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Submission to the Gender Recognition Act Review Group

Identifying Transgender Youth

Summary

This submission addresses the expression and manifestation of a transgender (trans) identity among individuals below the age of majority. The submission is offered in the context of proposals to remove the minimum age barrier for obtaining a Gender Recognition Certificate in Ireland.

I. Identifying Trans Children

For many observers, their primary opposition to affirming trans minors stems from two general presumptions: that (i.) children do not experience a stable trans identity (in effect, that trans persons under the age of majority do not exist)[1]; and (ii.) even if this is not the case, it is impossible to identify trans youth with sufficient clarity.[2]

In determining whether to extend the Gender Recognition Act 2015 to minors under the age of 16 years (and to ease the requirements for applicants between 16 and 17 years), Irish lawmakers must consider whether these presumptions are borne out in the existing research. Irrespective of the merits of affirmation, it would be inappropriate to grant formal acknowledgment if the result will be misidentifications and widespread de-transitions.

A. Minors' Experience of A Stable Trans Identity

There is evidence that minors not only experience, but can also externally express, a stable trans identity well before the age of majority.[3] Hidalgo *et al* write that "[r]esearch and…clinical experience suggest that many children develop a strong sense of gender identity at a young age."[4] The existing medical data suggests that children form a gender identity during their

[1] Kristina Olson, 'Prepubescent Transgender Children: What We Do and Do Not Know' (2016) 55(3) Journal of the American Academy of Child and Adolescent Psychiatry 155, 155; Illana Sherer, 'Social Transition: Supporting Our Youngest Transgender Children' (2016) 137(3) Paediatrics 1, 1-2.

[2] Paul McHugh, Professor of Psychiatry at Johns Hopkins University, has been a prominent sceptic of the capacity of parents, medics and state officials to reliably identify trans youth, see e.g. Paul McHugh, 'Transgender Surgery Isn't the Solution' (*The Wall Street Journal*, 13 May 2016) https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120 accessed 4 July 2017. In the United Kingdom, the debate over identifying trans children recently gained significant publicity through a high-profile BBC 2 documentary, 'Two Transgender Kids: Who Knows Best?', in which Kenneth Zucker, a leading healthcare expert on trans identity in youth, offered similar critiques, see: 'Two Transgender Kids: Who Knows Best?' (*BBC 2*, 12 January 2017) http://www.bbc.co.uk/programmes/b088kxbw accessed 5 September 2017.

[3] Harper Jean Tobin and Jennifer Levi, 'Securing Equal Access to Sex-Segregated Facilities for Transgender Students' (2013) 28(3) Wisconsin Journal of Law, Gender and Society 301, 302; Kimberly Stieglitz, 'Development, Risk and Resilience of Transgender Youth' (2010) 21(3) Journal of the Association of Nurses in Aids Care 192, 194; World Professional Association for Transgender Health (WPATH), *Standards of Care for the Health of Transgender, Transsexual and Gender Nonconforming People (Version VII)* (WPATH 2012) 12.

[4] Marco Hidalgo and others, 'The Gender Affirmative Model: What We Know and What We Aim to Learn' (2013) 56(5) Human Development 285, 286.

second and third years, and that they are able to communicate a firm trans identity by age four or five years.[5]

Young people are clear and intelligible in expressing their preferred gender.[6] They can be as consistent and persistent in their self-identification as cisgender peers. Reporting the results of a 2014 controlled study with both trans and cisgender pre-puberty youth, Olson, Key and Eaton note that trans participants had a "clear preference for peers and objects endorsed by peers who shared their expressed gender, an explicit and implicit identity that aligned with their expressed gender, and a strong implicit preference for Gender Cognition in [trans] Children."[7]

