Briefing: Children and Young People with Gender Dysphoria

The Tavistock - Patterns of Referral

Since 2010 there has been an exponential rise in the numbers of children and young people with gender problems. At the Tavistock Gender Identity Development Service (GIDS), the only NHS clinic for gender non-conforming children and young people in the UK, referrals have risen from 77 in 2009-10 to 2,590 in 2018-19 - 3,200% - and over three quarters of referrals are now girls.[1]

In the late Sixties around 90% of adult transsexuals were male.[2] Today 75% of referrals to the Tavistock GIDS are adolescent females. Since 1989 when the Tavistock GIDS Child and Adolescent clinic was established, referral numbers remained steady at around 50/year until 2010 when they began to rise. Historically the majority of referrals were boys until 2011-12 when the sex ratio reversed. The gap between the sexes has been widening ever since.

The pattern of referral has also changed, from children with early-onset gender dysphoria (before puberty) to children with later onset dysphoria (after puberty has started). Onset of gender dysphoria at or after puberty is a new presentation so there is no established knowledge base for this group. Transgender activists have tried to suppress research into this new phenomenon which has been termed 'rapid onset gender dysphoria.'[3] Findings from the first exploratory study suggest links to mental health and neurobiological problems, same-sex attraction, internet use and social contagion.

Around 35% of referrals for gender dysphoria are of young people with 'moderate to severe autistic traits.' Pre-existing severe mental health problems are very common.[4] Emerging evidence suggests that girls may be particularly vulnerable to mental health problems associated with heavy social media use.[5]

Treatment Pathways

Historically the established approach to children with gender dysphoria was called 'watchful waiting.' The possible causes of a childhood cross-sex identity were recognised as wide-ranging, from a normal developmental phase to dysfunctional family dynamics, past trauma, sexual abuse and neurobiological problems. The child's individual circumstances and history would be considered and underlying problems addressed through developmentally-informed psychotherapy, family counselling etc. Under this approach around 80% of children outgrew

[1] Sunday Times (2019) 'Surge in girls switching gender' https://www.thetimes.co.uk/article/surge-in-girls-switching-gender-c69nl57vt
[2] Written evidence submitted by British Association of Gender Identity Specialists to the Transgender Equality Inquiry http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/transgender-equality/written/19532.html
[3] Quillette (2018) 'As a former dean of Harvard medical school I question Brown's failure to defend Lisa Littman' https://quillette.com/2018/08/31/as-a-former-dean-of-harvard-medical-school-i-question-browns-failure-to-defend-lisa-littman/
[4] Springer (2015) 'Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development' https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0042-y
[5] The Lancet (2019) 'Social media use and adolescent mental health: findings from the UK millennium cohort study' https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext

gender dysphoria and became reconciled with their natal sex throughout adolescence. The most common outcome was gay or lesbian sexual orientation as adults. [6]

A new approach of 'affirmation' and social transition has been developed not through clinical research but through the lobbying of transgender activists. Social transition is predictive of persistence of gender dysphoria.[7] If gender dysphoria persists it is more likely that a child will progress to puberty blockers followed by cross-sex hormones.

Under the 'watchful waiting' model the persistence rate of 15 – 20% applied to a very small number of children (average 50 referrals per year before 2010). Currently 45% of children referred to the Tavistock embark on a pathway of medical transition which very few come off once they start. The persistence rate has therefore more than doubled for an exponentially increased number of adolescents.

The Tavistock GIDS Puberty Blockers Trial

Prior to 2011 the Tavistock GIDS was a mainly therapeutic service. Puberty blockers were only considered at age 16 for a very small minority of children with persistent gender dysphoria which had begun in early childhood and persisted into adolescence. Cross-sex hormones were only available at adult clinics. The trial was intended for a carefully-selected cohort of children with persistent gender dysphoria since early childhood. In 2013 it was announced that the trial would continue, before any results were published.[8] By 2014 the age restriction had changed to Tanner Stage 2 of puberty, which could affect children as young as 9 or 10. [9] The full results of the trial have yet to be published.

Puberty blockers are now provided to a completely new cohort of adolescents whose gender dysphoria has not persisted since early childhood, but has developed at or after puberty. There is very little research on this group and as yet no understanding of the reasons for this sudden onset of gender dysphoria, particularly amongst adolescent girls. GIDS now prescribes cross-sex hormones to adolescents from around the age of 16 although there is no published research evidence from GIDS on which the rationale for lowering the age for this medication is based. Over the last decade, the GIDS has completely transformed from a psychotherapeutic service to a medical intervention provider.

