

Cass Review Fact Sheet

*Pre-release resource for media,
commentators, and advocates.*

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Background

The Cass Review is an independent review of gender identity services for children and young people in the UK that was commissioned by the NHS in the UK following the attacks on the Tavistock Gender Identity Development Service in 2019.

The interim report was released in February 2022. Since then it has been used by **anti-trans organisations** to push for the restriction or banning of young people's access to gender-affirming health care. The final report is due in April 2024.

We have grave concerns about the independence, credibility, and political agenda of the Cass Review and believe that it cannot be trusted.

Due to the **alarming hostile actions** of the **UK government**, we suspect that this review is being used as another avenue to attack trans people's rights, lives and access to health care

Additionally, anti-trans lobbyists have worked together with anti-trans medical groups to fuel a **rapid escalation in medical disinformation** to undermine support for the rights, safety, and health care of trans and gender diverse people. We now know that a number of these same disinformation groups are closely tied to members of the Cass Review.

The release of this final report will likely trigger another wave of attacks with a number of Australian anti-trans groups attempting to gain media coverage or political interest in the report.

In the interest of ensuring accuracy and fairness, we have put together this fact sheet for key constituencies, professionals, and commentators about the Cass Review, our concerns about its legitimacy and independence, and the false claims commonly associated with this story. Please share this resource widely.

Key issues with the Cass Review

1. Trans people, their parents, and expert clinicians were excluded from the review team

Trans and gender diverse people have the right to be involved in the decisions that affect their lives and health care.

In developing its advisory structures the Cass Review has intentionally excluded those with lived experience of being trans, people who are parents of a trans person, or those who have relevant medical expertise.

- The Cass Team only asked people with no knowledge or experience of the trans community to join the Assurance Group. As such there is no trans person or person with relevant community experience on the Cass Assurance Group.
- Additionally, there is also no oversight group consisting of respected trans health experts, trans community leaders, or parents of trans youth to provide formal input.

Excluding trans people, their families, and clinicians from a review of trans health is no different to only having men on an advisory team for a review of women's health. It raises severe concerns about the potential biases, assumptions, and motivations of the team behind the review.

2. Research that contradicts key claims was ignored

The interim report ignored research that challenged key claims about the use of hormones and puberty blockers, and failed to acknowledge the current international consensus on gender-affirming health care.

There is national and international consensus on gender-affirming care being vital for the health and wellbeing of trans and gender diverse people.

The American Academy of Pediatrics, the Endocrine Society, and the World Professional Association for Transgender Health (among many others) have all endorsed the use of hormonal treatments in gender diverse young people. In addition to this there is a strong consensus in Australia with a number of organisations such as the Australian Medical Association, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians, the Endocrine Society of Australia, the Australian Psychological Society, and the Royal Australian and New Zealand College of Psychiatrists all producing statements supporting gender-affirming care.

The interim report ignored 'two decades of research' on use of hormones and hormone blockers for gender-affirmation.

Access to hormones and hormone blockers is a life-changing, and often life-saving, medical treatment for many trans and gender diverse people. The evidence shows that

hormonal treatments provide large benefits to the mental health and quality of life of trans and gender diverse young people.

Ignoring this existing evidence base, the interim report cited the need for more long-term data before hormone blockers could be deemed safe. Hormone blockers are a harmless and reversible medical intervention that pauses puberty. The onset of puberty can be deeply distressing to trans young people and these medications help to mitigate that distress, giving young people time to make up their minds about further interventions.

Finally, it is worth noting that the **largest ever study of trans Americans** has just been completed with a sample size of 92,329 people. It found that 98% of respondents who were currently receiving hormone treatment reported that receiving hormones for their gender identity/transition made them either “a lot more satisfied” [84%] or “a little more satisfied” [14%] with their life.

3. Concerning alignment with alleged conversion practices

We have grave concerns that the final report of the Cass Review will open the door to subjecting trans young people to conversion practices due to the framing used in the interim report, the credibility of the academics cited, and those hired to work on the review.