In subsequent research, Fast and Olson observed that "[a]cross all measures of preference, behaviour, stereotyping, and identity, if coded according to children's expressed gender, preschool-age socially transitioned [trans] children never significantly differed from their gender-matched peers."[8] In particular, trans youth were "just as likely" as cisgender children to prefer "peers, toys, and clothing…associated with their expressed gender", to "dress in a stereotypically gendered outfit", to "endorse flexibility in gender stereotypes" and to "say [that] they are more similar to children of their gender than…the other gender."[9] While there is a need for further research, the existing evidence undermines "the assumption that [trans] children are simply confused by the questions at hand, delayed, pretending, or being oppositional."[10] There are strong indications that trans children "do indeed exist and that their identity is a deeply held one."[11]

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[5] Chance Nicholson and Teena M McGuinness, 'Gender Dysphoria and Children' (2014) 52(8) Journal of Psychosocial Nursing 27, 28; Faith Lynn, 'To be a Trans* Parent: How Emotional Abuse Statutes Facilitate Parent's Acceptance of their Children's Gender Identity' (2013) 7(1) John Marshall Law Journal 89, 112; Elizabeth R Boskey, 'Understanding Transgender Identity Development in Childhood and Adolescence' (2014) 9(4) American Journal of Sexuality Education 445, 450. According to the American Psychological Association, "[m]any children develop stability…in their gender identity between ages 3 to 4…although gender consistency (recognition that gender remains the same across situations) often does not occur until ages 4 to 7", American Psychological Association (APA), 'Guidelines for Psychological Practice with Transgender and Gender Nonconforming People' (2015) 70(9) American Psychologist 832, 841.

[6] Marco Hidalgo and others, 'The Gender Affirmative Model: What We Know and What We Aim to Learn' (2013) 56(5) Human Development 285, 286.

[7] Kristina R Olson, Aidan C Key and Nicholas R Eaton, 'Gender Cognition in Transgender Children' (2015) 26(4) Psychological Science 467, 472-473.

[8] Anne Fast and Kristina Olson, 'Gender Development in Transgender Preschool Children' (2017) Child Development (p.12).

[9] ibid, p.13.

[10] Kristina R Olson, Aidan C Key and Nicholas R Eaton, 'Gender Cognition in Transgender Children' (2015) 26(4) Psychological Science 467, 473.

[11] ibid. In Fast and Olson's research, one metric where trans and cisgender children differed was (past) gender constancy. Whereas cisgender children had a rigid understanding of their gender identity, trans children often spoke of having had a different gender as an infant (Fast and Olson, p.13). The authors suggest that this difference

II. Criteria for Reliably Identifying Trans Minors

Gender recognition cannot, however, operate on the simple proposition that trans children exist. There must be available methodologies to reliably identify trans youth and filter out those minors who, while manifesting gender non-conformity, self-align with their assigned gender. Within the current scholarship, there is no consensus on a test for identifying persistent trans identities.[12] According to Forcier, "[i]t is important to make clear to parents and families that there are…no accurate ways to 'diagnose' which gender non-conforming pre-pubertal children will consider themselves [trans] in adolescence."[13]

Much of the academic literature since the 1980s has suggested that a significant majority (70%-80%[14]) of children marked as having a trans identity do not persist into adulthood.[15] Rosenthal writes that "[l]ongitudinal studies have demonstrated that most gender dysphoric pre-pubertal youth will no longer meet the mental health criteria for gender dysphoria once puberty has begun."[16] While many supposedly trans youth do grow up to have non-heterosexual orientations, they nevertheless self-identify with their assigned-gender.[17]

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may be contextual. Trans children often live in environments where, even if they experience familial support, others speak about the child having previously had an alternative gender (p.13). In many ways, children's understanding of (past) gender constancy may reflect (and reproduce) the gender narratives that they hear from family members or other adults (p.13). It is instructive that, where children have transitioned and are experiencing family support for their preferred gender, they are just as likely as cisgender peers to say that their current gender will be constant into adulthood (p.13).

