

# Some questions for the NHS, Tavistock and GIDS

**Deborah Cohen:** ‘Why do you think there has been a big rise in the number of young people referred in the last five years?’

**Elizabeth van Horn:** ‘Well I suppose the honest answer is that no one actually knows yet’.

(File on Four: Going Back: The people reversing their gender transition.  
26th November 2019)

‘We have to look at it through other kinds of lenses, which can be very widely disputed’

(Bernadette Wren, November 2017)

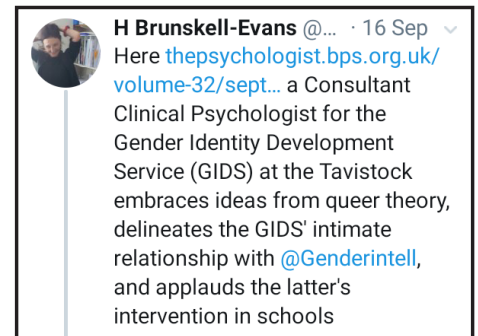
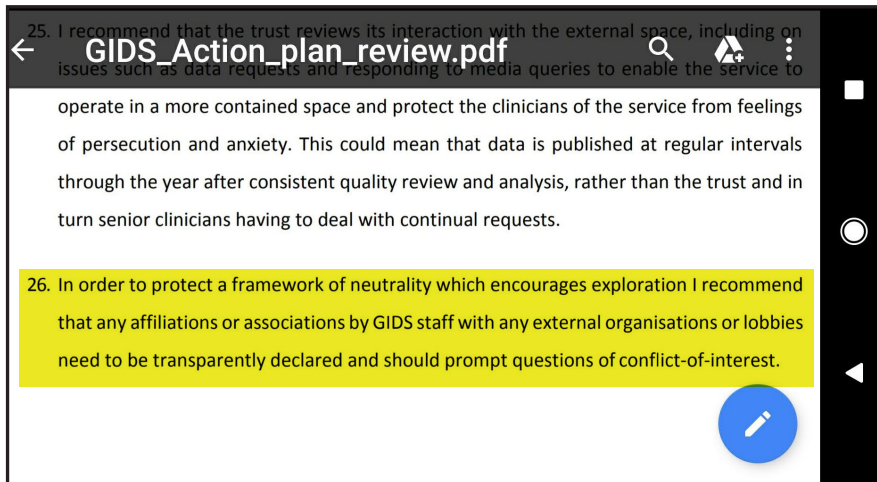
‘It is also important to keep curiosity about gender identity live’

(Polly Carmichael, July 2019)

**We are curious too and have some questions for the Tavistock.**

# Questioning the impartiality of Tavistock clinicians

How can Dr Sarah Davidson operate neutrally when she was previously on the team at Gendered Intelligence and continues to promote them publicly?



## The Gendered Intelligence Team

Gendered Intelligence is made up of a host of highly skilled freelance workers who are facilitators, practitioners, youth workers, mentors, writers, researchers, trainers, educators, artists and designers, cultural commentator, social media-ites and all round talented folk. The team at GI is growing and no doubt will grow more over the coming years.

## Other Team Members

### Dr. Sarah Davidson

Dr Sarah Davidson is a Consultant Clinical Psychologist at the Gender Identity Development Service (GIDS). Sarah works closely with Gendered Intelligence, supporting their mentoring scheme and contributing to various public meetings and activities. At the GIDS Sarah oversees the running of a variety of groups and Family Days, and leads on the transition to adult services. Sarah is also the Head of Psychosocial Support at the British Red Cross, where she is responsible for supporting the psychological health and well-being of the workforce involved in delivering services (in the UK and internationally). Sarah is a passionate supporter of the voluntary sector and is a Trustee on the Boards of NCB (National Children's Bureau) and Interhealth.

Sarah Davidson appears as a Gendered Intelligence team member on their website February 2017

Sarah Davidson interview with 'The Psychologist' magazine 2019.

### And that work can be done directly and indirectly?

Exactly. As a service, we feel it's important to work at different levels and with different agencies and organisations. For example, **Gendered Intelligence** works with the schools and the system. They work with government departments, professional organisations such as the Football Association, to try to challenge some of the ideas around sport, which can be very gendered and restrictive. They may work publicly with conferences, but also with individuals, group work, mentoring gender diverse young people to enable access back into education. So it's at all levels. Any successful intervention has to be at each level – multi-factorial.

### That sounds expensive.

I would disagree. What could be expensive is if

### Is that evidence that what you are doing with organisations like **Gendered Intelligence** is working? Are we seeing more 'good citizens' of the future?

Yes, I think we're seeing more role models with different experiences to share, different identities and stories. **By challenging the heteronormativity of the dominant world view, and providing alternative voices and experiences, it's complicating it but it's much more enabling for a wide group of people. That's progress.**

# Questioning the impartiality of Tavistock clinicians

Might some clinicians have strong partisan opinions in relation to gender?  
Are these clinicians or activists?

## GIDS\_Action\_plan\_review.pdf

In March 2019 the Tavistock board agreed an action plan in response to a review carried out to explore the concerns raised by members of staff.

8. GIDS will make service improvements to reduce unnecessary variation in practice and improve transparency about decision-making. It will do this by:
- Implementing and monitoring cross-supervision arrangements
  - Improving oversight of co-working arrangements
  - Undertaking quarterly audits of assessment reports
  - Producing a list of other measures to prevent and monitor unexplained variation in practice



LEADING ARTICLE

## The Times view on the treatment of gender dysphoria in children: Identity Check

The NHS needs to establish its protocols rather than leave difficult ethical decisions to the Tavistock clinic

Tuesday April 09 2019, 12:01am, The Times

## Stuart Lorimer, Consultant Psychiatrist at Tavistock GIC



Stuart Lorimer marching alongside Mermaids at London Pride, 2019



An absolute honour (and a degree of starstruckness on my part) to meet Susie Green, of Mermaids, at WPATH. — with Stuart Lorimer.



'This young patient has a tattoo of Stuart Lorimer's GenderCare business card. Is fandom dangerous when young people are making irreversible medical decisions?'



Dr Stuart Lorimer  
@GenderCareDrL



The Four Horsemen of the Testostapocalypse: Hungry, Hairly, Horny and Hot.

3:39 pm · 09 Oct 16



Dr Stuart Lorimer  
@GenderCareDrL

Account of a GP discussing prescription of testosterone to a trans man: "I have to check it's legal".

9:52 p.m. · 12 May 17

2 RETWEETS 6 LIKES



Dr Stuart Lorimer @GenderCare... · 36m  
Replying to @SophieDancerUK and 3 others  
The Little Book of Bollocks

SunMum  
@Mum3Sun

Lorimer believes 'in utero theory of brain development'. Luckily he can sex his clients' brains from the outside in a one hour chat.

TD: "Transsexual"... that's a man turning into a woman?"

1 6



Dr Stuart Lorimer @GenderCare... · 6h  
Me (inward recalibration to Basic mode): "Or woman-to-man."  
TD (mind MOAR BLOWN): "How can that happen?!"  
Me: "Testosterone - male hormone - and surgery. Their brains have always been mens' brains."  
TD: "What d'you mean?"  
Me: \*explains theories of in-utero brain development\*

1 7

## Jonny Coxon, Clinical Assistant (Endocrinology) Tavistock GIC

Jonny Coxon  
574 Tweets

**Tweets** Tweets & replies Media Like

**Amanda Jette Knox** · 12 Nov 18  
"Rapid Onset Gender Dysphoria"? Really?

The only thing rapid about my kid coming out as trans was our declaration of unconditional support for who she is. Nearly 5 years later, her gender identity hasn't changed and neither has our commitment to her.