Clinical Evidence

The outcome for these children will be a lifetime as medical patients, dependent on hormones, the long-term effects of which are unknown, and surgeries with all the associated

[6] Sexology Today (2016) 'Do trans kids stay trans when they grow up?' http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html
[7] Steensma et al, Journal of the American Academy of Child and Adolescent Psychiatry (2013) 'Factors Associated With Desistence and Persistence of Gender Dysphoria: A Quantitative Follow-Up Study' https://www.transgendertrend.com/wp-content/uploads/2019/06/Steensma-Persistence-2013.pdf
[8] Daily Mail (2013) 'The NHS clinic where children as young as 12 are receiving drugs to prepare them for a sex change' https://www.dailymail.co.uk/news/article-2508704/NHS-Tavistock-Clinic-treating-transgender-children-therapies-prepare-sex-change.html
[9] Daily Mail (2014) 'NHS to give sex-change drugs to nine year olds: Clinic accused of 'playing God' with treatment that stops puberty' https://www.dailymail.co.uk/news/article-2631472/NHS-sex-change-drugs-nine-year-olds-Clinic-accused-playing-God-treatment-stops-puberty.html

risks to health. If a child takes puberty blockers in early puberty and progresses to cross-sex hormones at age 16 the result will be infertility and possible loss of sexual function.

Early results from current trials on sheep show that impairment of long-term spatial memory performance is not reversed even after puberty blockade is stopped and that there may be other aspects of brain function irreversibly affected by puberty blockers:

> 'This result suggests that the time at which puberty normally occurs may represent a critical period of hippocampal plasticity. Perturbing normal hippocampal formation in this peripubertal period may also have long lasting effects on other brain areas and aspects of cognitive function.'[10]

Research has uncovered worrying results from the GIDS puberty blockers trial, in particular that after a year of puberty blockade 'a significant increase was found in the first item "I deliberately try to hurt or kill self."''

> '…after a year on GnRHa [puberty blockers] children reported greater self-harm, and that girls experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria.' [11]

An interim report of the trial, presented by Polly Carmichael at the World Professional Association of Transgender Health Symposium in Amsterdam, revealed 'an increase in internalising problems and body dissatisfaction especially natal girls' after one year on blockers.[12] This presentation also revealed that no children change their minds after taking puberty blockers:

> 'Persistence was strongly correlated with the commencement of physical interventions such as the hypothalamic blocker (t=.395, p=.007) and no patient within the sample desisted after having started on the hypothalamic blocker. 90.3% of young people who did not commence the blocker desisted.'

In an analysis of all research studies into puberty blockers and cross-sex hormones, commissioned by BBC Panorama, Carl Heneghan, professor of evidence-based medicine at Oxford University, concluded that this is 'an unregulated live experiment on children.'

> 'The development of these interventions should, therefore, occur in the context of research, and treatments for under 18 gender dysphoric children and adolescents remain largely experimental. There are a large number of unanswered questions that include the age at start, reversibility; adverse events, long term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition. We wonder whether off label use is appropriate and justified for drugs such as spironolactone which can cause substantial harms and even death. We are also

[10] Hough, D. et al, NCBI (2017) 'A reduction in long-term spatial memory persists after discontinuation of peripubertal GnRH agonist treatment in sheep' https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333793/?fbclid=IwAR2h0I3WI4GzJXefjuAMVEfDvy1WF9TJl4NuzM5U1NAfA3t2Sk8JrOzkOIo

[11] Biggs, M. (2019) 'Tavistock's Experimentation with Puberty Blockers: Scrutinising the Evidence' https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/

[12] Carmichael, P., WPATH Symposium, Amsterdam (2016) 'Gender Dysphoria in Younger Children: Support and Care in an Evolving Context' http://wpath2016.conferencespot.org/62620-wpathv2-1.3138789/t001-1.3140111/f009a-1.3140266/0706-000523-1.3140268

> ignorant of the long-term safety profiles of the different GAH regimens. The current evidence base does not support informed decision making and safe practice in children.'[13]

Lobby groups claim that regret is rare. Past rates of regret and detransition, however, apply mainly to men transitioning later in life and cannot be applied to the current cohort of children, mostly girls, undergoing medical transition in adolescence. Detransition support groups are well-established in the US where the affirmation approach has been established for longer; here in the UK detransitioners are now beginning to organise and more and more are speaking out.[14]

There is no robust evidence to suggest that medical transition is effective in alleviating feelings of suicidality or mental health problems. The only long-term study, in Sweden, concluded:

> 'Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.'[15]

A study in 2010 by the National Center for Transgender Equality found that:

> 'Those who have medically transitioned (45%) and surgically transitioned (43%) have higher rates of attempted suicide than those who have not (34% and 39% respectively).'[16]

In 2016 a detransition support group conducted a survey of 203 young women who regretted their transition and found that:

> 'By far, the two most common reasons for detransition were shifting political/ideological beliefs, at almost 63%, and finding alternative coping mechanisms for dysphoria, at 59%. The three most commonly cited reasons for detransition among trans activists – financial concerns, lack of social support, and institutional discrimination were among the lowest, at 18%, 17%, and 7% – in fact, institutional discrimination was the lowest scoring category.'[17]

Only 6% of those surveyed felt that they had received adequate counselling before embarking on medical transition.

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[13] Heneghan, C. BMJ (2019) 'Gender affirming hormone in children and adolescents' https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/

[14] Sky News (2019) ''Hundreds' of young trans people seeking help to return to original sex' https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740

[15] Dhejne, C. et al, PLOS ONE (2011) 'Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885

[16] National Center for Transgender Equality (2010) 'Preventing Transgender Suicide' https://web.archive.org/web/20150213054306/http:/transequality.org/PDFs/NCTE_Suicide_Prevention.pdf

[17] Guideonragingstars (2016) 'Female detransition and reidentification: survey results and interpretation' https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey

The Influence of Activists

Tavistock GIDS works closely with the lobby group Mermaids. Polly Carmichael, Director, has acknowledged that the puberty blockers trial was instigated under pressure from this charity.[18] GIDS also works with Gendered Intelligence.[19] GIRES lobbies the NHS and also puts pressure on the Tavistock GIDS to fast track access to medical interventions:

> 'We have urged the GIDS to adopt a triage method of assessing the urgency of individual cases and providing fast track access to physical treatment when needed. The triage process could be conducted via telephone and e-mail before the first appointment. Some clients should be seen in less than 18 weeks.'[20]

One former clinician said:

> "Mermaids, Gires, Gendered Intelligence. . . they all act as if it were their service…They are able to call up executive members and influence them."[21]

35 psychologists have resigned from the Tavistock GIDS in the last three years over fears that children are being over-diagnosed and then over-medicalised and that psychologists are constrained in the work they can do out of fear of being called 'transphobic.'[22]

Psychotherapist James Caspian, as a member of the UK Council for Psychotherapy, described the pressure from activists in the decision to add 'gender identity' to the new Memorandum of Understanding on Conversion Therapy in 2017:

> 'There are lots of activists within the LGBT community and I sensed that everyone was scared of them…The problem is that the activists feel only they have any right to say anything and anyone who disagrees with them walks on eggshells for fear of being accused of being transphobic…We need a framework that allows therapists to freely explore other underlying issues that may be present before they start gender reassignment treatment, without the fear of being accused of conversion therapy if they do so. The Memorandum of Understanding is saying we must accept whatever gender identity a client says they are without question.' [23]

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[18] Vice (2016) 'Meeting the Doctor Who Runs the Only NHS Clinic for Trans Children' https://www.vice.com/en_uk/article/exkb4m/meeting-the-doctor-who-runs-the-only-nhs-clinic-for-trans-children

[19] The Psychologist (2019) Consultant Clinical Psychologist Sarah Davidson is a former member of the Gendered Intelligence team. See for example her promotion of this lobby group in this interview: 'It's a real critical period around gender' file:///E:/Downloads/0919davidson.pdf

[20] GIRES (2016) Response to NHS consultation on service specification for gender identity development service for children and adolescents https://www.gires.org.uk/wp-content/uploads/2016/04/GIRES-Young-People-Response-to-Service-Spec-1.pdf

[21] The Times (2019) 'Families exploited by gender lobby groups pushing for treatment' https://www.thetimes.co.uk/article/families-exploited-by-gender-lobby-groups-pushing-for-treatment

[22] Sky News (2019) 'NHS 'over-diagnosing children having transgender treatment, former staff warn' https://news.sky.com/story/nhs-over-diagnosing-children-having-transgender-treatment-former-staff-warn-11875624

[23] Daily Mail (2017) https://www.dailymail.co.uk/news/article-4979498/James-Caspian-attacked-transgender-children-comments.html#reader-comments

A recent document entitled 'Only adults? Good practices in legal gender recognition for youth' demonstrates how the transgender movement has directly targeted children. This is a handbook for activists wishing to bring about changes in the law to allow children to legally change their gender, with no age restriction and without adult approval or the approval of any authorities.