[12] Sarah E Herbert, 'Female-to-Male Transgender Adolescents' (2011) 20(4) Child and Adolescent Psychiatric Clinics 681, 682; Thomas D Steensma and others, 'Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study' (2013) 52(6) Journal of the American Academy of Child and Adolescent Psychiatry 582, 582.

[13] Michelle M Forcier and Emily Haddad, 'Health Care for Gender Variant or Gender Non-Conforming Children' (2013) 96(4) April Rhode Island Medical Journal 17, 19.

[14] Herbert J Bonifacio and Stephen M Rosenthal, 'Gender Variance and Dysphoria in Children and Adolescents' (2015) 62(4) Paediatric Clinics of North America 1001, 1004.

[15] Peggy Cohen-Kettenis, Henriette Delemarre-van de Waal and Louis Gooren, 'The Treatment of Adolescent Transsexuals: Changing Insights' (2008) 5(8) Journal of Sexual Medicine 1892, 1893; Kristina Olson, 'Prepubescent Transgender Children: What We Know and What we Do Not Know' (2016) 55(3) Journal of the American Academy of Child and Adolescent Psychiatry 155, 155; Jiska Ristori and Thomas D Steensma, 'Gender dysphoria in childhood' (2016) 28(1) International Review of Psychiatry 13, 15.

[16] Stephen Rosenthal, 'Approach to the Patient: Transgender Youth: Endocrine Considerations' (2014) 99(12) The Journal of Clinical Endocrinology and Metabolism 4379, 4384.

[17] Alexander Korte and others, 'Gender Identity Disorders in Childhood and Adolescence' (2008) 105(48) Deutsches Ärzteblatt International 834, 838; Jack Drescher and Jack Pula, 'Ethical Issues Raised by the Treatment of Gender-Variant Prepubescent Children' (2014) 44(5) Hastings Centre Report (LGBT Bioethics: Visibility, Disparities and Dialogue) 18; Madeleine Wallien and Peggy Cohen-Kettenis, 'Psychosexual Outcome of Gender Dysphoric Children' (2008) 47(12) Journal of the American Academy of Child and Adolescent Psychiatry 1413, 1420 – 1422. See generally: Kenneth J Zucker and Susan J Bradley, *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (Guilford Press 1995).

This data should give Irish law-makers and health professionals pause for thought, especially in terms of affirming *pre-pubertal* youth. If the current evidence suggests that most gender non-conforming children do not maintain a trans identity into adulthood, there is a risk that a non-negligible number of young people will be incorrectly affirmed.[18] To the extent that one considers false positives, and subsequent de-transitions, as harmful to trans youth (a point that remains open to contestation), there may be compelling reasons to withhold legal recognition from minors.[19]

There are, however, a number of important defects in the current research.[20] First, the criteria used for identifying trans children are overly inclusive.[21] The available evidence relies upon diagnostic guidelines established under the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Under DSM-IV, young people could be marked as experiencing "gender identity disorder" without ever having expressed a trans identity.[22] A child who merely engaged in gender non-conforming or non-stereotypical behaviour could be identified as trans, and included within the larger set of children whose persistence rates were to be measured.[23]

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[18] Paul McHugh, Professor of Psychiatry at Johns Hopkins University, has been a prominent sceptic of the capacity of parents, medics and state officials to reliably identify trans youth, see e.g. Paul McHugh, 'Transgender Surgery Isn't the Solution' (*The Wall Street Journal*, 13 May 2016) https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120 accessed 4 July 2017.

[19] Mary Huft, 'Statistically Speaking: The High Rate of Suicidality among Transgender Youth and Access Barriers to Medical Treatment in a Society of Gender Dichotomy' (2008) 28(1) Children's Legal Rights Journal 53, 55.

[20] Kristina Olson, 'Prepubescent Transgender Children: What We Know and What we Do Not Know' (2016) 55(3) Journal of the American Academy of Child and Adolescent Psychiatry 155, 155.

