended by transgender organisations and activists. In that regard, Irish schools appear to be more hesitant to violate parents' rights than schools in the US and the UK, for example.

The cautious approach of public servants in responsible positions to gender questioning youths and children is a positive aspect of the situation in Ireland, however, many young people have found ways to get hormones on the internet. This has become a wide-spread practice, which is extremely high risk. The clandestine internet purchase of drugs is inherently dangerous, but even if they work as intended, synthetic cross sex hormones are harmful. They have many serious side effects including infertility, as well as atrophy of a person's reproductive organs as well as early onset menopause.

Testosterone has a very powerful effect on the female body. It can cause the voice to drop within a very short period. It can also trigger hair loss if a female is carrying the gene for male pattern baldness. These effects are irreversible. These women and girls are essentially taking an anabolic steroid, a performance enhancer, thus they will likely feel temporarily euphoric and thus confirm in their minds that they are indeed trans.

The Cass review and other studies revealed that many of the young people who were gender-distressed and sought treatment were autistic or had ADHD, others were children in care or had trauma, and many were in treatment with CAMHS about

other mental health issues. The affirmative approach says that their distress was caused by minority stress and the denial of their true self. This approach prevents young people/children from being helped with their underlying issues.

'Although I believed I was trans, a psychologist affirming this was extremely important to me and proved that I was really trans and that I was right. Because I am autistic, I really depend on professionals to confirm what I feel is right or wrong. My plan for these meeting was to get the professionals to make my parents believe that I was trans. I was surprised by how easy it was. I told her I was trans, and she asked me my name and pronouns without hesitation'.

'She never asked me why I thought I was a boy but believed everything I said, and she told my parents to use my new name and pronouns.'

Female, age 13, who attended CAHMS

Growing numbers of detransitioners – young people who medically and/or surgically transitioned medically but no longer identify as trans – tell us that this is exactly what happened to them. They needed treatment for mental health issues but focus of the gender clinic or therapist was only on the gender distress. They were too young to understand the long-term effects of the hormonal and surgical interventions they received. Many of them will be patients for life or have permanent compromised health. In Ireland too, detransitioners are starting to come forward to tell their stories.

The experience of desistors, young people who identified as trans or non-binary and wished to transition but changed who their minds before they had medical interventions, also confirm that affirming young people in their preferred gender is not a helpful approach. It is extremely difficult for them to admit that they changed their minds, when the adults they depend on have believed without question and have actively supported them in their gender identity. Their stories are also evidence that allowing young people to go through puberty resolves the gender distress for most.

Medical affirmation carries a high price for young, healthy children even if considered by affirmers as being 'successful'. They will become lifelong medical patients. It reduces their "dating pool" considerably. They are likely to become infertile. They will come into conflict with people who do not affirm them

Because LGBT organisations continue to have the ear of the government regarding the policies and legislation in respect of 'trans rights' uncertainty remains about the future treatment of "trans-children" in Ireland.

The Impact of Having Trans-identifying Parents

Young people all over the world are getting caught up in the idea that the distress they experience could be due to their gender identity. The same is true for adults to a lesser extent. There are as many reasons for people to decide to be transgender as there are "transgender people, and just as many different needs transitioning is supposed to meet, but sexologists and others have observed a few distinct categories of people who identify as "trans". Because this is a complex area that is

not necessarily relevant to our subject it is beyond the scope of this document to examine this area too deeply. The examples here have been chosen as ones that impact greatly on children, and not all trans-identified people fit these descriptions.

The Heterosexual Trans Father

Heterosexual men are a larger cohort among trans-identified men than homosexual men. This has not changed over the last hundred years. For many heterosexual men, the drive behind the desire to transition is their attraction to the *idea* of themselves as a woman. Ray Blanchard, an American Canadian sexologist, termed this “autogynophilia”, from Greek, which translates into “the love of oneself as a woman” in his 1990 book “*Clinical Management of Gender Identity Disorders in Children and Adults*”. (28) Trans organisations deny that this category exists, however there are trans-identified men who say that they match the typology Blanchard describes.

The “classic” situation, known for decades, is that a heterosexual married man, often a father of children, declares himself to be trans in his middle-age. Before the possibility of transition became more widely available, these men would have been the classic cross-dressers. People will know some celebrities in this category, like Katelyn Jenner. In most of those cases, the father’s “coming out” has a huge impact on the whole family. It is a devastating event for most families who experience it. Most marriages don’t survive it. Marital conflict, separation and divorce are always distressing for children but to experience your father claiming that he is a woman, taking on a new name and dressing as a woman, is an extra heavy burden to carry for a child/young person. It evokes a whole plethora of strong emotions: confusion, fear, embarrassment, loss, grief, anger, and more. Children of trans-identified parents report all those emotions. They describe how they were asked to affirm their Dad, to support him and to pretend that they were fine with him “living as a woman”.

The children feel that they have lost their father. They have to be loyal to him; they love him and want his attention. Sometimes children are given the message that their father only loves them if they support his transition. Often fathers come out as trans when their daughter is starting puberty. It is very disturbing for a young girl to have their father presenting as a woman. It is also highly embarrassing. Sometimes, children are used as a prop for the man to “pass” better in public.

The children are told by their trans-identified father that nothing will change, and they will always stay their Dad – but this promise is often broken after some time. Their father is upset when he does not get Mother’s Day cards, he wants to be called Mum, etc.

Men who are so driven that they break up the family over their need to present as a woman are not putting the needs of their children first. To acknowledge that his children are suffering because he felt the need to transition would shatter his illusion that his children are happy for him, that it does not matter to them whether he is a man or woman, because they really loved him! The children want their father to be happy; they want to please him. They have no choice but to play along, although

most of them are unhappy about their father's transition. These scenarios have been described by children of trans-identifying fathers in confidence.

There are very few children of trans-parents who come forward to tell their story, because this is an extremely difficult thing to do. Emma Thomas, the daughter of one such man, has come forward to talk about her experiences. (29)

The wives and partners of these men don't like to go public either; often because they want to protect their children but some do speak publicly. They describe their husbands as having a compulsive personality, often of a sexual nature, having some mental health issues, and as being manipulating and controlling. They also talk about how their children are affected by their father's transition. (30)

Fathers Who Wish to "Breastfeed"

Some men are aroused by imagining they have a woman's body and have a strong urge to experience menstruation, pregnancy, and breastfeeding. These men are the most adamant that they are actually women; some even claim to menstruate.

