

# The Medical Scandal at Tavistock GIDS: Evidence from Parents



Documenting the evidence of the warnings given to Tavistock GIDS by parents in 2018.

The emails

The meeting

The dossier

The responses



## Background to the letter

In late 2018, a group of parents of teenagers and young adults who had (or had recovered from) gender dysphoria decided to write to GIDS. Back then, many of us saw the GIDS as a possible bulwark against the much worse practice we had seen (online or with our own young) at the adult GIC and at the private clinic GenderCare, founded by Stuart Lorimer, who worked at the GIC and seemed to be trading on the respect he garnered as an NHS gender clinician. We knew that Lorimer was willing to provide hormones after a single hour long assessment to 17 or 18 year old girls (there were and are plentiful video testimonies from his clients). While the adult GIC insisted on more assessment, we knew that their clinicians were incurious, simply reflecting back the self identity or self diagnosis (however sudden) of a young adult. We were scared at the dangers rapid medicalisation presented to unwell young adults aged 17-25. We believed that the GIDS offered fuller, more rigorous assessments. We had read many thoughtful, often sceptical papers by GIDS clinicians and attended some Tavistock public events. But we also knew that the GIC had joined up with the GIDS as part of the Tavistock and Portman trust in 2016. And we were worried at the apparent cozy new relationship between careful GIDS staff and cavalier GIC activists. And we were well aware that the GIDS was beginning to drown under the huge new wave of teen gender dysphoria (which we could see in our kids and those of our friends). So we decided to write to the GIDS as 'critical friends'. We explained our fears that standards might slip and careful assessments be replaced by 'fast track' processing of the waiting list. Our tone was supportive but we also said we thought that GIDS might damage the reputation of the trust. And we sent our letter to the director Polly Carmichael, copying in the board of governors. These were our young adults and we were desperately afraid at the damage that shoddy work could create.

We came out of this exchange (documented below) with a different view of the GIDS and Tavistock management. Initially friendly and apparently open (there was talk of sharing our letter with the NHS commissioners), Tavistock management swiftly made it clear that their main concern was to limit the circulation of our letter. They would only maintain communication on their terms, if we left it up to them. They were not willing to grant access to parents who were sceptical.

We did make some discoveries however: it was clear that Stuart Lorimer's private work was a concern and that Lorimer was under restrictions within his NHS role and didn't see first assessment patients although we never found out why this was. It was also clear that displaying support for David Bell's report was a deal breaker.



## A snapshot of 2018

**March 2018:** The RCPsych had issued a position statement on Supporting Transgender and Gender Diverse People. In it, they said:

“The College acknowledges the need for better evidence on the outcomes of prepubertal children who present as transgender or gender-diverse, whether or not they enter treatment. Until that evidence is available, the College believes that a watch and wait policy, which does not place any pressure on children to live or behave in accordance with their sex assigned at birth or to move rapidly to gender transition, may be an appropriate course of action when young people first present”

**March 2018:** Polly Carmichael had told an ACAMH conference:

“without a doubt there are some young people who are finding a community, friends and all sorts of things through joining a group who have an interest around gender and I think that for some of those we would be very foolish not to acknowledge that it's probably the case that they are caught up in something rather than it being an expression of something that has arisen from within. So there is a lot of concern.”

“I have been shocked by some of the things that are swirling around the internet that young people have access to. There are numerous groups on Reddit and Tumblr that many of the young people that are attending our service are going onto..maybe it's also the dissing of expertise, in a way, so that there is a feeling that this is about who I am, so what does anyone else know? It's a very odd situation in some way.”

In the previous year, Dr Bernadette Wren had also publicly raised the issue of influences on a child from people who:

"inevitably shape their views, select and present evidence to them and interpret their options" and wondered how we can be sure of the authenticity of any young person's choice of treatment when "some support groups and online sources widely communicate to young people their conviction that transition is essential"

**April 2018:** A new website had been launched to act as an international discussion space for clinicians and researchers.

**July 2018:** A leading autism expert, Tania Marshall had produced a video about the rapid onset gender dysphoria issues she was seeing in her clinic. She said she would be happy to talk to GIDS about this.