[21] 'Statement on Gender Affirmative Approach to Care from the Paediatric Endocrine Society Special Interest Group on Transgender Health' https://www.pedsendo.org/members/members_only/PDF/TG_SIG_Position%20Statement_10_20_16.pdf accessed 3 July 2017.

[22] Under DSM-IV, in order to diagnose children with Gender Identity Disorder [Code. 302.6], healthcare officers had to identify the existence of certain criteria. While one of the criteria was a "repeatedly stated desire to be, or insistence that he or she is, the other sex", officers were entitled to make a diagnosis even where this behaviour was absent (this criterion was one of five elements, four of which had to be present). Furthermore, even if this factor was in existence, it still only required that a child "desire" to be another gender. There was no requirement that, at any point, children actually state that they are their preferred gender. According to Ehrbar *et al*, "it is possible that in children, the criteria for GID…[could] be met through gender role nonconforming behaviour, without any indication of gender dysphoria" (Randall D Ehrbar and others, 'Clinician Judgment in the Diagnosis of Gender Identity Disorder in Children' (2008) 34(5) Journal of Sex and Marital Therapy 385, 388). See also: Kelly Winters, 'The New York Magazine lies to parents about trans children' (*The Trans Advocate*, 9 August 2016) http://transadvocate.com/the-new-york-magazine-lies-to-parents-about-trans-children_n_18875.htm 22 October 2016.

[23] Johanna Olson-Kennedy and others, 'Research Priorities for Gender Nonconforming/Transgender Youth: Gender Identity Development and Biopsychosocial Outcomes' (2016) 23(2) Current Opinion in Endocrinology, Diabetes and Obesity 172 (p. 5) (retrieved from *Pub Med* database, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4807860/pdf/nihms767274.pdf accessed 4 July 2017).

Tannehill criticises the existing data for failing to "differentiate between children with consistent, persistent and insistent gender dysphoria, kids who socially transitioned, and kids who just acted more masculine or feminine than their birth sex and culture allowed for."[24] It is perhaps unsurprising that, where children, who "were not [trans] to begin with", were arbitrarily included within a trans subset, the desistence rates within that subset became inflated. However, such research does not prove high levels of desistence among trans youth. It merely confirms that minors, who do not identify as trans in childhood, are unlikely to express a trans identity in adulthood.[25] Law-makers should not absolutely withhold legal gender recognition on the basis of such evidence.

Second, the existing research also exhibits methodological flaws in relation to children who were lost to follow-up.[26] Desistence and persistence rates are often calculated using data from gender identity clinics. In theory, one should calculate the total number of children initially identified as trans within these clinical settings, and then observe the percentage of those young people who have positively (and verifiably) rejected that trans identification by adolescence or adulthood.

In a number of key studies[27], however, the researchers included (as desisters) "30% to 62% of youth who [simply] did not return to the clinic" and "whose gender identity may be unknown."[28] Without taking further steps to verify these individuals' identity – cisgender or trans – in adulthood, the researchers "assumed that for…[the] adolescents…who did not return to the clinic...their [gender dysphoria] had desisted, and that they no longer had a desire" to

[24] Brynn Tannehill, 'The End of the Desistence Myth' (*Huffington Post,* 1 January 2016) http://www.huffingtonpost.com/brynn-tannehill/the-end-of-the-desistance_b_8903690.html accessed 22 October 2016.
[25] Kelly Winters, 'The New York Magazine lies to parents about trans children' (*The Trans Advocate*, 9 August 2016) http://transadvocate.com/the-new-york-magazine-lies-to-parents-about-trans-children_n_18875.htm 22 October 2016.
[26] Group on Transgender Health' https://www.pedsendo.org/members/members_only/PDF/TG_SIG_Position%20Statement_10_20_16.pdf accessed 3 July 2017. In its 'Guidelines for Psychological Practice with Transgender and Gender Nonconforming People', the American Psychological Association (APA) lays this charge at a number of high-profile studies, see: American Psychological Association (APA), 'Guidelines for Psychological Practice with Transgender and Gender Nonconforming People' (2015) 70(9) American Psychologist 832, 842.
[27] American Psychological Association (APA), 'Guidelines for Psychological Practice with Transgender and Gender Nonconforming People' (2015) 70(9) American Psychologist 832, 842.
[28] ibid, 842.

