**Some important comments to  
Report of the Independent Expert on protection against violence and discrimination**

**based on sexual orientation and gender identity**

**Gender, sexual orientation and gender identity**

* I fundamentally disagree with the radical and **unscientific** transgender **ideologies** that underpin your request for submissions for your thematic report on Gender, Sexual Orientation and Gender Identity. I believe that the very questions and definitions you use illustrate a gross overstepping of your mandate.
* The leading questions and rhetoric used in your call for submissions demonstrate a clear bias in favor of radical sexual and gender theories and policies, which have been rejected by a large grouping of UN Member States on multiple occasions.
* The SOGI Independent Expert’s mandate is to advance the rights of persons to be free from violence or unjust discrimination based on “sexual orientation” or “gender identity,” however, your report undermines the very foundation upon which sex-based rights and protections are established.
* I support the protection of all fundamental human rights of all persons regardless of sexual orientation and gender identity. Your report, however, is clearly aimed at, among other things, advancing radical gender theories and ideologies that seek to erase all differences between men and women and undermine the hard-earned gains for women in the area of human rights.
* I denounce all “violence” and unjust “discrimination” regardless but would challenge your definitions for these two terms which go far beyond UN consensus agreements in harmful ways.
* I believe you know, that the term “gender identity” does not appear in any binding international agreements negotiated by the full body of UN Member States. Every time it has been proposed, it has been rejected by UN Member States because it is **too controversial**.
* Criticism of radical gender theory or policies that protect women’s private spaces are not “violence” or “discrimination”.
* **The UN social policies with regard to gender equality were specifically designed to protect sex-based rights, not controversial transgender ideology.**
* Gender theory and queer theory are akin to religious beliefs and should not be the underpinnings for UN policies nor international law.
* I am greatly concerned that the UN-appointed Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (SOGI) is now at the forefront of UN efforts to reinterpret the concepts of “gender” and “gender equality” beyond the longstanding understanding of male and female and equality between the sexes which would erase all sex-based rights and protections for women and girls.
* The terms “gender” and “gender equality” are common terms used throughout the UN system and in multiple UN documents and resolutions adopted by consensus by UN Member States to advance the equality of women and girls and were never intended to advance highly controversial transgender polies.
* The Independent Expert on SOGI is redefining retroactively the term “gender” and gender-based terms in UN documents (i.e., resolutions, treaties, UN 2030 Agenda, etc.) to go beyond the longstanding concept of male and female based on biological sex, and instead is incorporating the concept of “gender identity” based on unscientific gender ideology.
* The Independent Expert on SOGI is attempting to mainstream queer theory throughout the UN system and to pressure UN Member States to do the same. His intent is to make all States accountable to his radical concept of a “gender framework” that would mainstream SOGI ideology in all laws and policies.
* **The idea that a biological male becomes a girl or woman simply by adopting stereotypical female behavior and dress is regressive and harms girls and women by reinforcing the very stereotypes that have resulted in the harassment, discrimination, and violence against girls and women.**
* **The idea that a biological male can or should try to become or impersonate a girl or woman if they reject stereotypically male behavior or that a female can or should try to become or impersonate a boy or a man is regressive and can damage those who are gender non-conforming or those who reject male or female stereotyped roles.**
* **How can we create policies based on characteristics that are subjective, changeable, self-defined and that cannot be measured or quantified? For example, “Adamasgender” is defined as “a gender which refuses to be categorized,” and “Affectugender” is defined as “a gender that is affected by mood swings?” How can governments be expected to regulate policies based on an individual’s internal or individual experience of gender?**
* **Since both “gender identity” and “gender expression” are based on internal feelings unique to that individual rather than biological realities that can be independently verified, if we adopt a “gender identity” policy, only gender-confused individuals can determine if some policy or action violates the law. There is no other law in the world that functions this way.**
* Where “gender identity” non-discrimination policies are in place, women and girls are being denied their right to privacy in public female spaces, such as bathrooms and showers. Some women and girls have even been sexually assaulted.
* Women cannot opt out of the biological realities that put them at higher risk than men for oppression, sexual harassment, and rape. These differences must be acknowledged and protected.
* Your conception of a “gender framework” which incorporates radical transgender ideology will lead to discrimination, harassment and violence against women and girls as your proposed framework will erase the very rights and protections designed for them.
* In private spaces and sports, bodies matter. For the privacy, safety, and fairness to girls, male and female biological embodiment and realities must be respected.
* The questions listed in thesubmission guidance by the Independent Expert on SOGI reveal that the main goal of his upcoming report is to change the world’s commonly held biological understanding of male and female and replace it with the radical concept of “gender identity.” This is the antithesis of the UN’s mandate to provide rights and protections to women and girls.
* Allowing biological males to opt in to the category of “girl” and “woman” by claiming a female identity will erode the many rights and protections currently extended to girls and women by governments worldwide as the categories of women and girls will become utterly meaningless if a man can be considered to be a woman too.
* Most children lose their feelings of gender confusion as they grow older. According to Dr. Paul McHugh, “*When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings*.”[[1]](#footnote-1) However, when children are affirmed in their gender confusion by parents, schools, the community and others, the chance that they will normally outgrow this gender confusion is greatly diminished. Our position is that “gender identity” affirming policies, while well-intentioned, are misguided, because they harm the very children that need our help.
* The head of the Child and Adolescent Gender Identity Clinic in Toronto, Canada, Dr. Kenneth Zucker, one of the leading authorities in the world on gender disorders, has treated over 500 children with gender confusion. Dr. Zucker found that in the vast majority of cases, therapy focused on reducing the psychopathology within the family has resulted in the child’s acceptance of their birth sex.[[2]](#footnote-2)
* “Sex-change” surgery increases health risks, including suicide rates. A long-term Swedish study following more than 300 sex-change surgery patients for up to 30 years was published in 2011. The study concluded: “*Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population*.” The study found suicide rates 10 years after surgery were nearly 20 times that of the general population.[[3]](#footnote-3)
* After a review in the UK of more than 100 international medical studies of post-operative transgender persons, Christopher Hyde, director of the University of Birmingham's Aggressive Research Intelligence Facility, who conducted the review, warned, “*There’s still a large number of people who have the surgery but remain traumatized—often to the point of committing suicide*.”[[4]](#footnote-4)
* Walt Heyer, a male who underwent gender reassignment surgery lived for eight years as Laura Jensen, a female. (See SexChangeRegret.com.) He then regretted his surgery and now has transitioned back to Walt. Mr. Heyer warns that transgenders’ bodies may be permanently disfigured, making it very difficult to live normally. Mr. Heyer says he wishes the surgeons had told him that the severe psychological problems of their other patients were not solved after surgery and that a high number of such patients commit suicide.
* Surgically removing or altering children’s genitals could be considered child abuse. Dr. McHugh warned: “*Given that close to 80 percent of such children would abandon their confusion and grow naturally into adult life if untreated, these medical interventions come close to child abuse*.”