Over the last few years there have been men who identify as women and wish to "co-nurse" their baby. The desire to "breast-feed" a baby is not based on the needs of the baby but on his desire to experience "nursing" a child. This desire is most likely of a sexual nature or has at least a sexual aspect to it. The issue of autogynophilia is very contentious and controversial. And yet, in some jurisdictions, health services advise prescribing medication such as Domperidone (31) to trans-identifying men in order to induce "lactation". There is no comprehensive analysis on what the fluid is that is secreted by these men, nor the impact it might have on an infant.

Ireland does not gather statistics on transgender parents, everybody who is "transgender" is recorded according to their gender identity, not their sex. Therefore, we don't know how many men, if any, are "breastfeeding" their babies in Ireland. The fact that Domperidone it can be prescribed off-label in Ireland indicates that there may be men in Ireland doing just that. La Leche League, a well-established breastfeeding support organisation with branches in many countries, includes men who identify as women in their breastfeeding support groups, at least in the UK and in the US. The website of the Irish La Leche League does not mention male lactation but La Leche League International published the document titled **"Support for Transgender & Non-binary Parents"**. (32) Marian Tompson, one of the La Leche League co-founders, subsequently resigned over the issue, citing child protection concerns.

Encouraging men to use a drug that induces a secretion from their nipples, which is not even experimental (just as with the use of puberty blockers on children, nobody knows what the effect of this has on the baby) benefits only the man. It has nothing to do with the needs of a baby, or support for the (real) mother. The mother-baby dyad is most important for the baby's wellbeing. Milk production in a breastfeeding mother is directly connected with the feeding of the baby and must not be interfered with for it to work best. In fact, mothers who have problems with milk flow and are prescribed Domperidone are advised to only take it for a very short time because its

effect on the baby is not known. It is incomprehensible how health services can justify giving drugs to men to help them pretend that their illusion of being a woman is real to the detriment of a baby.

Mothers who Transition

The explosion of mostly teenage girls who transitioned over the last decade are the first large cohort of “transmen”, with many factors driving this rapid increase. Some are heterosexual and are romantically and sexually interested in men. Some of these women are getting pregnant and giving birth. The children of mothers who identify as men would still be fairly young, so we have no account yet of their children’s experiences. There are no statistics in Ireland about the gender identity of mothers in Ireland but there are anecdotes of women who identify as trans or non-binary giving birth.

Most women who identify as transgender do two things to live as a man: they take testosterone and have double mastectomies. Some of them were unaware they could become pregnant, either because they believe their medications prevent this or because they believe they have become men and therefore cannot. The HSE recommends testosterone treatment be halted during pregnancy because it interferes with fetal development, especially the development of genitals, but there are no official guidelines.

Of course, mastectomy is an irreversible surgery, so it becomes impossible for these women to breastfeed. Breast milk is the best nourishment for babies and enhances the bonding between mother and child. Although Ireland has extremely low breastfeeding rates compared with other countries, many women do wish to breastfeed. A mother may be not able to breastfeed for any number of reasons and this can bring great distress. A mother not being able to breastfeed because she identified as a man and was very distressed about having breasts is a new phenomenon. Detransitioner Prisha Mosely has discussed the physical and emotional impacts on her of having had a double mastectomy because of transgender identity. (33)

Being pregnant and giving birth is the most exclusively female, womanly thing to do. We don’t know how dysphoric trans-identified mothers feel about pregnancy, birth, their babies, and how they bond with their babies. This is a concern because these are enormously important factors in the development of a baby.

Growing up with a mother who identifies as a man, and presents as a man, must also be confusing. Internationally, there are reports that mothers who identify as men demand to be named as their child’s father on the birth certificate. Trans activists are campaigning for “transwomen” (i.e. males) to be identified on the birth certificate as mothers and “transmen” (i.e. females) as fathers. This indicates that at least some trans-identified mothers reject the fact that they are the ones who carried and gave birth to their baby.

The phenomenon of the “transman mother” symbolises in the most immediate way that the categories male and female, man and women, father and mother are core

building blocks of human procreation, societies and families. No matter what ideas we have in our heads, and what our hearts desire, we are mammals. Our bodies, our beings, have specific roles we must fulfil for our children. Children have a right to know who their mother is and who their father is.

Part Four: Conclusions

Ten years of the GRA in Ireland and the concerted effort by the state to force gender ideology on the Irish population has harmed Irish children.

Although these changes cannot all be laid at the door of the GRA, as many of the developments were already in motion prior to this legislation being passed and may have come to pass without it, the fact that such a law was introduced made the claims of trans activists a legal reality in Ireland. **They successfully introduced the idea that “it is a human right to have one’s gender identity acknowledged by the state”. The mantra “transwomen are women and transmen are men!” is officially true.** In other words, the Irish state has adopted gender ideology. The state was then, and is now, completely invested in LGBT+ inclusion policies, which are mostly about “trans”.

LGBTQI+ organisations, most prominently TENI and BelongTo, assumed the role of being unquestionable experts on the subject of “transpeople” and especially so called “trans children”. Their views on what “trans” is, how “transpeople” need to be supported and how everybody else has accommodate their wishes, are treated as gospel. Gender ideology has become mandatory in Ireland.

Children are coerced into this belief through the policies, strategies and guidelines presented here, the most insidious of which is the Cineáltas Strategy on Bullying from the Department of Education for primary and secondary schools.

Neither state nor school should have the right to compel anybody to believe something. It is not democratic, it is not constitutional, it is morally wrong, and it is abusive to children.

Gender identity belief or gender ideology is based on a falsehood, a lie that denies the fundamental reality of what it is to be human. There are few facts so basic, observable, and true as the fact that that humans come in two versions: male and female. We know what their roles are in procreation and that sex is important.

Gender ideology denies the fact that this is extremely important for humans, families, and children. It denies all we know about human development but insists that the made-up story that humans have a gender identity which determines whether a person is male or female, a man or a woman, a father or a mother is a fact.

Every basic understanding of life is turned on its head by this ideology. We are asked to pretend somebody we clearly identify as male is female, and vice versa.

We are asked to pretend that some people are so different, and beyond reproach that they do not have to adhere to basic rules, and that their needs and wishes come before everybody else’s.

Child safeguarding principles suddenly do not apply when the word “trans” is involved. Neither children who identify as trans, nor all other children, are being kept

safe. Parents are under suspicion by the trans experts that they harm their own so called “trans child” when they don’t agree to affirm a child’s declared gender identity. Parents are expected to surrender their rights and authority over their children to the trans experts. Children are asked to do all of this too, in schools, youth groups, sports clubs....