# THE MEDICAL SCANDAL AT TAVISTOCK GIDS: EVIDENCE FROM PARENTS



**July 23-29 2018:** Parents, clinicians and journalists gathered under the twitter hashtag #ROGDWEEK2018 tweeting content with the aims of:

- Safeguarding the rights of the child
- Recording testimonies
- Awareness raising
- Gender critical parent support events
- Disseminating research
- Connecting concerned clinicians
- Co-ordinating action groups

**August 2018:** Lisa Littman had published her study on Rapid Onset Gender Dysphoria in adolescents and young people.

**August 2018:** One very prominent parent associated with Mermaids, and with a child under the care of GIDS tweeted:

“The NHS is transphobic at heart. Viewing gender as a disorder for a start  
They don't care about our trans kids  
Anything would be better than GIDS  
We get experts who hate trans folks  
Who think trans positivity is a joke  
Pathologising. outdated, offensive  
Slow, damaging, defensive”

**August 2018** The father of British transgender activist and electoral candidate for the Green Party, Aimee Challenor, was convicted and jailed for raping and torturing a 10 year old girl. Aimee Challenor had been a former GIDS patient and many parents were alarmed that Aimee Challenor's troubled family background could have been missed by GIDS. Aimee Challenor would be in the age cohort that parents felt were being under-assessed and fast tracked to adult services due to waiting lists or pressure from trans groups.

**September 2018:** Penny Mordaunt, the government Minister for Women and Equalities was reported to have ordered an inquiry into the 4,400% increase in girls being referred to GIDS.

**September 2018:** a YouTube recording of Michele Moore's speech at A womans Place event had been viewed 6,000 times in 2 weeks and 1,100 parents had joined a gender critical parents forum in just 12 months.

**September 2018:** Dr Stuart Lorimer, clinician at the Tavistock's Adult Gender Clinic had been a panelist at the 'We're Still Here' trans activist conference. He allegedly told the audience that 'rapid onset gender dysphoria' was 'evidence-free'. This sent a signal to gender critical parents that their fears around social contagion were being dismissed.





## The Letter

**14th September 2018**

Treating Gender Dysphoria in adolescents and young adults at Tavistock GIDS and the GIC

To Dr Polly Carmichael

cc **Paul Burstow – Trust Chair**  
**Paul Jenkins – Chief Executive**  
**Terry Noys – Deputy Chief Executive and Director of Finance**  
**Dinesh Sinha – Medical Director**  
**Dr Sally Hodges – Children, Young Adults and Families Director (CYAF)**  
**Dr Julian Stern – Adult and Forensic Services Director (AFS)**  
**Ms Louise Lyon – Director of Quality & Patient Experience**  
**Mr Brian Rock – Director of Education and Training, Dean of Postgraduate Studies**  
**Chris Caldwell – Director of Nursing**  
**Professor Dinesh Bhugra – Non-Executive Director**  
**Helen Farrow – Non-Executive Director**  
**Ms Jane Gizbert – Non-Executive Director**  
**Mr David Holt – Non-Executive Director**  
**Dr Debbie Colson – Non-Executive Director**

We write as critical friends, deeply concerned that pressures and constraints under which Tavistock GIDS currently operates may compromise the quality of care provided to young people with gender dysphoria. We fear that current circumstances may limit clinician freedom, compromise effective safeguarding and bring the good name of the Tavistock into disrepute. In addition, we have specific concerns about the situation of those with gender dysphoria in the age group 17 to 25 who are referred to the GIC where they do not receive the complex psychosocial assessment offered at GIDS: for these young adults there is little exploration of the family or cultural context of their still developing gender identity. Our concern derives from our own experience as the parents of young people with gender dysphoria including both natal girls and boys, some who have desisted and some who have proceeded to physical intervention within the NHS service.

We can illustrate the issues that concern us by beginning with a case which has received press and social media coverage, that of Aimee Challenor, a young trans woman whose father David Challenor was recently convicted of child rape and abuse crimes which merited a 22-year prison term. However unusual, this disturbing case reveals the complexity of the circumstances with which GIDs clinicians must engage and raises questions about the depth and extent of the knowledge clinicians can obtain about the young people they serve.

Publicly available information shared on social media allows us to reconstruct a worrying picture. It seems that Aimee attended GIDs from April 2015, aged 17.5 yrs, some years after the offences for which her father has now been convicted. At the time of these offences, Aimee was registered as living at home although she had recently been placed in the care system following her father's conviction for animal cruelty. During her time in care, she came out as transgender. She had also been arrested for cyberbullying aged 15 and it now appears that Aimee had two other close family members who (under the current Stonewall definition) would be termed transgender. In the same year that Aimee Challenor attended GIDS she was appointed to a position within the Green Party and became a member of the Stonewall Trans Advisory Panel, taking on a public political role in relation to gender identity.