* Children who become sexualized through CSE, among other harms, are less likely to be able to form and maintain stable families as adults. (See WarOnChildren.org.)

**Kind regards**

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**Evidence that transitioning is harmful and is not an effective treatment for gender identity issues:**

Cecilia Dhejne, et al., “Long-Term Follow-Up of Transsexual Persons”

Mark Regnerus, “New Data Show “Gender-Affirming” Surgery Doesn’t Really Improve Mental Health. So Why Are the Study’s Authors Saying It Does?” Public Discourse (November 13, 2019) https://www.thepublicdiscourse.com/2019/11/58371/

Rikke K. Simonsen, et al., “Long-Term Follow-Up of Individuals Undergoing Sex-Reassignment Surgery: Somatic Morbidity and Cause of Death” Sexual Medicine 4(1) (March, 2016), https://www. ncbi.nlm.nih.gov/pmc/articles/PMC4822482/,

Richard Bränströmand John E.Pachankis, “Reduction in mental health treatment utilization among trans- gender individuals after gender-affirming surgeries, a total population study,” American Journal of Psychiatry (Oct. 4, 2019), <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080>

Ryan T. Anderson, “Transitioning procedures don’t help mental health, largest dataset shows”, The Daily Signal (August 3, 2020) [https://www.dailysignal.com/2020/08/03/transitioning-procedures-dont-help-mental-health-largest-data- set-shows/](https://www.dailysignal.com/2020/08/03/transitioning-procedures-dont-help-mental-health-largest-data-%20set-shows/)

R. Bränström, J.E. Pachankis “Correction to Bränström and Pachankis, Reduction in Mental Health Treatment Utilization After Gender-Affirming Surgeries ” Journal of American Psychiatry (August 1, 2020) https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778 correction

Sven Roman, “Utredare forvanskar om konsdysfori” Svenska Dagbladet (Oct. 22, 2019), https://www.svd.se/utredare-forvanskar-om-konsdysfori

J. Michael Bailey & Ray Blanchard, “Suicide or Transition: The Only Options for Gender Dysphoric Kids?” 4th Wave Now (September 8, 2017), https://4thwavenow.com/2017/09/08/suicide-or-transi- tion-the-only-options-for-gender-dysphoric-kids/.

1. McHugh, P. (2014, June 12). Transgender Surgery Isn’t the Solution. *Wall Street Journal*. Retrieved from <https://genderidentitywatch.files.wordpress.com/2014/06/paul-mchugh_-transgender-surgery-isnt-the-solution-wsj.pdf> [↑](#footnote-ref-1)
2. Zucker, K. & Bradley, S. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents.* New York, NY:The Guilford Press. [↑](#footnote-ref-2)
3. Dhejne, C., et al. (2011). Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLOS One, 6.* Retrieved from http://dx.doi.org/10.1371/journal.pone.0016885 [↑](#footnote-ref-3)
4. Batty, D. (2004, July 30). Sex changes are not effective, say researchers. *The Guardian*. Retrieved from http://www.theguardian.com/society/2004/jul/30/‌health.mentalhealth [↑](#footnote-ref-4)