Young people are harmed when they are told that they can change sex, and that changing sex will resolve their distress. They are told on the one hand that they are the most vulnerable and marginalised group of all, and on the other hand they are so special that they have the right to tell everybody how to address them, what pronouns to use for them, to accept them in the toilets, changing rooms, bedrooms, sports, etc of their choice. They have the right to decide who is allowed to know their new identity and who is not, and if they change their mind the next day, everybody has to accommodate them again. Worst of all is that they are told that everybody who does not pander to their wishes is their enemy and wants to harm them.

These messages are not conducive to their emotional/social development, nor to their mental health because their distress will not resolve. Most people will not accommodate them and “living as their preferred gender” can never make them the opposite sex, both sexes or none. Their wellbeing will depend on validation from other people.

Transgender Ideology is destructive and not sustainable because it is based on a lie! The GRA should not be used to implement it.

References

1. <https://assets.gov.ie/static/documents/annual-report-for-2023-under-section-6-of-the-gender-recognition-act-2015.pdf>
2. <https://ncca.ie/en/junior-cycle/curriculum-developments/social-personal-and-health-education-sphe/>
3. <https://ncca.ie/en/senior-cycle/curriculum-developments/senior-cycle-social-personal-and-health-education-sphe/>
4. https://www.belongto.org/app/uploads/2023/08/BelongTo_NCCA_JC_SPHE.pdf
5. <https://assets.gov.ie/static/documents/lgbti-national-youth-strategy-2018-2020-d1c7c22c-bb07-49d1-a710-28857da06b11.pdf>
6. <https://assets.gov.ie/24762/729f5d8906184a6a8c4be0c5e2a349dd.pdf>
7. <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cas.s.independent-review.uk/home/publications/final-report/>
8. <https://assets.gov.ie/24459/9355b474de34447cb9a55261542a39cf.pdf>
9. https://assets.gov.ie/static/documents/National_LGBTIQ_Inclusion_Strategy_II_2024-2028.pdf
10. <https://www.gov.ie/en/department-of-education/publications/cine%a1ltas-action-plan-on-bullying/>
11. <https://teni.ie/wp-content/uploads/2019/07/Transforming-the-Classroom.pdf>
12. <https://teni.ie/qr/>
13. <https://www.belongto.org/support-for-someone-else/at-school/post-primary/lgbtq-quality-mark/>
14. <https://www.belongto.org/app/uploads/2025/04/Belongto-Strategic-Plan-2025-2027-SCREEN.pdf>
15. <https://debunkingthemyths.ie/resources/sexuality-and-gender/the-genderbread-person/>
16. <https://www.thejournal.ie/readme/tavistock-cass-report-ireland-6356357-Apr2024/>
17. <https://www.independent.ie/irish-news/lesbian-activist-raises-concerns-about-belong-to-youth-meetings/a319171930.html>
18. <https://www.irelandscouts.ie/wp-content/uploads/2022/12/All-Sections-LGBTQIA-Newsletter.pdf>

19. <https://irishgirlguides.ie/wp-content/uploads/2024/02/IGG-Equality-and-Inclusion-Policy-2025.pdf>
20. <https://genspect.org/international/genspect-ireland/>
21. https://www.researchgate.net/publication/254366000_Standards_of_Care_for_the_Health_of_Transsexual_Transgender_and_Gender-Nonconforming_People_Version_7
22. <https://wpath.org/publications/soc8/>
23. <https://environmentalprogress.org/big-news/wpath-files>
24. <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/review-of-the-implications-of-the-cass-report-for-the-provision-of-gender-identity-services-for-children-and-young-people-in-irela>
25. <https://www.irishtimes.com/health/2025/04/13/doctors-initiate-legal-action-over-states-transgender-policy/>
26. <https://segm.org/Swedish-2022-trans-guidelines-youth-experimental>
27. https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
28. Blanchard, R., & Steiner, B. W. (Eds.). *Clinical management of gender identity disorders in children and adults*. s.l. : American Psychiatric Association., 1990
29. https://www.youtube.com/watch?v=gErmpY9REXQ&ab_channel=IncitefulSisters
30. <https://assets.gov.ie/static/documents/annual-report-for-2023-under-section-6-of-the-gender-recognition-act-2015.pdf>
31. <https://assets.hpra.ie/products/Human/26524/dddae962-ec47-4334-beaf-a4cb381a7140.pdf>
32. <https://illi.org/breastfeeding-info/transgender-non-binary-parents/>
33. <https://www.independentwomen.com/2024/06/26/identity-crisis-iwf-brings-to-life-prisha-mosleys-painful-pregnancy-journey-after-detransitioning/>

Appendix A: The Impact of the GRA on Real People

Luke's Story

This is the story of Luke, who was a little girl wanting to be a boy and what happened to her.

Cousin's school friend was a girl and now a boy

I've always wished I was born a boy. Boys have short hair and they can go shirtless on the beach and they have better clothing options. They also get to play rough and tumble play more than girls and if I was a boy I could have to shave like da.

My discomfort of being a girl grew a lot when I began secondary school and I started to hear women are treated badly and are abused by men, and that men make more money. I did not want to be seen as a weak and vulnerable woman. I remember when I first heard that it is possible to change sex.

I came home from school one day and my aunt and mom were in the kitchen talking. I said hello and went up to get changed. I came down and mom handed me dinner. My aunt started explaining there is a kid in Saoirse's class that was a girl and is now a boy. I stopped eating and asked "what? How?"

Turning to the side to face me so her back was to the wall. "I'm not sure, he was a girl and now is a boy" she states again. I ask again in deep curiosity. "But biologically, how does that work?" struggling to wrap my head around how you could possibly reduce breast growth and produce sperm. She answered "I honestly don't understand it myself. Saoirse just said it to me after school the other day."

I deeply struggle to imagine how this is possible. I eventually think to myself this must be some sort of condition he or she has that I clearly don't have as I've developed normally as a female and forgot about it after a day or two.