> 'It is recognised that the requirement for parental consent or the consent of a legal guardian can be restrictive and problematic for minors.'

The report suggests that:

> 'states should take action against parents who are obstructing the free development of a young trans person's identity in refusing to give parental authorisation when required.'

Tactics include: 'target youth politicians'; 'de-medicalise the campaign'; 'get ahead of the government agenda and the media story'; 'use human rights as a campaign point'; 'tie your campaign to more popular reform' and 'avoid excessive press coverage and exposure.' The purpose of these strategies is specifically to take away parental rights and remove the child from any parental control and protection.[24]

Although trans activists campaign for a legal system of self-declaration without the need for any diagnosis of gender dysphoria or medical reports, in the case of minors the same activist groups campaign aggressively for children's right to access medical interventions at ever younger ages.

Schools

Self-ID of sex is not legal policy in the UK, but a system of self-declaration is being implemented in schools across the country. Transgender and LGBT lobby groups such as Stonewall, Mermaids, GIRES, Gendered Intelligence, Allsorts and Educate and Celebrate produce schools guidance, resources and training for teachers. These groups are funded by the Department for Education, lottery grants and charities such as Children in Need. Some of these groups also advise and provide training for the police, the Home Office, the EHRC, the CPS and the Prison and Probation service along with schools and the NHS.

There are also regional groups across the UK, such as The Proud Trust in Manchester, The Intercom Trust in Cornwall, Transfigurations in Devon, Transpire in Essex and the Kite Trust in Cambridge. Transgender and LGBT youth support groups endorse the idea that human beings have an innate gender identity, and promote a policy of affirmation and the belief that 'transwomen are women' and 'transmen are men.' Attending one of these support groups will reinforce a girl's belief that she is really a boy, or a boy's belief that he is really a girl.

For vulnerable young people 'transgender' has become an identity badge which gains them entry into a tribe, where they will be validated as long as they continue to identify as trans.

[24] IGLYO, Dentons & Reuters (2019) 'Only adults? Good practices in legal gender recognition for youth' https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO_v3-1.pdf

Policy for schools written by trans and LGBT lobby groups compels teachers to collude in the experimental 'affirmation' and social transition approach towards any trans-identified child, or any parent who says their child is transgender. Children who are affirmed as the opposite sex in primary school are less likely to resolve their feelings during puberty and more likely to continue on the path towards medical transition. Kenneth Zucker describes this approach as 'iatrogenic':

> 'Gender social transition of prepubertal children will increase dramatically the rate of gender dysphoria persistence when compared to follow-up studies of children with gender dysphoria who did not receive this type of psychosocial intervention and, oddly enough, might be characterized as iatrogenic.'[25]

Concerns have been raised by psychologists at the Tavistock GIDS that 'to formally socially transition before puberty risks pre-determining the outcome' and that 'various "advocacy groups" encourage parents to opt for total social transition.'

> 'Parents are risking psychologically damaging their children by allowing them to "socially transition" their gender without medical or psychiatric advice, NHS experts have warned. Primary school-aged children are increasingly being encouraged to formally switch, in defiance of the recommended "watchful waiting" approach, the Gender Identity Development Service (GIDS) leaders said. In some cases, children as young as six are attending school where nobody knows their original sex.'[26]

School resources are now being produced by LGBT groups for the new RSE curriculum, for example Stonewall primary school guidance which goes far beyond the requirements of the DfE RSE guidance.[27] Teachers are told to remember to "make your PSHE sessions trans inclusive by referring to 'most girls' or 'most boys' when learning about body parts and puberty." Children being taught using this curriculum will learn that sex is mutable, girls can have penises, boys vaginas and that it is wrong to ask what sex someone is let alone insist on boundaries based on sex.

Stonewall's guidance was funded by the GEO and Stonewall is the only recommended resource for diversity and inclusion in the DfE RSE guidance document.

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[25] Zucker, K. Researchgate (2019) 'Debate: different strokes for different folks' https://www.researchgate.net/publication/333516085_Debate_Different_strokes_for_different_folks
[26] The Telegraph (2019) 'Encouraging children to 'socially transition' gender risks long term harm, say experts' https://www.telegraph.co.uk/news/2019/07/17/encouraging-children-socially-transition-gender-risks-long-term/
[27] Charlesworth, S. (2019) https://www.transgendertrend.com/stonewall-lgbt-inclusive-teaching-primary-schools/