Affirm your trans kids. ❤️

22 188 1,828

Jonny Coxon retweeted

**Jan Gooding @Jan...** · 11 Nov 18  
I thought it was impossible to see a worse headline than I have seen already in @thesundaytimes but this is outrageous. I am mortified. This is why @stonewalluk remains utterly committed to campaign for change to the law and the attitude of those who are so ignorant and cruel. [twitter.com/TaraHewitt/status/1091111111](https://twitter.com/TaraHewitt/status/1091111111)

Jonny Coxon Retweeted

**Amanda Jette Knox** @MavenOfMayhem

My kid doesn't have "Rapid Onset Gender Dysphoria" because I thankfully caught Rapid Onset Getting a Clue shortly after she came out, and learned that her experience only felt rapid to me; she's been trans her whole life.

2:10 AM · Apr 1, 2019 · Twitter for iPhone

## James Barrett, Lead Clinician, Tavistock GIC

**And in the UK ?**

- Comments on child and adolescent services seem reminiscent of 'Section 28'
- Trans women portrayed as especially subversive and dangerous
- Strange alliance of right wing evangelical Christians from the USA, old-school therapists and a particular strand of feminists
- Tends to be couched as precautionary or based in concern but underneath essentially reparative
- The WEC ruling was made earlier in the pendular backswing

Slide from the 2019 presidential address by James Barrett, president of the British Association of Gender Identity Specialists and Lead Clinician at Tavistock GIC. Barrett's speech called for gender clinicians to conceal activism behind a facade of professional neutrality.

## Christina Richards, Lead Consultant Psychologist, Tavistock GIC

**Professor Christin...** · 19 Oct 18  
The Gender Recognition Act consultation deadline has been extended to Monday.

If you haven't already done so I urge you to give your response here:

**GOV.UK** Reform of the Gender Recog... gov.uk

1 3 5

Jonny Coxon retweeted

**Professor Christina Richards** @CRichardsPsych

**Sadly the deadline for submitting hate-filled transphobia has already passed.**

**Professor Christina Richards** @CRichardsPsych

In this month's @psychmag two jobs in my gender team @TaviAndPort please RT.

**Highly Specialist Clinical or Counselling Psychologist**  
Employer: Adult Gender Identity Clinic,  
The Tavistock and Portman NHS Foundation Trust

We spoke to Professor Christina Richards, MSc DCPsych, Clinical Psychologist, HCPC Registered Applied Psychologist, Lead Consultant Psychologist & Head of Research, Chair BPS Division of Counselling Psychology, Visiting Professor, Regent's University London.

The field of gender diversity is a very exciting field to work in largely because of its heterogeneity - it involves psychology naturally but also endocrinology, surgery, law, community engagement, and is helped by a reasonable working knowledge of sociology, history, and politics. These things are combined into endlessly interesting and rewarding work which has the possibility of genuinely affecting people's lives for the better. It is, however, a contentious field - with some people (seriously) asserting that trans or non-binary people are necessarily mentally ill, or in some other way problematic, while other people try to use trans and non-binary people's lives to further some theoretical end - whether that theory is ultimately 'pro' or 'anti' gender diversity. In contrast, our work is, of course, about real people and real lives - and so the challenge is in understanding the vagaries of politics and theory certainly, but in holding central the real experience of the people we are working with.

Consequently, we are looking for people with an interest in the field and an open mind. The details of Gender Diversity can be learned, but an open and inquiring mind cannot. Bigots and exploitative theoreticians need not apply! Clever, open people who are interested in clinical practice, research, truly multidisciplinary working, and developing this emerging field are most welcome.

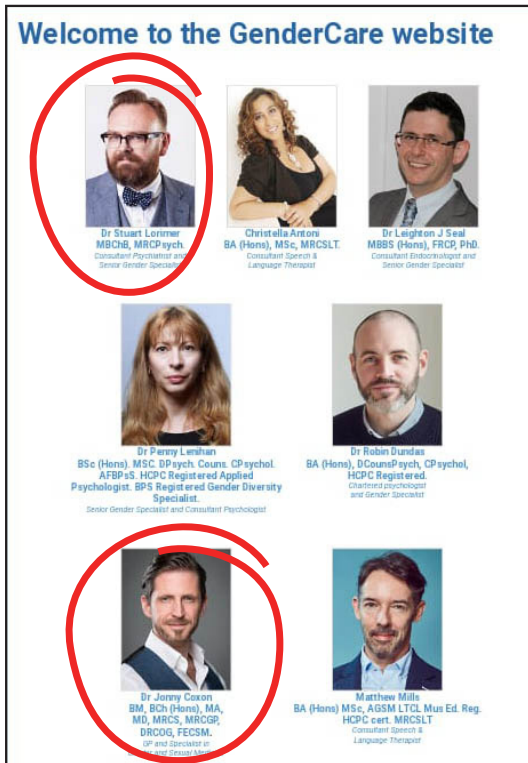
**Highly Specialist Clinical or Counselling Psychologist**  
Adult Gender Identity Clinic  
Grade: A/C Band 8a  
Salary: £55,383 - £57,596 (inclusive bonus NCA per annum)  
The Tavistock and Portman NHS Foundation Trust

Consequently, we are looking for people with an interest in the field and an open mind. The details of Gender Diversity can be learned, but an open and inquiring mind cannot. Bigots and exploitative theoreticians need not apply! Clever, open people who are interested in clinical practice, research, truly multidisciplinary working, and developing this emerging field are most welcome.

# Stuart Lorimer, Jonny Coxon and Christina Richards have all worked at GenderCare.

Can NHS gender services maintain appropriate standards when clinicians work at private clinic GenderCare?

Welcome to the GenderCare website



**Dr Stuart Lorimer**  
MBChB, MRCPsych  
Consultant Psychiatrist and  
Senior Gender Specialist

**Christella Antonio**  
BA (Hons), MSc, MRCSLT  
Consultant Speech &  
Language Therapist

**Dr Leighton J Seal**  
MBBS (Hons), FRCP, PhD  
Consultant Endocrinologist and  
Senior Gender Specialist

**Dr Penny Leshan**  
BSc (Hons), MSc, BPsych, Couns. Psychol.,  
AFBPSS, HCPC Registered Applied  
Psychologist, BPS Registered Gender Diversity  
Specialist,  
Senior Gender Specialist and Consultant Psychologist

**Dr Robin Dundas**  
BA (Hons), DCounsPsych, CPsychol,  
HCPC Registered,  
Chartered Psychologist  
and Gender Specialist

**Dr Jonny Coxon**  
BM, BCh (Hons), MA,  
MD, MRCS, MRCPs,  
DRCOG, FRCGS,  
CP and Specialist in  
Gender Specialist

**Matthew Mills**  
BA (Hons) MSc, AGSM LTGL Mus Ed. Reg.  
HCPC cert. MRCSLT  
Consultant Speech &  
Language Therapist

GenderCare  
UK SPECIALISTS IN GENDER THERAPY

**Dr Christina Richards**  
MSc, DCPsych, CPsychol, EuroPsy, AFBPsS.  
HCPC Registered Applied Psychologist,  
Chair BPS Division of Counselling Psychology,  
Lead Consultant Psychologist,  
Clinical Research Fellow,  
Senior Gender Specialist.

I am an **HCPC** Registered Doctor of  
Counselling Psychology and an Associate  
Fellow of the [British Psychological Society](#)  
(BPS), where I am also Chair Elect of the  
[Division of Counselling Psychology](#).

Gender Care: UK specialists in gender therapy  
gendercare.co.uk

## Fees - Dr Stuart Lorimer

**Clinic visits:**

|                                                 |         |
|-------------------------------------------------|---------|
| Initial assessment with Dr Lorimer (60 minutes) | £300.00 |
| General follow-up assessments (30 minutes)      | £150.00 |

It's fair to say the decision to set up GenderCare, around seven years ago, wasn't an altruistic one. Doctors have mortgages too, and my partner was on the verge of retirement. In the UK, the coalition government showed every sign of squeezing the NHS in what has turned out to be the longest public sector pay freeze for many decades. I was looking for ways to generate more income.