transition.[29] While it is possible that such children stopped engaging with gender-confirming healthcare because they no longer had a trans identity, the researchers presume, rather than confirm, that outcome. Their results must be viewed, therefore, in a context of unanswered questions.[30]

The researchers implicitly (or explicitly) dismiss the numerous other factors which may influence transition pathways, including preference for social transitions, geographic relocation and the impact of social pressure on public expressions of gender. Indeed, a more general criticism of the existing data is that it fails to appreciate how, particularly during their adolescent years, trans youth may be forced to internalise preferred gender as a consequence of rigid gender conventions.[31] In a world where transphobia remains common place[32], terminating one's externalisation of a trans identity cannot be conclusive evidence of actual desistence. As Bonifacio and Rosenthal observe, the external disappearance of a minor's preferred gender may simply illustrate "an internalising pressure to conform rather than a natural progression to non–gender variance."[33]

III. Consistent and Persistent

While there remains no consensus on the methods for identifying trans youth, researchers have begun to suggest criteria which, when present, may indicate a greater likelihood of persistence.[34] These factors have most frequently been employed for medical transitions, where there is a heightened need to ensure that young people accessing treatments actually have a stable and enduring trans identity.

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[29] Thomas D Steensma and others, 'Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study' (2013) 52(6) Journal of the American Academy of Child and Adolescent Psychiatry 582, 583.

[30] Brynn Tannehill, 'The End of the Desistence Myth' (*Huffington Post*, 1 January 2016) http://www.huffingtonpost.com/brynn-tannehill/the-end-of-the-desistance_b_8903690.html accessed 22 October 2016.

[31] Julia Serano, 'Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates' (*Medium*, 3 August 2016) https://medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e accessed 7 July 2017.

[32] Josh Bradlow and others, 'School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017' (Stonewall UK 2017) 9 – 12 http://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf accessed 7 July 2017.

[33] Herbert J Bonifacio and Stephen M Rosenthal, 'Gender Variance and Dysphoria in Children and Adolescents' (2015) 62(4) Paediatric Clinics of North America 1001, 1004.

[34] Jiska Ristori and Thomas D Steensma, 'Gender dysphoria in childhood' (2016) 28(1) International Review of Psychiatry 13, 16.

The first indicator is the intensity of a child's gender identification.[35] The more extreme an association with preferred gender, the more likely that association is to persist.[36] Menvielle writes of "more intense dysphoria predicting a higher likelihood of persistence."[37] The second criterion is the belief that one 'is' the preferred gender.[38] Research suggests that minors who self-identify as 'being' their preferred gender, rather than merely desiring to be the gender, are more likely to persist into adulthood.[39] Third, maintaining a trans identity through puberty and adolescence – in particular, the "period between the ages of 10 and 13 [years]"[40] – appears to increase the likelihood of persistence.[41] A considerable proportion of children who desist in a trans identification begin to embrace their assigned gender at the onset of puberty.[42]

In the context of adult recognition, the requirement to observe a period of 'real life experience' is often opposed as both condescending and superfluous. There is a belief that, for persons above the age of majority, who may have already experienced their trans identity for over a decade, they are best-placed to affirm their gender status.[43] However, for trans youth, where doubts about the durability of trans experiences remain, allowing a period of reflection has been discovered to increase persistence rates. The existing research suggests that, the longer a minor has expressed a clear and stable trans identity, the more likely the child is to continue into adulthood.[44]