Socialising in LGBT organisations

At age 15 I decided to go online and see if I could find Gay groups in Dublin to find gay friends. I found BelongTo youth services. At the top it said "LGBT support groups". I asked my mom what the T was. She didn't know. So we Googled it. I click on "What is the T". I didn't get far in the paragraph before my stomach filled with relief. "THIS WAS IT!" I thought to myself, I realised I didn't have to live in secret after the age of 18. Mom didn't know anything about this. But it turned out there was another organisation "TENI" who had a parent and child support weekend away in November annually. "TENI" stands for Trans Equality Network Ireland. Mom said, "I'm not saying you're not, but we will look into this and find out more first, you're not doing anything medical until you're 18." Which was fine with me. I was waiting to change my legal name and get surgery then anyway. But this meant I didn't have to live in secret after 18. I could be open with my family. "I'll be safer as a man, I'll make more money, and people in the street won't view me as vulnerable and someone who can be assaulted"

I joined an LGBT youth group run by Belong to in the hope to find a partner. They had a Sunday group for ages 14-24 which changed to 14-18 a couple of years later. They had an Over-18s group on a Tuesday, and on Wednesday group called "Individuality" for trans and non-binary people ages 14-24 and Ladybirds for transwoman, lesbians and non-binary people. My first group was on Sunday. We talked about how LGBT people are still not accepted, and what should be done about it. People mentioned transgenderism should be explained in schools. I understood where they were coming from. It would gain more acceptance and a

chance for other people to know what it would be like if they were trans. But part of me thought this would be a bad idea. The more people who know about transgenderism the more likely they are going to learn to be able to tell a transman from a cis man. People will know your sex. Since most people are not aware of transmen now it's easier to pass. Telling people about trans - that's how you would ruin the whole thing. The whole point of coming out as trans is to appear as the opposite sex, I thought.

In the group, we spent time talking about where to get binders how to hide them from parents, and about some Facebook groups online offer binders donated by "transmen who had their breasts removed and no longer needed them." (Binders are breast-binders used by "transmen". They are extremely tight, strong garments that flatten the chest. They restrict breathing, are painful to wear and can cause damage to the ribcage.)

We also talked about the types of packers (packers are used by "transmen" to "pack" material in the underwear to make it look like they have male genitalia) and where you could get them, and how you can make them yourself. This became dangerous. One day I was sitting in science class and felt something sharp at my urethra. I didn't want to miss class, but I could be seriously harmed, so I looked at my SNA and back at my teacher before asking to go to the toilet and thankfully the teacher said yes. That was a relief because sometimes teachers tell you to wait till the bell goes. I removed the safety pin that came loose from the home-made packer. Thankfully, I was not harmed.

We learned about tucking for transwoman, and how they could make their own tucker at home if you could not buy them, and about STPs (stand to pee devices). Coming out if you have transphobic parents was also talked about a lot.

BelongTo warned us multiple times not to swap binders in the BelongTo space as they don't promote binding because it's dangerous. They said that you can swap binders after the group when you leave the building. If something went wrong and you got the binder from someone in BelongTo they could get into legal trouble.

The other trans people further along the transition pathway than me, explained how everything would be better if we got rid of gendered spaces and how same-sex schools were not good for trans people. They said that you get to wear girls or boys' uniform, and people don't assume you're a boy if you are male when you go to a mixed-sex school. There's no segregation.

Started in mixed school

In BelongTo everyone said non-gendered spaces were better for trans people. So, I moved to a mixed secondary school. I went in as a male student. The other students didn't know.

The boys' toilets were awful. I needed to hold my breath as I entered it smelled that bad.

Managing menstruation hygiene in the boys' toilet was difficult. Mom put crisps into my lunch box one day. It was handy as I realised how I could change my pad in school. I would have to wait to go during class time. Teachers don't like students going during class, but they are female teachers so I'm sure they will understand. I ask in class to use the toilet. "Give me your journal please?" "You should have gone during break time"

"Seriously?" I say. I've never had a note before. I'd love to see her going into the boys' toilets during break time trying to not make any noise as she strips off a pad and wraps it up whilst trying to think up a way to dispose of it.

I take my journal back. When I'm in sixth year next year I will be allowed go to the shopping centre to use the toilet at lunch.

I take the crisp packet out of my pocket. I can put the pad in the empty crisp packet and when I put it in the bin in the corridor it won't look weird. Mom won't allow me crisps every day. You can see through the clingfilm that sandwiches are wrapped in. Plus, if I get five notes in my journal I will get a detention. I promised myself I'll never sit a detention. I've nearly completed that goal. I can't break it now.

No one told me I would be more self-conscious with males younger than me who were taller, broken voices, facial hair. I was so used to being treated as male before I think I now had a small reality check. But adults always say, "you can be whatever you want to be". Now I understand how much I needed those hormones. I just had to get through two more years.

I tried out for the basketball team. I've never felt so unfit in my life. I've been playing basketball twice a week for seven years with a good strict but fair coach, yet at age 17 I am trying out with 14-year-olds, I could just keep up with. I was sprinting on the court as fast as my legs could carry me. "He's bloody fast," I said quietly. I mean the red-haired girl on my last team I couldn't catch very regularly. But at least I could maybe catch her on the net. Up and down up and down the court. This is ridiculous as I said to myself. He shoots and scores. I'm not even playing basketball. As I'm just chasing him up and down the court. As soon as I catch him, I can't focus on snatching the ball from him. I must focus on keeping up. It's the third sprint up the court. I must control my breath. I've never been out of breath like this. I can feel my binder compressing my ribs as I inhale and exhale. I sprint one last time, forget the defence and the ball, I think. Just keep up with him. And slow your breath. Take a breath in for 5, and out for 10. That's too much. Okay. In for 3 and out for 6. In for 3 and out for 6. And we are up at the net once again.

My legs are starting to ache after three lengths of the court. I've to focus my mind off the ball and on the boy I was marking to look after my breath.

The teacher took me off after a quarter of the game. He said I did well. I normally play half time. Sometimes even three-quarters of a game.

I went into a separate changing room and all I had was a change of top. I've never had a soaked binder before. I mean this was soaked at the back right through too. My bras never even used to get that soaked. I just had to go home in wet clothes and shower later.

I quit basketball that day and started attending another Wednesday meeting in BelongTo instead.

Individuality and changes to child protection laws

I continued to attend the Individuality Youth Group ran by BelongTo. One day in the summer of 2017 I knew I had different views to most Trans people, due to my gender dysphoria experiences. I was soon to discover this was my day that I'd be exposing my thoughts.

That day, we were informed by the youth worker that we had a chance to possibly change the laws for the future of Trans youths. And that our voices will be heard in government.

The question was something like "what can we do to make it safer for transgender young people in day-to-day life?"

I don't remember much what changes we asked for on this day apart from two points:

- That minors should be allowed to change their birth cert.
- That changes to child protection policies should be made.

Another peer educator mentioned that if a child's parent isn't affirming or using the correct pronouns and name the child should be able to ring a helpline to have government services take the child from the family.