Conversion practices are practices which attempt to repress, suppress, or ‘cure’ a person's gender identity or sexuality. Conversion practices can occur in both clinical or faith-based settings. In many parts of Australia they are illegal.

Interim Report frames being transgender as a mental health issue

The interim report discussed being trans as a ‘condition’ and explored a number of possible causations [p56, 57]. This in itself is alarming as treating diverse genders or sexualities as mental health conditions is a hallmark of clinical conversion practices.

As **AusPATH** noted at the time: “The Board of AusPATH is concerned about the use of language in the review that talks about causation of gender incongruence. Such language is often used as a preamble to conversion therapy, which the Board of AusPATH unequivocally opposes.”

Involvement of anti-trans clinicians

It was recently revealed that Riittakerttu Kaltiala is a member of the **Cass Review advisory group**. Kaltiala is a known anti-trans clinician who has produced **misleading research**, been active with a number of **anti-trans organisations**, and was invited by the state of **Florida** to give evidence in support of banning gender-affirming care. In February, she was a **guest speaker** at a conference run by Society for Evidence-Based Gender Medicine - an **anti-trans disinformation group**.

Additionally, Tilly Langton has been hired to lead the literature review of the final Cass report. In 2023 it was revealed that she was working with a group called **Explore**

Consultancy. Other members of the consultancy listed on the promotional materials are known to have strong links with anti-trans group Genspect. Genspect promotes 'gender exploratory therapy', a form of psychotherapy that allegedly bears 'remarkable similarities' to a conversion practice [1, 2, 3, 4].

Note that we do not claim that Langton is promoting conversion practices.

Reference to anti-trans research

Furthermore, this section cites the work of Kenneth Zucker. Zucker is often cited by anti-trans disinformation groups like Genspect and SEGM due to his fringe claim that **80% of trans people detransition**. More concerningly however there are allegations the clinic he previously ran was administering conversion practices¹. Zucker denies these claims and has never been charged.

Key facts related to the Cass Review

Access to gender-affirming care is vital to the health and wellbeing of trans and gender diverse people.

The **largest ever study of trans Americans** has just been completed with a sample size of 92,329 people. It found that 98% of respondents who were currently receiving hormone treatment reported that receiving hormones for their gender identity/transition made them either "a lot more satisfied" [84%] or "a little more satisfied" [14%] with their life.

Gender-affirming care enjoys broad medical consensus in Australia

A number of organisations including the **Australian Medical Association**, the **Royal Australian College of General Practitioners**, the **Royal Australasian College of Physicians**, the **Endocrine Society of Australia**, the **Australian Psychological Society**, and the **Royal Australian and New Zealand College of Psychiatrists** have all produced statements supporting gender-affirming care.

Tavistock was primarily closed due to dangerously long wait times

The **interim report of the Cass Review** stated that children and young people were at 'considerable risk' due to the lengthy waiting times. The review supported the move away from a single highly specialist service towards the creation of regional hubs. Tavistock was closed to make way for these regional hubs.

There is no lawsuit against Tavistock GIDS

Anti-trans organisations have falsely claimed that 1000 families are joining a class action lawsuit against Tavistock. There is no sign of any such lawsuit or even 1000 families that would be willing to join it.

¹ Ashley, Florence (2022). Banning Transgender Conversion Practices: A Legal and Policy Analysis. Vancouver, BC: University of British Columbia Press. pp. 4–6

ROGD, or 'social contagion', is a fringe theory that is not supported by any major medical organisation

A number of anti-trans organisations have been working to popularise the conspiracy theory of 'transgender social contagion' since 2016 as a way to argue for restricting young people's access to gender-affirming care. There is no evidence to support that it exists, the original study has now been retracted by the publisher and they have issued an [apology and a correction](#), and the core claims have been [debunked](#) in a series of [peer-reviewed articles](#).