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[35] Jiska Ristori and Thomas D Steensma, 'Gender dysphoria in childhood' (2016) 28(1) International Review of Psychiatry 13, 16.
[36] Madeleine Wallien and Peggy Cohen-Kettenis, 'Psychosexual Outcome of Gender Dysphoric Children' (2008) 47(12) Journal of the American Academy of Child and Adolescent Psychiatry 1413, 1420.
[37] Edgardo Menvielle, 'A Comprehensive Program for Children with Gender Variant Behaviours and Gender Identity Disorders' (2012) 59(3) Journal of Homosexuality 357, 362.
[38] Diane Ehrensaft, 'Found in Transition: Our Littlest Transgender People' (2014) 50(4) Contemporary Psychoanalysis 571, 578.
[39] Thomas D Steensma and others, 'Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study' (2013) 52(6) Journal of the American Academy of Child and Adolescent Psychiatry 582, 588.
[40] Thomas D Steensma, 'Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study' (2010) 16(4) Clinical Child Psychology and Psychiatry 499, 512.
[41] Sonja Shield, 'The Doctor Won't See You Now: Rights of Transgender Adolescents to Sex Reassignment Treatment' (2007) 31(2) New York University Review of Law and Social Change 361, 389; Mary Huft, 'Statistically Speaking: The High Rate of Suicidality among Transgender Youth and Access Barriers to Medical Treatment in a Society of Gender Dichotomy' (2008) 28(1) Children's Legal Rights Journal 53, 55.
[42] Lieke Josephina Jeanne Joahanna Vrouenraets and others, 'Early Medical Treatment of Children and Adolescents with Gender Dysphoria: An Empirical Ethical Study' (2015) 57(4) Journal of Adolescent Health 367, 368.
[43] Richard Kohler and Julia Erht, *Legal Gender Recognition in Europe* (2nd edn, TGEU 2016) 25.
[44] Aiden Key, 'Children' in Laura Erickson-Schroth (ed), *Trans Bodies, Trans Selves* (Oxford University Press 2014) 411; Henriette Delemarre-van de Waal and Peggy Cohen-Kettenis, 'Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects' (2006) 155 European Journal of Endocrinology 131, 133; Kristina Olson, 'Prepubescent Transgender Children: What We Know and What we Do Not Know' (2016) 55(3) Journal of the American Academy of Child and Adolescent Psychiatry 155, 156.

Overall, the presence of a "consistent" and "persistent" trans identity increases the chances that a young person will continue to hold their preferred gender into adulthood.[45] In the medical transition sphere, the application of these stricter diagnostic criteria has resulted in significantly lower levels of desistence. In fact, within a tightly controlled three-stage medical model, there is little evidence that appropriately identified children subsequently re-embrace their assigned gender.[46]

As in all other areas, research on identifying trans youth remains in its infancy, relying upon small scale studies and anecdotal reports. As evidence of trans characteristics continue to emerge, and as the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) adopts stricter controls for childhood gender dysphoria, there must be further studies to consider the impact for desistence rates. Researchers are certainly more confident in distinguishing those children who will hold their preferred gender into adulthood. Yet, as the current state of knowledge stands, there is still a need for caution.

[45] Kristina R Olson and others, 'Mental Health of Transgender Children Who Are Supported in Their Identities' (2016) 137(3) Paediatrics, p. 2; Joel Baum, 'Gender, Safety and Schools: Taking the Road Less Travelled' (2011) 15(1) University of California Davis Journal of Law and Policy 167, 167; Cecile Unger, 'Gynaecologic Care for Transgender Youth' (2014) 26(5) Current Opinion in Obstetrics and Gynaecology 347, 348.

[46] Henriette Delemarre-van de Waal and Peggy Cohen-Kettenis, 'Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects' (2006) 155 European Journal of Endocrinology 131,132; Laura Edwards-Leeper and Norman Spack, 'Psychological Evaluation and Medical Treatment of Transgender Youth in an Interdisciplinary "Gender Management Service" (GeMS) in a Major Paediatric Centre (2012) 59(3) Journal of Homosexuality 321, 334.