This exceptional case suggests the complexity of the circumstances with which the GIDS team may be asked to work and forces us to consider how GIDS can satisfy itself that it has fully explored a young person's family background and life experiences within a highly politicised cultural context. At the very worst, Tavistock GIDS may not only fail some of the young people it serves but also lay the service open to serious challenge, raising the danger of inadvertently becoming party to the activities of abusive networks and individuals, and becoming an unwitting agent in a wider political project. The most concerning possibility, given a bias towards affirmation of stated gender identity where a client has supportive parents, is that puberty blockers may hold children from an abusive or paedophile environment within a pre or peri pubescent state and thus effectively facilitate abuse. For these reasons we want first of all to restate and to reaffirm the importance of the full assessment phase offered by the GIDS team.



## The Letter

### Resisting external challenges

We are writing now because we fear that activist pressure may seek to limit the psychosocial assessment which '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.' [1] We are aware that there are already calls to move to a more straightforwardly affirmative approach to gender identity, following the model available privately in the UK and in clinics in the US. Rival private providers such as GenderGP host critical accounts of the work of the Tavistock such as this from a 17-year-old trans man:

*"To be perfectly honest, I was disappointed with the service of the Tavistock, from small details like the fact it's facilitated in a mental health centre, to wording like 'preferred pronouns', to the ridiculous misunderstanding that young people can't know their own minds – attempting to change a person's mindset rather than accept their identity and support their internal knowledge. As the only NHS centre I could access to help my transition as a young person, the objective should surely be broadened from 'identity development' to 'identity support' – as a person of 17 years old, I am treated the same as an 8 year old, when I can legally marry, have a child, travel and be expected to chose all of my future paths, yet I am denied the right to be entirely accepted (by a gender identity service) as the person I 100% know I am."* [2]

As parents of gender dysphoric young people we know that a young person's narrative will be partial and changing, often constructed for instrumental reasons to obtain a desired outcome. We believe that it is vital that an attempt is made to understand not only how a young person feels about 'their gender and their body now and in the past' but '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.' [3] As parents of young people who display features of autistic spectrum disorder (or who have an ASD diagnosis) we have seen how ASD alters self-perception and can limit understanding of social gender roles. We strongly support the current GIDS assumption that assessment and exploration usually take 6 months over a minimum of four to six sessions before the service confirms or excludes a diagnosis of GD. But even four sessions, we fear, allow scarce time in which to gain the necessary trust that permits the exploration of the context in which gender dysphoria has arisen. Based on our own experience of, for instance, year-long family therapy sessions and a yearlong DBT programme, we feel that the GIDS team is being asked to engage with and assess complex and difficult cases within a highly constrained time frame. Given that the first meeting would be introductory and the final one would be given over to forward planning, assessment might in practice last merely two sessions.

### The treatment of young adults with gender dysphoria

We are particularly concerned that exploration may be truncated in the case of those who attend aged 16.5 years and over (and we recall that Aimee probably attended aged 17.5). We know from our young people that the adult GIC does not encourage exploration of emotional context or history but accepts on trust the account offered by a service user. Adult services do not have the same developmental expertise and view anyone over 18 as adult and fully able to consent, an assumption that may be especially inappropriate in the case of young adults with ASD. We do not believe that so called 'real life experience' can be obtained within an environment, such as today's schools and universities, which mandates pronouns and enforces trans acceptance. We have in our possession reports from the GIC which omit known traumatic events in the immediate personal and family context. **We would like, therefore, to know to what extent those attending GIDS aged 16.5 years and over can be certain to receive a full assessment. When young people are referred to GIDS at 16.5 years or over, how many appointments would they attend before being referred to the informed consent adult GIC service? Is it likely that older referrals might receive a group assessment with a single face to face appointment geared to completing a referral to the adult service?**

### Rising referrals and the phenomenon of 'rapid onset gender dysphoria'

Given the pressure under which GIDS now works we believe there is a real danger that the cohort of young people who enter GIDS post 16 may be fast tracked on to adult services in an attempt to reduce caseloads. [4] We recognise that GIDS, like all public services, is assessed according to metrics. Pressure is necessarily placed on a service which must 'breach 18 wait week targets.' [5] These pressures increase the danger that assessment of teen and young adult referrals will be rushed. This is the age group which is seen most often at GIDS: according to the Tavistock own statistics, in 2017/18 it was sixteen year olds who formed the largest group (581). [6] This is also the group that was the subject of Lisa Littman's exploratory 2018 study, an as yet unexplained phenomenon which has been labelled as 'rapid onset gender dysphoria'. [7] Tavistock clinicians Bonfatto and Crasnow (2018) describe cases where 'cross gender identification manifested itself post puberty and without a previous history of gender incongruence' and comment that this 'rapid onset of gender dysphoria in assigned females post puberty is indeed a worrying phenomenon we are observing more and more at the clinic.' [8]



## The Letter

We fear that the pressures resulting from this exponential rise in demand may reduce the ability of the GIDS to offer careful, intensive assessment. Due to the increase in demand there is a risk of the late onset or rapid onset cohort getting lost in the gaps between child and adult services. It would be extremely concerning if just those referrals which are most complex or potentially most heavily influenced by social and cultural context are undertaken in less than the minimum of three appointments described on the GIDS website.