Stuart Lorimer on setting up his private practice

gofundme

## Results for "Gendercare"

44 results found



**BOLTON, NORTH WE...**  
**Fundraising for the cost of GenderCare**  
Last donation 8mos ago  
£95 raised



**BIRMINGHAM, WES...**  
**Gender Care Appointments**  
Last donation 4mos ago  
£61 raised

Young people crowd fund to pay for their expensive GenderCare appointments. The appointments cost approx £300 per hour. 1 hour appointments usually lead to a hormone prescription.

# More on GenderCare...



I got an appointment w Dr Lorimer from gendercare, then he prescribed me T after the first appointment :)

12:07 a.m. · 11 Oct 17

just sent off a request for my gendercare appointment I might be getting in NEXT WEEK and then I only need one more appointment for T 🙏🙏🙏🙏🙏🙏🙏🙏

14:20 · 22 Sep 19 · [Twitter for iPhone](#)

13 Likes

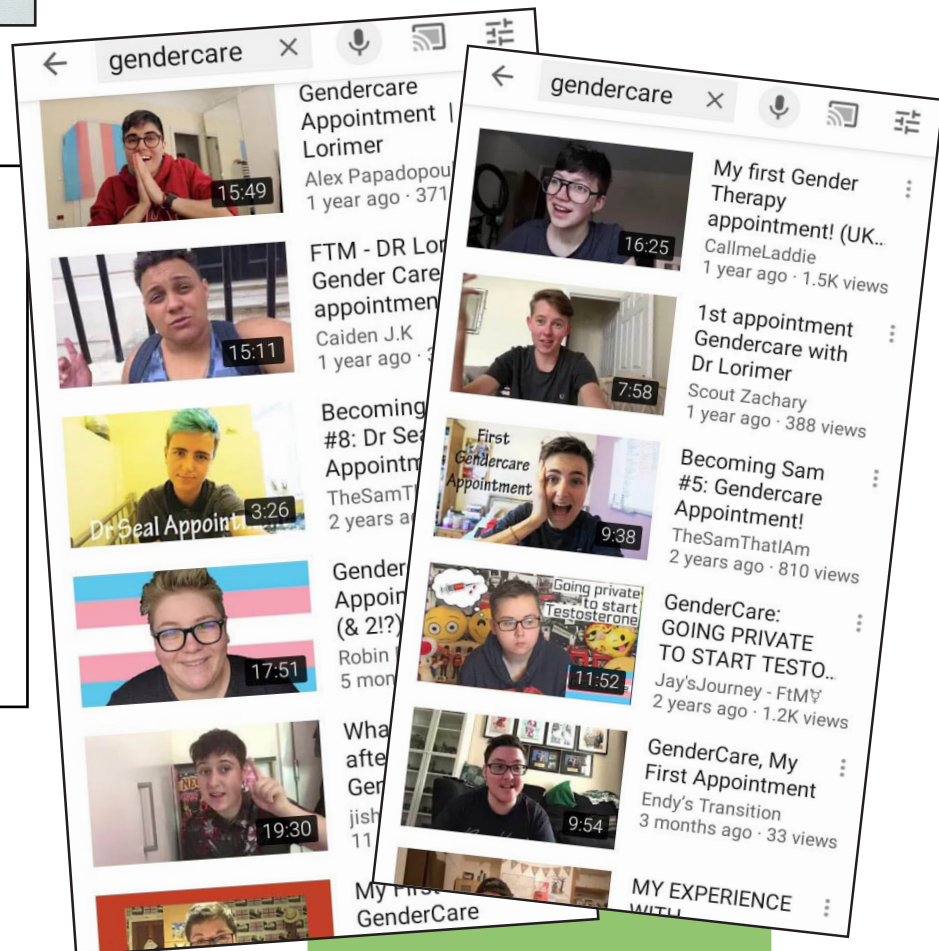


@t[redacted]s if you go through gendercare, you can get T after 1 appointment for £220, so i'd get booking now you have the money! 😊



The Samaritans advise against attributing suicide to any one particular cause.

Lesbians who protested at Pride are wrongly compared to US religious conservatives.

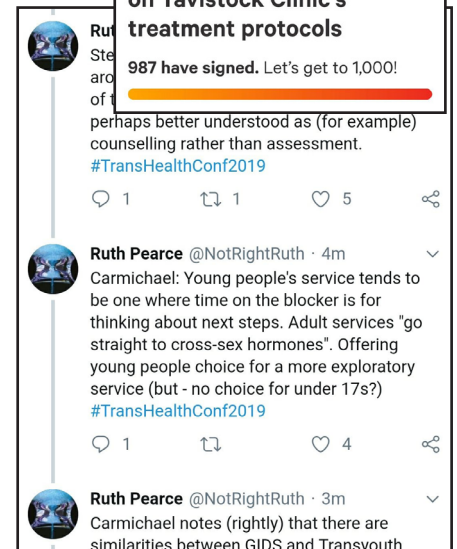
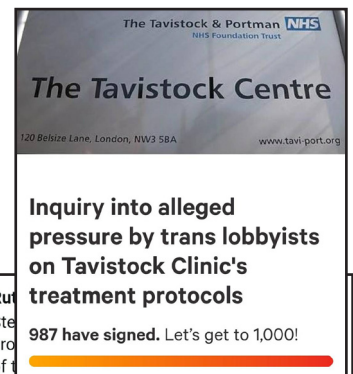


There are plenty of GenderCare appointment testimonies on YouTube

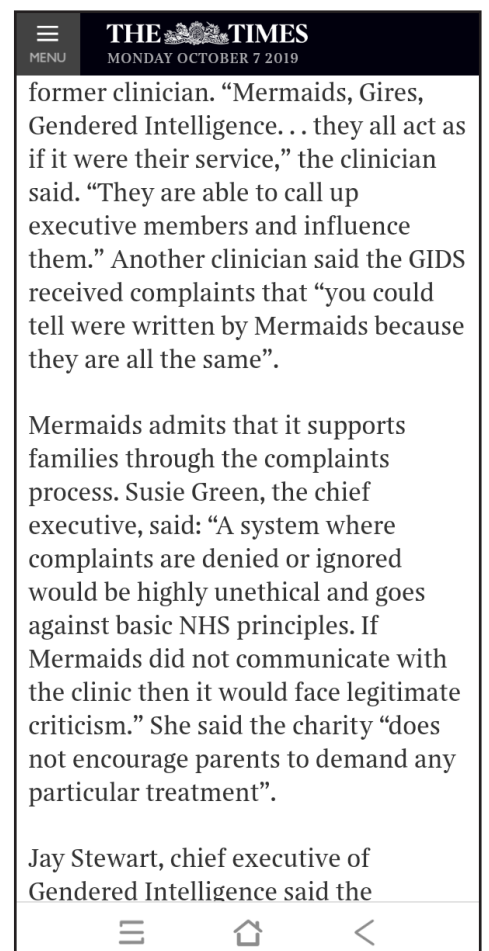
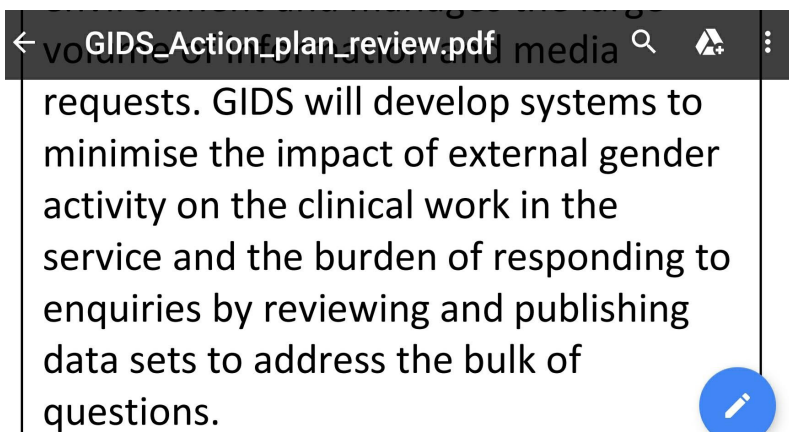
## Why does the Trust engage with Mermaids and Gendered Intelligence but not those of opposing views?