Annex I

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Peter Dunne is a *lecturer in law* at the University of Bristol. He teaches in the areas of human rights, family law and comparative law. Peter holds degrees from Harvard Law School and the University of Cambridge. From 2014-2017, Peter completed his doctoral studies as an Ussher Fellow at Trinity College Dublin, Ireland. He has previously held visiting scholar positions at New York University School of Law and the Max Planck Institute for International and Comparative Private Law, Hamburg.

Peter's scholarship focuses broadly on issues of gender, sexuality and the law. His doctoral research considered the relationship between human rights and conditions for obtaining legal gender recognition. Peter regularly publishes in leading peer-reviewed journals, including the Medical Law Review, Socio-Legal Studies and the Child and Family Law Quarterly. With Dr Lynsey Black (University College Dublin), he is co-editor of *Law and Gender in Ireland: Critique and Reform* (Hart, 2018). In addition, with Dr Senthorun Raj (Keele University), he is co-editor of *The Queer Outside in Law: Recognising LGBTIQ People in the United Kingdom* (Palgrave, 2019).

Peter's research has had broad policy and civil society impacts. He has presented evidence before the United Nations Committee on the Rights of the Child, and his work has been referenced by numerous public bodies, including the Equality Authority of Ireland (now the Irish Human Rights and Equality Commission) and the Hong Kong Inter-Departmental Working Group on Gender Recognition. In 2015, Peter was invited to provide evidence to the UK Parliamentary Inquiry on Transgender Equality (conducted by the House of Commons Select Committee on Women and Equalities). His scholarship was extensively referenced by the Committee in its 2016 Report, Transgender Equality.

From 2017-2018, Peter is undertaking EU-funded research (with Dr Marjolein van den Brink) into the legal rights of transgender and intersex individuals across the European Union. Like the current tender bid, this project requires that Peter, *inter alia*, document trans/intersex equality rights across a broad spectrum of European jurisdictions, and identity key best practice standards. The results of this project will be published by the European Commission in later 2018.

Before entering academia, Peter worked as a human rights advocate in the United States and Europe. As a Harvard University Fellow at OutRight Action International (2011-2012) in New York City, Peter engaged in human rights documentation and SOGI-focused advocacy before the UN human rights treaty bodies. He partnered with grassroots civil society organizations across the Commonwealth (e.g. Malawi, Guyana, etc.) providing training and support on SOGI. In particular, Peter co-authored and/or co-ordinated seven country shadow reports, developing research, documentation and policy-writing skills which are directly relevant for the current tender bid. In recent years, Peter has contributed to a number of additional shadow reports, working with trans and intersex groups in Europe (particularly Luxembourg and Ireland). He was also co-director of the Cambridge Pro-Bono Project, Inter-American Court Programme (2013-2014), and co-ordinated a largescale, multi-participant research project (similar to the current tender bid) focusing on rights protections under the Inter-American Convention on Human Rights.

In 2013, Peter was selected as an Arthur C Helton Fellow of the American Society of International Law, and worked as a national and international law advisor to Transgender Equality Network Ireland (TENI). In this capacity, Peter also undertook extensive research on the rights of transgender persons in Asia, Africa and Latin America. Peter was subsequently elected to serve on the TENI Board of Directors (2014-2017). Since 2017, he has been Co-Convenor for Health with the London-based Transgender Legal Equality Initiatives. At the University of Bristol, Peter has founded a new, transgender rights project at the Human Rights Implementation Centre. He has previously been awarded a number of SOGI-focused grants, including the Pride Law Fund and Equality Justice America Fellowships, and he has worked with organisations, including GLBTQ Advocates and Defenders (Boston, USA), Massachusetts Transgender Legal Advocates and Intersex and Transgender Luxembourg.