I was NOT okay with this. I asked calmly as the youth worker said "okay" and began to write on the board. "Hang on, what are the steps leading up to this move? How long are you giving the parent to practice the new pronouns and name?" The young person answered: "it doesn't matter, if after a year they are still not doing it it's transphobic"

I got very agitated. And mentioned, "well my mom has epilepsy, and her memory is not 100% at times and she can slip up". I was told "that's a different circumstance." I then said. "Okay well I was born with FVSD and myself and my mom both nearly died. So, my mom chose my birth name with a very special reason behind it. This still 19 years later gives her trauma around my birthday. She calls me Luke, and she calls me male pronouns but sometimes it is very hard for her. And it's not just a transition for the person; it's a transition for the family"

I was contradicted again with "again that's a special circumstance". I interrupted "okay so we don't know what's going on in people's lives, if we're putting this in law. I'd like to discuss exactly what the criteria is for the child's removal from the parents because parents not using the correct name and pronouns is not a good enough criterion. For example, are we going to say 'a parent with epilepsy has an extension period?' If so, how long? And does that mean any parents with no disabilities will have their child taken by the state?"

The discussion with the youth worker got very heated. I went back and forth as the youth worker stood back and watched as 19- and 17-year-olds have this discussion.

The second issue was birth certs. I argued "By changing birth certs legally it may be harder for adopted people to find their parents, for example in a case where an adopted child had a hereditary medical condition, or a birth cert is going to say female when it's actually the father for example. Your birth cert is an important document for your child, not just for you."

You're also erasing your Trans identity by changing birth certificates. I will never change my birth certificate

I'd like my sex and my gender recognised in law. Since I've changed my gender legally, I only have my birth certificate to recognise my sex.

What if I need to use a female space someday? I'd like to be able to have a female doctor for certain things.

I was confronted with someone stating "you still can" I argued back "not necessarily. What if the doctor is Trans. Then I'm affecting her Trans right to be seen as a woman if she's a transwoman. Then she gets less patients potentially. And we as a society want to equalise the gender balance in all areas. What if some people want a male man or a female woman as a doctor If the patient is trans and the doctor is trans? Whose trans rights come first?"

There was a silence and people huffed and eyeballed each other. No one in the room was agreeing with me. The woman on work experience from Maynooth whispered to me. "I get your point and well done for saying it."

I get the whole thing of young people taking the lead and the youth workers facilitate. But why couldn't she have said something to the youth worker at least?

Jordan Peterson 2018

As I scrolled through YouTube lying in bed one evening I came across someone called Jordan Peterson speaking about pronouns and free speech. I clicked on it. As I listened, I thought he had good points that seemed reasonable, but the transman debating him and the non-binary person had awful debating points. This Peterson guy had my interest.

I scrolled down and clicked on another one of his interviews.

And in that video, he just demolished every talking point I have ever heard growing up in my school. Why do my teachers and friends put women in history down so much? They are woman themselves for God's sake. I thought.

I had social reasons and physical reasons for changing my gender.

- To prevent men from fancying me.
- To attract women.
- To be physically safer.
- I'd make more money if I was a man.
- Life would be better.
- So people wouldn't think I could be raped and impregnated.
- So people on the street wouldn't think I'm weak and could be abused.

I remember looking around at the other girls thinking they were all eegits.

Homosexuality is accepted and legal now. Why put yourself through abusive relationships with men when you could date women and be safe?

Jordan started explaining that most people who die in wars are men, most people who die from suicide are men, most men back in history were not politicians or people in nice offices. They were out building our sewage systems, our buildings and heating systems when women were in damp cold conditions in the home with children. Men and women struggled and worked well together for survival for the most part.

I still had my gender dysphoria and physical reasons to transition so I think this was still the right choice for me. But it would have been nicer for me to have been taught this story of history than the one I learned in school. Also, I've had surgery and started hormones so I can't go back. I wish I had been shown this perspective in school.

Gender inclusive training

As an adult, I transitioned medically through taking hormones and legally through getting a gender recognition certificate, and I worked in a school setting.

Through work, I went to this training for a long-term study with UCD on Gender bullying. This study was mostly statistics recorded on student's opinions in this school. Staff members were interested to hear the study showed that girls are more reserved and care more about what others think and want to fit in more with the boys.

I thought this were just common hormonal differences. This training turned out to be a turning point in my own gender development awakening. As I heard voices around me comment "Women still can't access the same opportunities as men", a colleague stated. My heart rate seemed to rise. I thought, I'm an adult now in a professional environment. I take deep breaths. I can't be having panic attacks anymore. I hear

another voice behind me “woman make less money than men”. I say to myself. “She has her right to think that. That’s her right to free speech Luke. She’s right when you look at the large picture and not the fine detail”. I had to step out of the room and go for a walk around the corridors.

As I come back in, I sit down and the conversation is still going on. “Woman have so much pressure. Men should take more responsibility around the house. There’s so much pressure on girls to have a family at a young age compared to boys”

I calm myself again by thinking. “That’s because woman hit menopause. This can’t be changed. It’s just a fact of Mother Nature.” I then ask myself as my heart races once again. And my stomach begins to turn in fear. “What exactly is happening right now? Use this as an opportunity to grow.”

Well I’m hearing a repeat of everything that was said to me as a young girl in school. Which pushed me to create Luke. I have to step outside. I’m going to have a panic attack.

I lean against the lockers outside. Thankfully there are no students in school today. Those people just have different beliefs than you. They have a right to believe what they believe. I have to be okay with that. What’s happening right now? I notice these are all woman I am listening to. Maybe it’s not men I have a fear of. Its woman. What’s so frightening about woman? Not all women think like this. These people you work with mean you no harm. They haven’t a clue about what is happening. I don’t know their lives. They may have gone through something that has led them to believe this. Who am I to judge?

I then figure; I had to sit down on the floor and let the panic attack happen. As I start crying and shaking, I realise for the first time, it’s not men or women, I fear. It’s feminist Ideology. That’s what I need Luke for. To protect myself from women who hold feminist Ideology. Women install the fear, and men are the thing to fear. The hard part is I can’t see someone’s Ideology. So, I don’t know when and where I can take Luke off and when I need him.

I have the realisation that behind Luke I’m still that frightened 15-year-old. But If I make this transition out of Luke, I’m no longer 15, I’m 25. I’ve lived as Luke half my life. This is so terrifying. Will I dare step away from him? It’s like waking up from a 10-year sleep. I recover from the panic attack and have a rotten headache for the rest of the day.

I believe this study will produce evidence that promotes equality of outcome instead of equality of opportunity.