Users of the service are people with gender dysphoria and other forms of distress and the relevant patient group or community is not just the trans community or trans support groups but includes autism groups, parent support groups, those with many different mental health conditions, detransitioners and desisters.



## What systems has GIDS put in place to minimise the impact of external gender activity?



# Where is the evidence base for medical intervention on children?

Current treatment in the NHS for CYP experiencing 'gender dysphoria' is aimed at alleviating dysphoric feelings and improving psychological wellbeing. However, the evidence on which the current treatment protocols are based is widely acknowledged to be both limited and shifting. For children/younger adolescents presenting to services, there is minimal research evidence, both in the UK and internationally, to inform questions regarding likely trajectories and outcomes particularly in the context of:

- physical treatments (e.g. hormone blockers to suppress the onset of puberty)
- social transition
- co-occurring Autism Spectrum Disorder

From a Tavistock GIDS proposal for research funds.

**THE TIMES**  
MONDAY OCTOBER 7 2019

Addressing concerns over the scarcity of evidence, it added: "It is only in recent years that the number of young people attending specialist services worldwide has dramatically increased. Prior to this the numbers have been small and it has therefore been difficult to collect sufficient evidence to fully evaluate treatment pathways."

"Given paucity of evidence, the off-label use of drugs [...] in gender dysphoria treatment largely means an unregulated live experiment on children"

**Carl Heneghan**, director of the Centre of Evidence-Based medicine at Oxford University

Elsewhere in psychology/psychiatry, everyone is clear that 'thoughts and feelings aren't fact' yet with gender dysphoria they are treated as if they were. Why?

What is the sound scientific methodology that underpins intervention? Why aren't the usual evidence-based approaches to identify and treat body related distress not employed in your clinic? (E.g. DBT, ACT, CBT)

the british psychological society

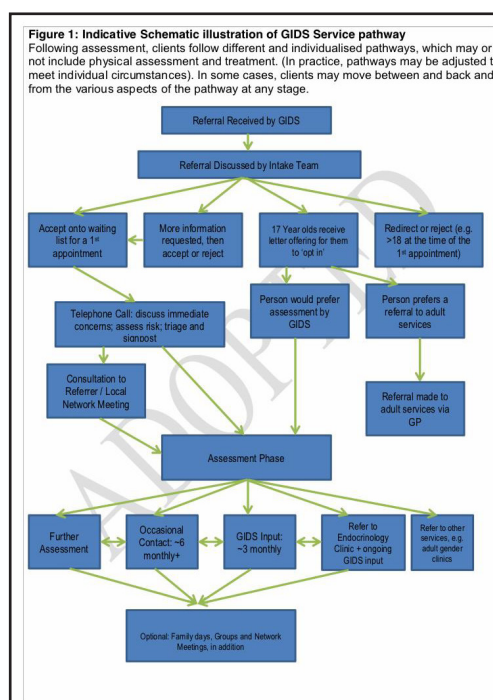
Join

## What is psychology?

Psychology is the scientific study of the mind and how it dictates and influences our behaviour, from communication and memory to thought and emotion.

It's about understanding what makes people tick and how this understanding can help us address many of the problems and issues in society today.

As a science psychology functions as both a thriving academic discipline *and* a vital professional practice, one dedicated to the study of human behaviour - and the thoughts, feelings, and motivations behind it - through observation, measurement, and testing, in order to form conclusions that are based on sound scientific methodology.



GIDS assessment pathway

I believe that Clinical Psychologists working elsewhere presume that because GIDS is part of Tavistock and Portman that it is working in line with the high standards and prestigious reputation that the trust has earned over the decades. I wish to make it clear to other Clinical Psychologists that most of the gender identity assessments being undertaken at GIDS are not being underpinned by the psychodynamic approach that the Tavistock is famous for.

From an open letter to Polly Carmichael by ex-GIDS clinician Kirsty Entwistle

## How can in-depth assessments be achieved within 3-6 sessions and when alternative diagnoses are not given?



Get started

# An open letter to Dr Polly Carmichael from a former GIDS clinician



Kirsty Entwistle  
Jul 18 · 11 min read

Dear Polly,

I am writing to you as a former clinician from the Gender Identity Development Service (GIDS) in Leeds. I wish to outline the concerns I had at the time of working there

In terms of complexity I also had on my caseload several young people who declined to communicate verbally or communicated verbally to a very limited extent. I think that at GIDS verbal communication difficulties are often minimised as transmales being afraid to speak because they have a 'feminine voice' but in all of these cases I believe that there was something more complex than that going on. Again, it's very difficult to undertake a gender identity assessment with a young person who struggles to communicate verbally, especially within the time constraints of the service.

### Failure of support from CAMHS and Social Care

One of the other major factors that

I believe that Clinical Psychologists working elsewhere presume that because GIDS is part of Tavistock and Portman that it is working in line with the high standards and prestigious reputation that the trust has earned over the decades. I wish to make it clear to other Clinical Psychologists that most of the gender identity assessments being undertaken at GIDS are not being underpinned by the psychodynamic approach that the Tavistock is famous for.

There are children who have had very traumatic early experiences and early losses who are being put on the medical pathway without having explored or addressed their early adverse experiences. At GIDS no one directly tells you that you're not

### GIDS policy on ruling out transgenderism

I also strongly believe that it is GIDS duty to make it known that it is highly unlikely that any child presenting there will be told that they are not transgender. One of my biggest ethical dilemmas whilst working at GIDS was that there were parents who brought their child to GIDS anticipating that we would confirm that the child was not transgender but we are not able to tell parents that actually there is some unspoken rule that means GIDS clinicians do not tell families, "your child is not transgender".

seeing abandonment/estrangement by a parent as an indicator of complexity. For me, this was another reason that made me feel so disoriented. In my Clinical Psychology training and in other services the loss of or abandonment by a parent would be something to be explored and the impact understood but I felt that at GIDS this factor was often minimised or dismissed.

I was also shocked by the complexity of referrals. I read many referrals of children who have been sexually abused and many children have witnessed and/or been subjected to domestic violence.

# Why do you seem more afraid of children becoming suicidal for want of treatment than them becoming suicidal because of the treatment?

Study

Results

Browse Topics

RESEARCH ARTICLE

## Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden

Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, Mikael Landén

**Abstract**

Context

The treatment for transsexualism is sex reassignment, including hormonal treatment and surgically assigned anatomy.

Results

The overall mortality for sex-reassigned persons was higher during follow-up (aHR 2.8; 95% CI 1.8–4.3) than for controls of the same birth sex, particularly death from suicide (aHR 19.1; 95% CI 5.8–62.9). Sex-reassigned persons also had an increased risk for suicide attempts (aHR 4.9; 95% CI 2.9–8.5) and psychiatric inpatient care (aHR 2.8; 95% CI 2.0–3.9). Comparisons with controls matched on reassigned sex yielded similar results. Female-to-males, but not male-to-females, had a higher risk for criminal convictions than their respective birth sex controls.

**Conclusions**

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment

## From: Suicide by trans-identified children in England and Wales.

Although GIDS told me that it could not provide information before 2016, its [website](#) in 2017 stated that 'suicide is extremely rare, with one case in the service in the last decade, of a young person in an inpatient ward who was referred with severe psychiatric difficulties.' Presumably this case occurred before 2016. This brings the total—for over a decade—to four.