### Parental pressure

Bearing in mind the exceptional case of Aimee Challenor, we are also concerned about the role of parent or carer in the assessment process. **We seek reassurance that it remains possible for a clinician to hold to a difficult or cautious decision in the face of parental pressure.** We are aware that the large majority of complaints received by the Tavistock and Portman trust relate to the GIDS and GIC and are increasing year on year, rising from 16 in 2014-14 to 154 in 2017-18. Recent complaints have included: patient unhappy with report written by clinician as they believe it to be biased, unhappy with comments made by clinician to child at appointment, unhappy with report written by clinician to social services. Pressure is exerted by parents via letters to MPs, support groups and online blogs. The site 'Walking My Own Rainbow' offers a revealing account of one parent's campaign to obtain physical intervention for her ASD spectrum natal son. The mother explains that when her son was young 'I would ask James if he wanted boobs and his willy gone - and he would say no.' He changed his mind after watching 'I am Jazz' on the TV with his mother. [9] Despite the scepticism of the child's father and the poor functioning of the socially transitioned child, it appears that GIDS clinicians are finally powerless to resist the mother's demands for physical intervention. We know that gender dysphoria patients and their parents may arrive with developed expectations and may request a change of clinician in the event that their expectations of treatment are not met. Given these pressures we are concerned that clinicians may not feel free to follow their professional judgment. In a zeitgeist which encourages unquestioning affirmation of gender identity statements we fear that confirmation bias may lead to children being prematurely diagnosed and 'treated' as trans regardless of the complexity of family circumstances, the presence of neurodevelopment disorders (ASD) or of psychopathology. Diagnosis is always a powerful intervention, helping to form the sense of self. But in the context of gender medicine, what is being dispensed may be the first step towards sterilisation. We know that GIDS takes seriously the need to assess the ability of a pre-teen to consent to potentially sterilising treatment. But the unique pressures within which GIDS operates may effectively nullify ethical concerns.

### Staffing and safeguarding

At the same time, we are aware that Tavistock GIDS is facing a range of staffing issues. As the July 2018 board papers reveal, pressures arise from staff leaving and the need to train new staff, younger children being referred (who stay in the system longer), the increased complexity of cases and the increased number of referrals. Even given a recruitment drive, this volatile and changing situation must lead to an increase in junior staff who may not have the experience or confidence to work under pressure with complex cases. Integrating the GIC and changed priorities in dealing with first and follow up appointments has caused further stress as the board papers reveal: 'This situation has caused staff significant additional stress as they feel unable to offer any kind of continuity of care and adherence to the care plans in place. The level of risk goes up significantly when patients are left in the system without regular treatment and large gaps between appointments.' (p81) **In this context we would like to know whether staff feel confident about raising safeguarding issues.** We note that staff have approached the Freedom to Speak up Guardian to discuss a range of concerns, including patient safety and quality; experience of bullying and harassment and of feeling not listened to by managers. Tavistock GIDS has noted that the profile of the children and young people referred is increasingly risky. **We would like to know whether the term 'risky' in relation to the changing profile of referrals could reasonably be seen to relate to the rise in adolescent girls (sometimes understood as ROGD).**

### Listening to the voices of cautious parents

We would like to end by reiterating our belief in the importance of the work of the GIDS as a multi-disciplinary service. The Tavistock trust is uniquely positioned with probably 'the single largest transgender/gender-questioning cohort in the world.' [10] Tavistock has already identified the key debates in this area, including the 'debate around physical intervention in children and the lack of a robust evidence base.' We want to support the work of GIDS in ensuring that young people have access to 'psychologically informed interventions that consider the whole person.'

At the same time we believe that the voice of cautious parents has not been adequately heard in the debate and that we represent a key stakeholder constituency. We understand that Tavistock holds meetings with and works with trans support charities such as Mermaids and Gendered Intelligence which carry a brief for earlier physical intervention and the reduction of 'gatekeeping'. We would like to be offered equal access to the Tavistock GIDS team in order to provide a balancing perspective and an opportunity to talk over our



## The Letter

concerns and to share our experience as the parents of young people with gender dysphoria. In particular we have developed an expertise in monitoring the influence of social media in this area which illuminates the narratives and the thought processes of young people. It might be useful to arrange a session in which we could talk over some of this material with GIDS clinicians.