History teacher apologising for me and my male descendants

My first day in a new job. I walk into a history class as I kneel down to ask my student something, I hear the teacher say: “myself, and I’m sure Mr Kane, will agree that we are both very, very sorry about how men have historically treated women”. I was horrified at this statement. Thank God I was speaking with a student. What would I have said? As he smiled waiting for my response, my student answered me, and I heard another female voice from across the classroom “you should be”. Part of me wanted to scream, I’m actually a woman and thanks to your feminist Ideology, I must disguise myself from women who hold it and prevent men assaulting me. I keep smiling as I say “that’s no problem” to my student, smiling before I stand up and walk out. “How dare he?” I thought as I descended down the stairs. Everyone thinks I’m a man with all these awful ideas attached to me. I should have come into this job as a woman.

Is detransition the same as transition and how do I do it?

I'm currently debating whether to detransition. I'm trying to figure out how. How do you detransition if you're gender non-conforming? I can't do anything physically as I'm off all hormones five years. Lots of lesbians wear men's clothes. So that doesn't make me trans or detrans. When I'm shaved and wearing more feminine clothes, I still look like a man to those who are not in the gender critical world. I've tested going into woman's spaces and I'm amazed the amount of regular people don't know a double mastectomy when they see one. They don't see my feminine curves that oestrogen has given back to me. They just see a man. I will no longer use a male's space as I now feel vulnerable using them. I have read through the gender recognition revoking application. What's the point in revoking? My correct sex on my passport may provide me access to female only spaces. But this doesn't mean I can't access them now the same way as a male in our current law. It may even create complications when traveling. Which leaves me wondering "What's the point in legal detransition? Is detransition playing the same game as transition? Trying to pass when you don't want to change? Or is it simply a state of mind?"

Either way, I believe the public have not realised that they will have women who they believe to be men in women's spaces even after all this is stopped. Is this simply a new world? Or will the public need to learn how to relearn to read biological sex?

Sinead's Story

This is the letter Sinead wrote to the Ombudsman for Children and to the Taoiseach a few years ago, to tell them what happened to her because of the promotion of "transgender theory" as she calls it in her letter.

Dear Ombudsman for Children and An Taoiseach

My name is Sinead, and I am a desistor. I was in the trans community for three years from age 11 until 14. I started to leave the community in August 2021, but it has taken until recently to fully recover and feel happy and relaxed again. This testimony is to describe how I got into the trans community and how I got out of it and how it has affected me and others as far as I know.

I was diagnosed with ADD when I was nine years old. I was diagnosed with Autism in January 2022, but it was obvious to my parents that I was autistic long before this. This neurodivergence makes it hard for me to understand my emotions and it affects the way I perceive my surroundings and people. I had trouble making friends and was bullied so I had low self-esteem and was eager to be liked. When I was 11, I made two new friends. One of them had a porn addiction and talked about dirty things all the time that I did not understand. She started to touch me inappropriately even though I told her to stop but she just pretended it was a joke and said that it was normal. She showed me horrifying images on the internet that frightened me. I started to hate my body and because of my neurodivergence I was already uncomfortable. As an autistic person I always feel a bit disconnected from the world anyway. Now I felt disconnected from my body, and it felt like a disgusting flesh prison, and I could punish or do anything I wanted to it because it wasn't really me.

Around this time my other friend, who is a lesbian, had a much bigger interest in social media than I had and became interested in the trans community and even started identifying as non-binary. She would mention it in conversations like it was just something completely normal and was shocked that I did not know about it. When I heard these definitions of gender identities, I felt it really resonated with how I felt about my body. I went on to YouTube and first found out about trans influencers like JammieDodger and Noah Fince. Before long, I would not go a day without watching them. I felt like they really understood me and not long after I started identifying as non-binary.

The influencers divided the world into trans or cis. They talked constantly about how everyone in the cis world hated trans people and wanted to kill them or beat them up. There were stories about trans people being murdered and attacked but also stories about being misgendered or deadnamed which was presented as horrific violence. Cis people were presented as transphobic and if you were a trans ally, you would always identify yourself as pan sexual, bi-sexual, asexual etc. So, if you were in the LGBTQIA +++ community that was a sign that you were a trans ally. I was taught to be terrified of anyone outside of this trans bubble. I was taught to never look up anything that was transphobic because this would have meant doubting my true authentic self. For example, I believed that J.K. Rowling was a horrific transphobe and wanted me dead.

We were taught to never trust parents even if they affirmed our identities and used our pronouns and true names. We needed our parents in order to get chest binders and hormones so the influencers would tell us what to say and do in order to get what we wanted but otherwise they encouraged us to isolate ourselves and not to tell our parents in case it was unsafe and could put us in danger. Because our parents were Cis, they were dangerous and a threat. I lied to my parents all the time as my perception of them was morphed into thinking that they were abusive. I felt that I was in danger, and I needed to run away but these obsessive thoughts were actually created by listening to the influencers every day and were not my own thoughts.

As time went on my identities kept changing but they were all progressing in the direction of becoming a full transman. By the time I was thirteen I had identified as agender, bi-gender, gender fluid, pan gender, omni gender and there were even more but I have forgotten them all. Finally, I became a demi-boy and soon after a transman which is the destination of all girls if they are in the community long enough. I became gradually more and more miserable, and my body dysphoria got worse. My trans friend was now fully trans like me and had got me into discord servers where I would spend hours talking to strangers in teenage trans chatrooms. They were all miserable even though becoming their true authentic selves was supposed to bring great euphoria.

I can't really remember how it was with my family at this time as I paid them no attention and I hated and distrusted them, and I believed that they were abusive. By the time I was thirteen and a half I started to self-harm by cutting my arm. Sometimes it was because I would get a flashback of my abusive friend and sometimes it was because I felt like I was losing my mind and had no control over my emotions. I had three emotions at this time. I was either scared, angry, or sad. I felt like I was living in a nightmarish dream world where everything was distorted, and nothing made sense, but I couldn't point out why. I was about thirteen and a half at this stage and I finally came out to my Mum as trans.

She did not take me seriously and did not know what I was talking about. She refused to buy me a binder and said that I was just confused, and I needed to get a diagnosis of autism. I believed that everything the influencers had told me was true. She was clearly lying as she obviously knew who the trans community were, and she was a transphobic bigot. Because of the self-harm I had got a few sessions with CAMHs. I was already seeing them to get Ritalin for my ADD but these sessions were to discuss my anxiety.

Although I believed I was trans, a psychologist affirming this was extremely important to me and proved that I was really trans and that I was right. Because I am autistic, I really depend on professionals to confirm what I feel is right or wrong. My plan for these meeting was to get the professionals to make my parents believe that I was trans. I was surprised by how easy it was. I told her I was trans, and she asked me my name and pronouns without hesitation. Before I told her I was trans I told her that I felt like I was going insane, and she replied that that was completely normal, and it was just a bit of anxiety. She never asked me why I thought I was a boy but believed everything I said, and she told my parents to use my new name and pronouns. She

agreed with me that my Mum was aggressive and even though we didn't call her a transphobe it was implied. It was implied that my Mum was old-fashioned and strict and was making me miserable.