Some trans-identified children might not be referred to GIDS, and therefore would not come within the scope of these figures. Fortunately we can check with a different source, the National Confidential Inquiry into Suicide

In sum, we know that four trans-identified children committed suicide in England and Wales since about 2008: one in 2017, two in 2016, and one apparently before 2014. To put these tragedies in perspective, the number of patients seen each year by GIDS increased from 700 in 2013/14 (when reporting began) to 2,700 in 2017/18. Figures for patients on the waiting list are not routinely reported, but we know they numbered 1,652 at the end of 2017/18.

By Michael Biggs, Dept of Sociology, University of Oxford



Preliminary data for 30 of the 44 young people on the study was made available to the Tavistock's board in 2015. **It showed that after a year on puberty blockers, there was a significant increase found in those answering the statement "I deliberately try to hurt or kill myself".**

Prof Susan Bewley, who chairs Healthwatch, a charity for science and integrity in healthcare, is one of a number of doctors raising concerns about the lack of evidence in this area of medicine.

She said seeing any change around suicidal thoughts "is very worrying".

"Good medical practice would normally be very reflective about an increase in harms," she added.

## THE SUNDAY TIMES

SUNDAY OCTOBER 13 2019

Jacob found it increasingly difficult to concentrate on schoolwork. If sitting GCSEs is hard enough with raging hormones, it's even harder without them, he said. "I'm someone with the developing mind of a 12-year-old who's doing exams designed for a 16-year-old."

He added: "The worst part was probably the depression. There were moments when I wanted everything to stop. Weight gain and depression — for someone who is already self-conscious about their body, that's a lethal combination."

Clinicians who resigned from Gids for ethical reasons said one of their main concerns was that young people were

## THE SUNDAY TIMES

SUNDAY OCTOBER 13 2019

Jacob also claims he was not warned about the side-effects of the drugs.

These have included insomnia, exhaustion, fatigue, low moods, rapid weight gain which caused his skin to become covered with angry, itchy stretch marks, and a reduction in bone density. "I'd never broken a bone before [taking puberty blockers]," he says. "I've since broken four bones.

"I stubbed my toe, it broke. I fell over, my wrist broke. Same with my elbow."

As he took the blockers, Jacob's mother watched her child become even more introverted and body-conscious. "The blockers contributed more to the self-image problems that were already there," she said.

What might be the outcome of applying an affirmative approach to children when we know it won't work for some of them?

 **Daily Mail** MORE STORIES

## Parents are encouraging children as young as three to change gender without consulting specialists, experts warn

By Eleanor Hayward For The Daily Mail  
00:02 18 Jul 2019, updated 03:40 18 Jul 2019



Many 'socially transition' at a younger age – but Dr Wren warned that doing so prior to puberty can lead to problems when the child is hit by a 'wall of reality' as their body starts to change.

She said: 'We think that is setting up problems for later. There is no magic solution.'

'Some families think the social transition means it is all going to be fine, but it is much more complicated.'

'We are anxious that there's some magical thinking that they won't really go through puberty. I'm not condemning these parents, but I think there's much more to learn.'

Should WPATH be considered the best guide of clinical practice when over 80% of their members may have a conflict of interest?



### Bias, not evidence dominates WPATH transgender standard of care

FEATURED · GENDER IDENTITY · HEALTHCARE  
Canadian Gender Report \_\_\_\_\_ October 1, 2019 5 Comments

#### WPATH Guidelines Do Not Qualify for ECRI Trust Scorecard

ECRI provides a "Trust Scorecard" that rates the quality of the guidelines, based on evidence strength and the measures taken to reduce bias in the recommendations. After searching the ECRI database for transgender care guidelines, the only guideline posted was the "Endocrine Society Clinical Practice Guidelines of Gender-Dysphoric/Gender-Incongruent Persons, 2017". It was not given a Trust Scorecard rating. The WPATH SOC was not included in the database.

When ECRI was contacted by this author and asked why WPATH guidelines were not included, and why the Endocrine Society guidelines did not have a scorecard rating, they responded in an email, saying that the reason the Endocrine Society guidelines did not meet inclusion criteria to be rated was because "Only a few of their recommendations were supported by the systematic review; the majority were not." The reason WPATH was not included, ECRI stated, was because the guidelines were over five years old, and "did not use a systematic review to process".

#### Conflict of Interest in Guideline Development and Committee Members

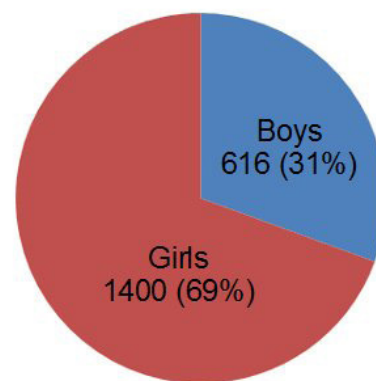
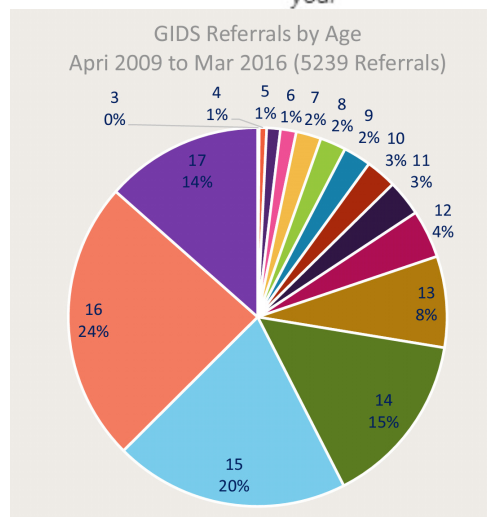
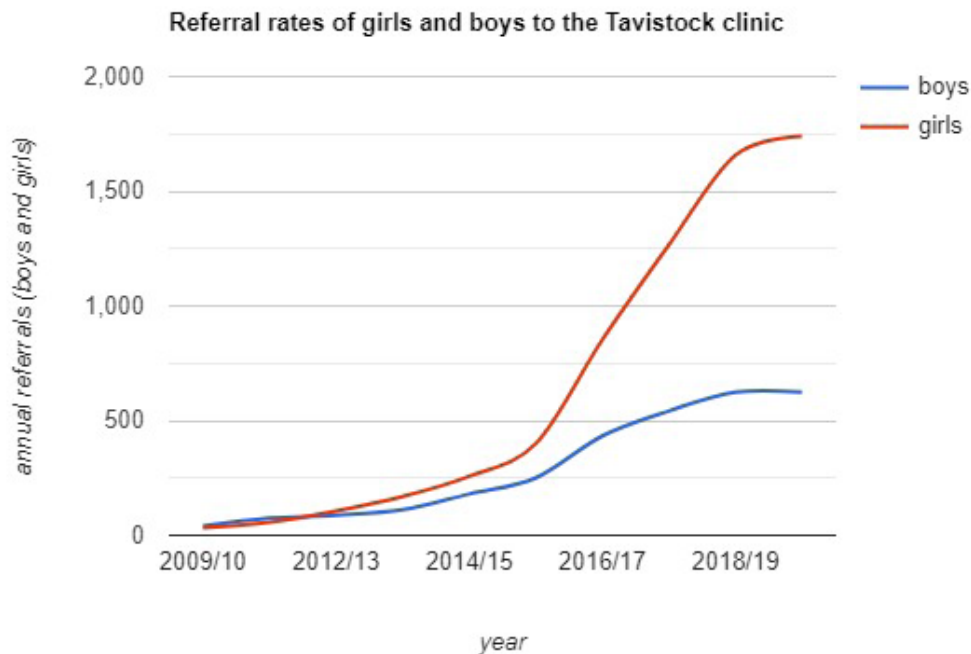
A systematic review of clinical guideline development in 2011 revealed [56 to 87%](#) of the authors had a conflict of interest (COI) in all clinical practice guidelines. In "Guidelines We Can Trust", the Institute of Medicine (IOM) states that a key factor in eliminating bias and conflict of interest (COI) is taking care in the composition of guideline committee members. Obvious financial COIs such as affiliations with pharmaceutical companies are a given. There are other significant sources of conflict of interests, however, that also must be considered. According to IOM,



**Stella O'Malley** @stellaom... · 4d

Dr Donal O Shea warns that aligning with WPATH guidelines would "result in significant harm" for gender-confused people. Psychiatrist Dr Paul Moran says WPATH "are not part of our model of care, are clinically unsafe, and unsuitable for use in a public healthcare gender clinic."