After this meeting, my family still refused to use he/him pronouns but did agree to a new name. I kept changing my name and made my family use each one or I would get very upset and try to convince them that they were being disrespectful to my true self. My names changed from James, Elliot, Noah, Jesse and finally Zac. The trans community talked about suicide all the time. They said that trans kids tried to kill themselves all the time because of all the transphobia in the outside world. The only way to prevent killing yourself was to transition as fast as possible. I was afraid of dying and was desperate to avoid suicide. This wasn't just social transitioning. You had to stop puberty and get puberty blockers. And then you had to get your hands on Testosterone. They told me how to buy hormones online or real life. I heard that you could buy them at pride parades. I had a friend who was a trans ally who identified as pansexual and she was going to get me a binder.

By this time, I had no ability to think critically and use my brain which meant I couldn't study or learn in school. My relationship with my family was seriously damaged because I had turned into an angry, selfish, unstable stranger. I cut my hair short, wore three tight sports bras because my mother wouldn't buy me a binder, slouched constantly and had continual back pain and I distorted my memories to fit the new trans narrative of thinking I was a boy since childhood. I believed my own lies and could not communicate with people outside the trans bubble.

I was encouraged to spread the word and persuade other people that they were trans, to realise their "true authentic selves". It was like a cult where there is a need to prove that trans is real by making as many people trans as possible. I would spend hours learning all the language used in the trans community and policing other people online if they said anything transphobic. In real life my friend group were all really into the trans community too and I was very careful to never misgender anyone or say anything that would trigger them. I used they/them pronouns for anyone I didn't know that well just in case. There was constant drama and bullying of anyone who broke the rules.

In July 2021 I went back to CAMHs for a meeting to talk about getting a diagnosis for Autism. My Mum and Dad went as well. My world was completely unreal by this stage, and it was like drifting through a living nightmare. I didn't feel in control of my own actions or even thoughts and it was only the persistent commands from the trans community that made me do anything. I spent most of my time in my room online and even avoided friends. I was completely miserable and on top of that I couldn't stop thinking about the sexual assaults when I was eleven and even the trans train couldn't drown it out anymore. I decided to tell someone in CAMHs what had happened. At the meeting I went off with one of the psychologists and I told her about what had happened when I was eleven. I spent most the time talking about my parents. I didn't know exactly why I was so miserable, so I blamed them, in particular my mother. I said that she was controlling and that she hated me because I was trans. She wouldn't buy me a binder or use my pronouns and wouldn't believe me. I

found it easy to criticise my parents, but I found it almost impossible to talk about the sexual abuse. I managed to choke out a couple of words but that was enough.

When I went back into the meeting room my Mum and Dad and two other psychologists were all there and they were told that I had been sexually assaulted when I was eleven and a meeting was set up the following week to tell them more. Then the talk switched to trans again and my parents were criticised for not affirming me and we all talked about coming out in school which I said was what I wanted. The part of my brain that was controlled by the trans community was delighted that my parents had been told to agree with me. But deep inside I was screaming no.

We had the meeting about the sexual abuse the following week and again the psychologist spent as much time giving out to my parents in front of me for not affirming as she did in talking about the sexual abuse. At the time I didn't question it but now I am wondering why the psychologist did not question me on whether the trauma of the abuse could have made me become disgusted with my body. I think now that a part of my trans journey was an attempt to destroy Sinead and turn her into a different person. Someone who had not been abused.

I heard that CAMHs sent some letters to my parents going on about my trans identity and that they changed my name and pronouns on their system. My Mum went mad when she got the letters and had a fight with CAMHs and sent some letters back and then did a load of research on trans theory. She almost immediately asked everyone to stop using my trans name and also not to start using the new pronouns which they had been about to start doing. She also found me a therapist who she said was more suitable than CAMHs. I was so depressed I didn't even have the energy to fight back. I felt that it was out of my hands, and I couldn't control anything anymore.

In the last few weeks before school started again my Mum talked to me a lot about the sexual abuse. Something similar had happened to her when she was young and so she understood how I felt. We talked a lot about the trans community as well. She had bought a book and looked up stuff on the internet and she asked me to watch a you tube video called "Transkids: It's time to talk" with Stella O'Malley. I was reluctant to watch something so transphobic as I had been trained to avoid anything like that. But I was a small bit curious too. I watched the video and saw all these young people like me who thought that they were trans. From where I was sitting, I thought that they were all mistaken and then I thought about myself and what if I was wrong about myself too? Even though I still believed that I was trans I was not 100% sure anymore. My Mum then told me about what transitioning actually meant with the hormones and surgeries and showed me more videos of people who had got them done. It was clear that you cannot actually change sex, and this was something completely new to me. Maybe it is because I am autistic, but I had believed that you could actually change sex. And then there were the side effects of puberty blockers, testosterone and surgeries which the trans community never talked about.

I went back to school in a confused state of mind. I didn't think I was trans anymore but sometimes I would wonder if I had made a mistake and I was. Facing reality without the crutch of the trans community was a huge shock. My parents had blocked all access to YouTube, TikTok, Discord and a ton of other sites so I now had

nothing to do with the online trans community. But my friends still thought that I was Zac and that I still believed everything about trans theory. One of my friends in particular was treating me like her special project and trying to get me transitioning as fast as possible. She was the one who wanted to buy me a binder as she had lots of money. She was going to buy hair dye for me to dye my hair pink. But worse than that she wouldn't stop talking about suicide and how depressed she was. I became very upset and anxious and as I was seeing the new therapist that my Mum had found I told her that my friend was going to kill herself. I had started self-harming again with the stress of the double life I was leading and also trying to adjust to the fact that the trans community had told me so many lies. I was discovering new lies every day and each time I would remember JamieDodger telling me these lies and how I had completely believed him/her. For example, I was shocked to discover that trans people are not being killed every day and that cis people don't hate them and want them dead. I had been terrified for no good reason.