Why, when it was obvious that the patient demographic was changing, didn't you stop undertaking significant medical intervention?



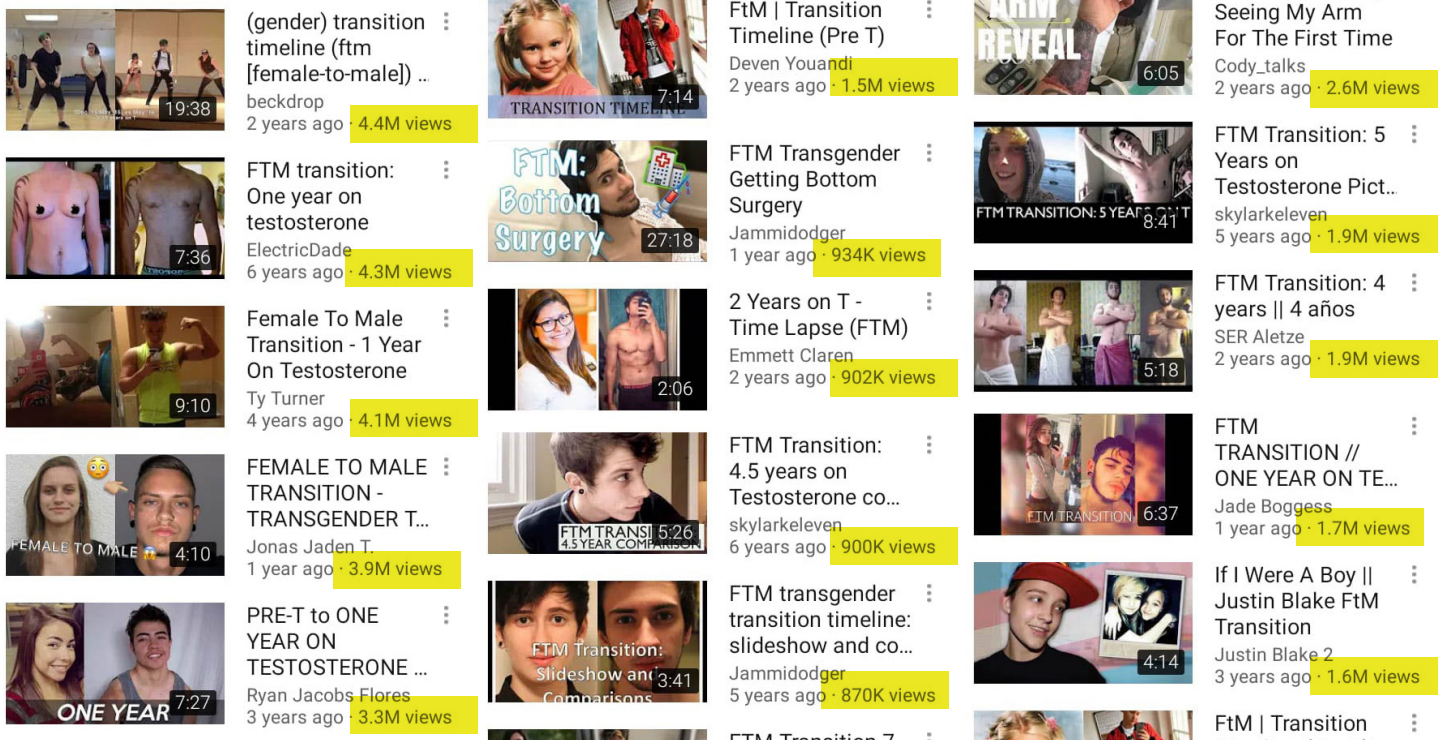
Why are you using research conducted on natal males to legitimise current treatment on natal females?

Why are the research findings from the Dutch team being used to justify current clinical practice in the UK - when the UK is not using the same inclusion criteria? And when Polly Carmichael in 2016 said that "Our results have been different to the Dutch."

Why haven't you followed up your patients, given the hugely significant and exceptional treatment that they have received?

Why have you not commissioned multi-disciplinary research into possible causes of the rise in referrals?

# Are the Tavistock investigating what role social media (YouTube FTM videos, Tumblr etc) plays in transgender identification?



## Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports

Lisa Littman

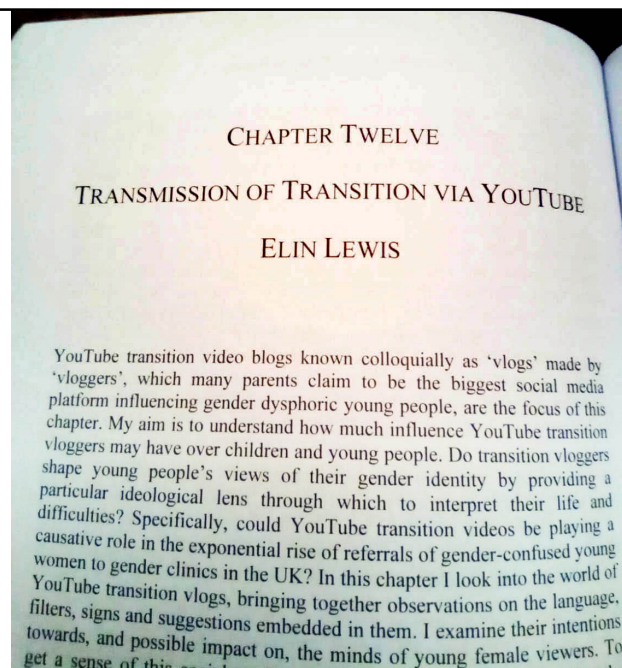
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| Article                                                                                                                                                                                                                                                                                                                                                                                                                                 | Authors | Metrics | Comments | Media Coverage |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|----------|----------------|
| <p><b>Abstract</b></p> <p>Introduction</p> <p>Materials and methods</p> <p>Results</p> <p>Discussion</p> <p>Conclusion</p> <p>Supporting information</p>                                                                                                                                                                                                                                                                                |         |         |          |                |
| <p><b>Abstract</b></p> <p><b>Purpose</b></p> <p>In on-line forums, parents have been reporting that their children are experiencing what is described here as "rapid-onset gender dysphoria" appearing for the first time during puberty or even after its completion. The onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender</p> |         |         |          |                |

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Will you be responding to the essays in 'Inventing Transgender Children and Young People'? They were written by clinicians, psychologists, sociologists, educators, parents and de-transitioners. (Chapter 12 explores the transmission of transition via YouTube, for example).