The self-harming became really bad, and I cut my arm over and over with the blade from a sharpener. My friend had made me so worried, and I could not calm down and I could not stop thinking about suicide. I felt that unless I was checked into a mental hospital, I would have to kill myself to make it stop. I told my therapist how bad I was feeling, and my Mum brought me to the GP and then to the local Childrens' Hospital. We spent five days there and three nights. I saw at least three psychiatrists including the chief child psychiatrist who my Mum said was very good at his job. Most of the days when we were in hospital, we had nothing to do so we went for long walks around the hospital chatting about everything. There wasn't any exact thing wrong with me so I couldn't explain why I was feeling so bad but now I think that the jolt from being pulled out of the warped reality of the trans community back into the real world was the main reason. And also, I think because I had pushed away the trauma from the sexual assaults by becoming trans and now, I was processing it all. I had terrible nightmares every night that made me afraid to go to sleep. I was having panic attacks in school regularly and most days I had to go home early as I found it so stressful to be in the same class as my abuser. I did not do much learning in school this term either and I felt that I was hanging on by a thread.

I was discharged from the Children's Hospital, and an appointment was made to go back to CAMHs which my Mum was very unhappy about. We went back the next week and my Dad came with us. We met a consultant psychiatrist who seemed very angry with me. In the waiting room my parents told him that I wasn't Zac anymore but Sinead. He wanted to see me on my own and I told him all about the sexual abuse, the bullying when I was little, the friend who was pressuring me to transition and talking about suicide all the time and my problems coping because of my autism and ADD. He wasn't interested in any of that but kept calling me Zac and I felt that he was trying to trick me into admitting that I was still trans. I told my Mum this on the way to the car and she was very cross. She wrote a letter asking for a transfer to a different CAMHs unit and I moved to a new CAMHs in January 2022. My Mum got a few appointments with a government agency who deal with sexual abuse cases for children, and they gave advice to my Mum to help me with the PTSD. She also made an appointment with a special autism clinic to get a diagnosis for autism and to get

an educational psychological assessment for school. This happened in January 2022. In the assessment they asked all about gender again and waited until my Mum was out of the room to ask me. It's like you cannot get away from gender anymore and I don't even believe that there is such a thing as gender identity anymore. It all seems so silly.

My Mum talked to the school about getting the abuser moved from my class but in the end the school said that instead they would move me, so I moved into a different class, and it was much better. The new CAMHs I attend put me on a different Ritalin which works much better, and they see me regularly for check-ups. They don't talk about gender but talk about autism, ADD and mental health but I never see them on my own and my Mum insists on being at every meeting.

I didn't get over my dysphoria so easily. I had my last short haircut in December 2021, and I am now trying desperately to grow it again. I feel very upset about cutting my hair which I miss terribly. I look at photos of my lovely hair and feel sad and count the months until it will be long again. Around March 2022 I really felt the dysphoria start to lift and I started to stand up straight again. Everyone commented on how much I had grown but really, I was just standing up straight. My back stopped hurting constantly and I threw away all my tiny sports bras. Recently I threw away all my trans clothes and I have bought normal clothes. I went on holidays in June and wore a swimsuit with no problems, something that I was not able to do for years. I even wear dresses.

I am still a bit weirded out by mirrors because the trans charities all give advice like covering mirrors when you are trans so as not to get triggered by seeing yourself as you really are. So, I had got used to covering all my mirrors like a vampire and now I have to adjust. I think that trans ideology creates dysphoria and not the other way around. Trans ideology put the idea of dysphoria in my head and encouraged me to pick at it constantly until I could not bear my body and wanted to disassociate from it.

It is nearly a full year since I first discovered that trans theory was a big lie. I am slowly losing all my friends because they sense that I don't believe in trans anymore. I am making new friends who have no interest in trans. I am slowly getting my brain to work again as being indoctrinated makes it difficult to think critically. My Mum is helping me to study, but I have a lot of catching up to do to make up for being unable to concentrate for three years. Because I have a diagnosis of autism, I get support from the government now so at the moment I have a tutor who comes every day for July Provision. My Mum plans on paying her to help me when I go back to school. In some ways I feel much older than my friends. I feel like I have been through some experiences that they do not understand. In other ways I feel much younger as I missed out on so much when I was stuck in trans land. It's like I entered a horror world when I was 11 and came out again when I was 14 so I had to learn what teenagers are like from scratch. Like what they wear and watch on TV and talk about.

I hope this account helps you to understand what it is like to get sucked into the trans world. This is my experience, but I don't think that I am any different to all the kids on discord that I met. We were all on the same path and I am lucky that I was pulled off

that path before I did something terrible to my body. You might think that I got away with no damage, but I did suffer for three years. I missed out on a lot of school. I delayed dealing with the sexual abuse and my real problems like autism and ADD. I missed out on having fun and being happy and I made my family suffer with me. I cut my hair short. But the worst thing is that I put so much work into distorting my memories of when I was a kid that now I can't really remember what I was really like. Even looking photos of me as a kid does not make me remember.

I hope that this letter helps other kids. Maybe if people understood what the trans community is actually like they would not encourage kids to become trans like the professionals in CAMHs, my old GP or even the psychologist in the autism clinic.

Kind regards,

Sinéad

A Social Worker's Story

I worked with a family where the son started to identify as a girl at the age of eleven. His parents were very involved in the LGBT movement and welcomed their son's belief that he was a girl. The child was referred to CAMHS, who in turn referred him to the UK's children's gender identity disorder clinic (GIDS) at the Tavistock Centre, where Irish gender questioning children were referred to at that time.

The boy was seen by a number of children's services, including the Tavistock GIDS, who saw him for assessment in Crumlin Hospital.

The boy enjoyed his interactions with support workers, his social care worker, LGBT youth worker, and his clinical psychologist very much. His parents appeared to be much more focused on transitioning than he was.

My colleagues, and I were shocked when the child was socially transitioned in school, which was initiated by his parents and under the guidance of the LGBT organization involved with the family.

The parents were happy with the referral of their child to the Tavistock GIDS service, because they wished for him to be put on puberty blockers. They were convinced their child would commit suicide if he had to go through his voice breaking and developing into a man.

CAMHS trusted the Tavistock staff to correctly assess the needs of children with gender-identity-disorder, but it was not clear to us what criteria they based this on. We feared that having his puberty blocked might have serious consequences for that child. Our worry was that if he was put on puberty blockers, he would come back to us at a later time and ask us how we could let this happen to him.

As it turned out, life conspired in such a way that the child did not attend any more appointments with the Tavistock, he went through puberty and he thrived.

I don't know where that child's journey went later on, but I am forever grateful that his natural development was not interrupted on my watch.

The number of children and young people referred to children's services who identify as trans or non-binary has exploded in the last five years. Ten years ago, a "trans child" was almost unheard of. Today, there will be hardly a social worker or youth worker who has not worked with a child who was questioning his or her gender identity or identified as trans. The numbers are rising, especially among children placed in care.

Hello@thecountess.ie
www.thecountess.ie