## Why are there no ASD ( autism spectrum disorder) specialists in your team?

### Assessment and support of children and adolescents with gender dysphoria **FREE**

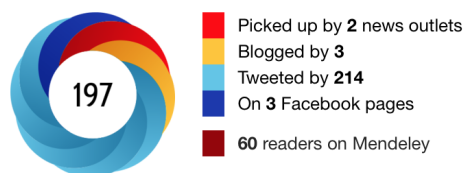
Gary Butler<sup>1, 2, 3</sup>, Nastasja De Graaf<sup>3</sup>, Bernadette Wren<sup>3</sup>, Polly Carmichael<sup>3</sup>

Author affiliations +

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<http://dx.doi.org/10.1136/archdischild-2018-314992>

#### Statistics from Altmetric.com



### Appropriate assessments prior to referral

The GIDS is an unusual multidisciplinary service in that the initial assessment phase by the psychosocial team precedes medical involvement, and is aimed at understanding the young person's development and gender identification in the context of their family background and life experiences.<sup>8</sup> It takes account of how they feel about their gender and their body now and in the past, the context in which the gender dysphoric feelings arose and intensified, how these feelings are being managed in everyday life, and what hopes are held for proceeding in the future. A range of psychometric measures are used to assess behavioural and emotional functioning, including features of autistic spectrum disorder and self-harm. **Around 35% of referred young people present with moderate to severe autistic traits.** The psychosocial assessment also explores the child's expectations of what will change if a social or physical transition is sought, as well as their understanding of the losses that may be incurred. With the adolescents, there is an indepth consideration of their sexuality and fertility, and possible preservation approaches are discussed. The attitude of important people in the child's life towards GD needs to be explored and understood. The child's mood and anxiety levels are evaluated. If there are concerns about self-harm or other kinds of risk, the local child and adolescent mental health service will be asked to provide further psychiatric and multidisciplinary input as appropriate.

How many assessments can a child ( first referred at 15) expect to receive? (given your current waiting lists for first appointment). Does this cohort predominantly end up in the hands of private clinics/ adult assessment services?

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**The Tavistock Centre**

120 Bedford Lane, London, WC1N 3AP

**Transgender**

**Gender identity clinic accused of fast-tracking young adults**

Tavistock Centre launches review amid parents' fears over pace of transitioning decisions

**Jamie Doward**

**Service delivery dilemmas**

How do we provide a service of value, in a limited period of time, for both young people and their families?

How can we best support the transition of older adolescents to adult services?

Aim: To create a tailored service pathway specific to the needs of this age group

**GIDS** Gender Identity Development Service

# Informed Consent Issues

Why can a child understand enough to consent to medically transitioning, thus impacting their future sex lives, when as a society we do not see them as able to consent to having sex?



## Teen Brain: Behavior, Problem Solving, and Decision Making

No. 95; September 2016

Many parents do not understand why their teenagers occasionally behave in an impulsive, irrational, or dangerous way. At times, it seems like teens don't think things through or fully consider the consequences of their actions. Adolescents differ from adults in the way they behave, solve problems, and make decisions. There is a biological explanation for this difference. Studies have shown that brains continue to mature and develop throughout childhood and adolescence and well into early adulthood.

Why do nearly 100% of children on blockers persist and continue into cross-sex hormones when persistence of those who are not blocked are never that huge?

66. Some interviewees expressed concerns about the use of hormone blockers and their consideration, as providing an interregnum for further exploration of gender dysphoria. Evidence provided by the service appeared to support the shift in impact of using hormone blockers, in that a majority of young people then went on to have cross sex hormones.

67. There were also some concerns expressed about the lack of uniform process beyond discussion and that there was no mandatory need for gaining signed consent from young

From a GIDS internal report

Why do you provide fewer clinical sessions to children once they start on puberty blockers despite the idea that blockers provide room for more exploration?

What steps have you taken to comply with the Montgomery informed consent ruling in 2015?

thebmj

3MJ 2017;357:j2224 doi: 10.1136/bmj.j2224 (Published 12 May 2017) Page 1 of 3

**ANALYSIS**

**Montgomery and informed consent: where are we now?**

OPEN ACCESS

The Montgomery case in 2015 was a landmark for informed consent in the UK. Two years on, Sarah

Select text Select all Copy

doctor's professional judgment in disclosing information. The Montgomery case firmly rejected the application of Bolam to consent, establishing a duty of care to warn of material risks. The test of materiality defined in the Montgomery ruling was whether "a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it."<sup>1</sup> The solicitor representing Montgomery spoke of the decision as having "modernised the

← montgomery.pdf

ce, patient information and advice  
p decision aids for  
n and accompanying  
t materials for  
care professionals  
se of the above material in  
e clinics  
e feedback from women  
nicians about the materials

- The GMC has a collection of resources around consent, including guidance, support, case studies and interactive tools: [gmc-uk.org/guidance/27164.a](http://gmc-uk.org/guidance/27164.a)
- NHS Choices provides useful information for patients about consent: [nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx](http://nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx)

**ed before the Montgomery case?**

assessment that Montgomery has provoked

with such a practice, merely because there is a body of opinion that takes a contrary view."

so that she is then in a position to make an informed decision.

"This role will only be performed effectively if the information provided is comprehensible. The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form."

Compare this with wording of the Montgomery ruling: "The doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives,

**Gender Dysphoria Noise**

- Gender dysphoria noise - the internalized thoughts, feelings, anxieties, and interactions that trans folks experience
- Gender dysphoria noise changes over time and with medical interventions, but is a life-long experience

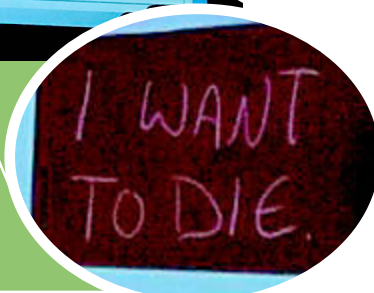
When I look in the mirror...

I WANT TO DIE.

formative as medical transition. And even among trans scholars that are here in the field, no one wants to talk about how anti-dimactic surgery really is or how dysphoria maybe never goes away. That would be seen as undermining our gradual

Chu and Harsin Drager 2019

This slide by Aydin Olson-Kennedy (transman and US gender clinician) reports that, even with medical interventions, gender dysphoria is a lifelong issue. Are children told this before medical intervention?



# Staff / Training Issues

Why are you not training your staff in LGBT issues when there is a strong link between gender non-conformity and sexual orientation?



International Review of Psychiatry



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## Gender dysphoria in childhood

Jiska Ristori & Thomas D. Steensma

To cite this article: Jiska Ristori & Thomas D. Steensma (2016) Gender dysphoria in childhood, International Review of Psychiatry, 28:1, 13-20, DOI: 10.3109/09540261.2015.1115754

To link to this article: <https://doi.org/10.3109/09540261.2015.1115754>

also included in the samples of Drummond, Bradley, Peterson-Badali, & Zucker (2008) (5 natal girls) and Singh (2012) (40 natal boys).

The conclusion from these studies is that childhood GD is strongly associated with a lesbian, gay, or bisexual outcome and that for the majority of the children (85.2%; 270 out of 317) the gender dysphoric feelings remitted around or after puberty (see Table 1).

However, there may be a number of arguments to nuance this high percentage of desistence. As is shown in

PubMed Search term

↓ Full text

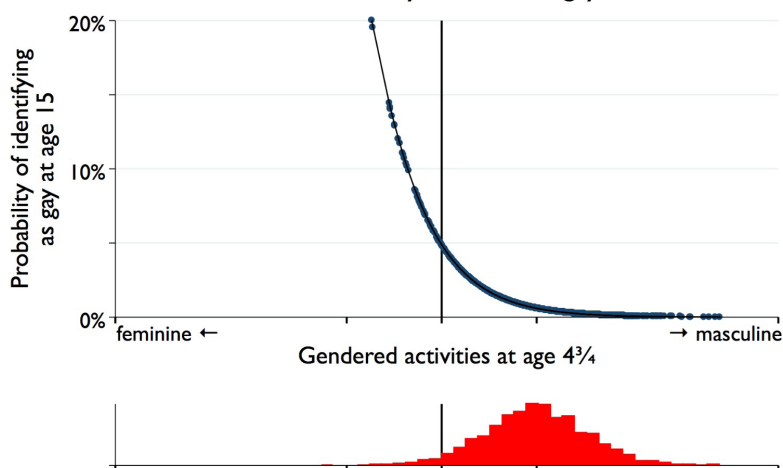
### Sexual orientation and childhood gender nonconformity: evidence from home videos.

Rieger G, et al. Dev Psychol. 2008.  
[Show full citation](#)

#### Abstract

Homosexual adults tend to be more gender nonconforming than heterosexual adults in some of their behaviors, feelings, and interests. Retrospective studies have also shown large differences in childhood gender nonconformity, but these studies have been criticized for possible memory biases. The authors studied an indicator of childhood gender nonconformity not subject to such biases: childhood home videos. They recruited homosexual and heterosexual men and women (targets) with

### 3. Boys who preferred 'feminine' activities were far more likely to become gay



Data from Li, Kung, & Hines 2017

but these studies have been criticized for possible memory biases. The authors studied an indicator of childhood gender nonconformity not subject to such biases: childhood home videos. They recruited homosexual and heterosexual men and women (targets) with videos from their childhood and subsequently asked heterosexual and homosexual raters to judge the gender nonconformity of the targets from both the childhood videos and adult videos made for the study. Prehomosexual children were judged more gender nonconforming, on average, than preheterosexual children, and this pattern obtained for both men and women. This difference emerged early, carried into adulthood, and was consistent with self-report. In addition, targets who were more gender nonconforming tended to recall more childhood rejection.

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**THE TIMES**  
MONDAY OCTOBER 7 2019

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**TIMES INVESTIGATION**  
**It feels like conversion therapy for gay children, say clinicians**

Ex-NHS staff fear that homophobia is driving a surge in 'transgender' young people

Lucy Bannerman

April 8 2019, 12:01am, The Times



**THE TIMES**  
MONDAY OCTOBER 7 2019

The specialists expressed concern at how little confusion over sexuality was explored when a young person requested treatment to change their body.

"I would ask who they wanted to have relationships with, but I was told by senior management that gender is completely separate to sex," a third female clinician said. "I couldn't get on board with that, because it isn't. Some people were transitioning their gender to match their sexuality."

The service said it was "a welcoming place for people from all sections of the LGBT community", adding that it had made exploration of sexuality a "more explicit" part of the assessment in response to staff concerns.

Nevertheless, the clinician said that her unease grew after meeting an

**THE TIMES**  
MONDAY OCTOBER 7 2019

Teachers, a lesson in keeping students well informed

The clinicians have warned that complex histories and adolescent confusion over possible homosexuality are being ignored in the rush to accept and celebrate every young person's new transgender identity.

Clinical psychologists carry out each initial assessment at the Tavistock. They are the gatekeepers who decide whether to refer transgender youngsters to the endocrine clinic for the next stage of treatment. Therapists once had months to work through underlying issues before making decisions on medical intervention, but the clinicians claim that young people are now routinely referred for hormone therapy after as few as three hour-long sessions.

**THE TIMES**  
MONDAY OCTOBER 7 2019

lifestyle". "It is converting people into heterosexuals," one of the clinicians said. "We had so many families who would talk about not wanting their daughters to be lesbian." Young people "repeatedly" confided their own "disgust" that they may be gay, according to the clinician.

In other cases, she felt young people had concluded they were trans because they didn't fit traditional gender roles.

"Children's bodies are being damaged in order to treat societal issues," she warned. She recalled a case of a 13-year-old child "whose parents were really pressurising us for puberty blockers". When the clinician refused to refer him, she claims one of the parents, a lawyer, wrote threatening legal letters to the service. The child was eventually referred for blockers.

**THE TIMES**  
MONDAY OCTOBER 7 2019

So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that "there would be no gay people left".

"It feels like conversion therapy for gay children," one male clinician said. "I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay," he told *The Times*.

"Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans."

Another female clinician said: "We heard a lot of homophobia which we felt nobody was challenging. A lot of the girls would come in and say, 'I'm not a lesbian. I fell in love with my best girl friend but then I went online

**THE TIMES**  
MONDAY OCTOBER 7 2019

The specialists expressed concern that many children decided they wanted to change gender after suffering homophobic bullying. Yet these young people were still referred down the route of hormone treatment, they claimed, without clinicians always exploring the possibility they may simply be gay. One clinician said that she feared the use of hormone therapy for such children could result in a scandal.

## Why, when your staff expressed concern, did you criticise your own staff? How do you support those within GIDS who raise concerns?



The first thing to say is that GIDS has a long track record of thoughtful and high quality care in supporting young people presenting with symptoms of gender dysphoria. This is borne out by independent CQC inspections, as well as the feedback we receive from young people themselves and their families through our [Experience of Service Questionnaire \(ESQ\)](#).

All staff in the service are aware of the review and have been encouraged by both our Medical Director and Chief Executive to avail themselves of this opportunity to express their own views about the service. **The Trust is concerned by the tone and manner in which allegations have been made. They reveal a negative attitude to gender dysphoria and gender identity which does not reflect the views or the approach of the Trust or GIDS.**

In parallel, similar concerns have also been raised by a group of parents who have shared these with The Observer. They are concerned that the pressure on the service from rising referrals is leading to a fast-tracking of patients and a lack of regard for what they are calling rapid onset gender dysphoria. We recently published our [view of the term and the phenomenon it refers to on our GIDS website](#).

The GIDS was founded in 1989 and is one of the longest standing services for gender diverse children and young

43. However, some interviewees stated that the response to complaints from family members and young people was to remove the clinicians involved and reallocate the case to others. There was concern that this was perceived and experienced, as less than robust enough support from the senior leadership team for clinicians facing issues in exploring gender dysphoria.

From a GIDS internal report

As stated previously, there was a persistent theme of reported difficulties in internal communication that made concerns from clinicians more difficult to manage and seemed connected with perceptions about the leadership, with possible lack of sufficient support from within the directorate and the trust. **The leadership of the service was described, as being in a state of being unable to act, due to the intense scrutiny and pressure from external pressure groups and reflections of this in the demands being put forward by clinicians.** There were some interviewees who thought the criticism from some staff was linked to disagreements and unhappiness with the changes possible.

From a GIDS internal report

### BOOK ENDORSEMENT

Marcus Evans

"In the present cultural climate, it is difficult to examine the complex issue of children's gender self-identification from different points of view since debate is continually shut down, characterized as 'transphobic' or 'conversion therapy'.



OUT SOON FROM [CAMBRIDGESCHOLARS.COM](https://www.cambridgescholars.com)

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Vulnerable youngsters rushed into treatment. Staff too nervous to speak out: After resigning from controversial Tavistock gender clinic trust, a former governor says he fears we're hurrying children down a transgender path they may bitterly regret

By Marcus Evans For The Daily Mail  
22:11, 01 Mar 2019, updated 10:51, 02 Mar 2019

## What services are planned for detransitioners?



Bob Withers  
@BobWithers52

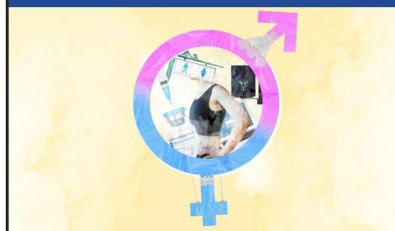
I mentioned the 5K+ members of r/detrans at the Tavi AGM and asked Paul Jenkins's the CEO what support the Tavi was offering them. He seemed shaken and promised to take my concerns VERY seriously.

7:53 PM · Oct 2, 2019 · Twitter for iPhone



### Sex-change sorrow

Unknown numbers of teenagers are allowed to begin gender-reassignment therapies, only to change their minds — by which time the physical effects can already be permanent. Andrew Sullivan meets women who have 'detransitioned'



Andrew Sullivan  
Sunday November 10 2019, 12:01am, The Sunday Times