We look forward to your response and would be grateful if you would confirm receipt of this email. We will also send a paper copy.

Yours truly,

[Redacted signature block]

[1] Butler G, De Graaf N, Wren B, et al

Assessment and support of children and adolescents with gender dysphoria

Archives of Disease in Childhood 2018;103:631-636.

<https://adc.bmj.com/content/103/7/631.full?ijkey=HsMwyZDRtsKu83z&keytype=ref#ref-8>

[2] <https://gendergp.co.uk/transgender-man-tavistock-portman-gids/>

[3] Butler G, De Graaf N, Wren B, et al, 2018.

[4] 'Gender Service Teams: Both the Gender Identity Clinic (Over 18) and Gender Identity Service (under 18) of these teams continue to breach their 18 wait week targets. Previous plans to bring this in line have now been made obsolete as more referrals than predicted have been made to the gender services in the 2017/18 financial year and in to 2018/19. The services are working closely with commissioners to manage this and their expectations.' Board of Directors Meeting Part 1 Agenda Item 3.3 – Paper 5 July 2018

On the increase in patients following the acquisition of the adult GIC from April 2017 see Board of Directors meeting, July 2018, p33.

[5] July 18 Board pack, Agenda item 3.3.

[6] <http://gids.nhs.uk/number-referrals>

[7] Littman L (2018) Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. PLoS ONE 13(8): e0202330. [https](https://doi.org/10.1371/journal.pone.0202330)

[8] Marina Bonfatto & Eva Crasnow (2018) Gender/ed identities: an overview of our current work as child psychotherapists in the Gender Identity Development Service, Journal of Child Psychotherapy, 44:1, 29-46, DOI: 10.1080/0075417X.2018.1443150, 43.

[9] <http://www.walkingmyownrainbow.co.uk/the-letters-to-mps-appeal.html>

[7] Littman L (2018) Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. PLoS ONE 13(8): e0202330. [https](https://doi.org/10.1371/journal.pone.0202330)

[8] Marina Bonfatto & Eva Crasnow (2018) Gender/ed identities: an overview of our current work as child psychotherapists in the Gender Identity Development Service, Journal of Child Psychotherapy, 44:1, 29-46, DOI: 10.1080/0075417X.2018.1443150, 43.

[9] <http://www.walkingmyownrainbow.co.uk/the-letters-to-mps-appeal.html>

[10] Tavistock External Affairs Strategy Nov 17.





## Tavistock CEO, Paul Jenkins' acknowledgement letter

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**From:** Paul Jenkins <[REDACTED]>  
**Sent:** 17 September 2018 13:34  
**To:** [REDACTED]  
**Cc:** Paul Burstow ([REDACTED]); Sally Hodges; Polly Carmichael; 'Bhugra, Dinesh'; Dinesh Sinha  
**Subject:** RE: Treating Gender Dysphoria in adolescents and young adults at Tavistock GIDS and the GIC

Dear [REDACTED]

I wanted to acknowledge the email you and others sent on Friday raising a number of issues around the GIDS service.

As a Board we are very aware of the complexity of this area of work and of the environment in which our clinicians are operating. We remain committed to delivering a thoughtful and high quality service which puts the interest of individual young people at its heart.

We will prepare and share with you a fuller response to the issues you have raised.

Paul Jenkins

**Paul Jenkins**  
Chief Executive  
[The Tavistock and Portman NHS Foundation Trust](#)

**120 Belsize Lane**  
**London NW3 5BA**



## Tavistock CEO, Paul Jenkins' response to the letter

Paul Jenkins <[REDACTED]>  
 Tue 02/10/2018 17:22  
 [REDACTED]  
 Paul Burstow <[REDACTED]>;  
 Sally Hodges <[REDACTED]>;  
 Polly Carmichael <[REDACTED]>;  
 Dinesh Sinha <[REDACTED]>;

Dear [REDACTED],

I am writing, on behalf of the Trust, in response to the email you and others sent to me and other members of the Trust Board on 14<sup>th</sup> September raising a number of issues about our GIDS service. We are grateful for you raising these issues and for the thoughtful and supportive way in which you have done so.

The GIDS was founded in 1989 and is one of the longest standing services for gender diverse children and young people in the world. Domenico Di Ceglie wrote a set of therapeutic aims. This includes the unconditional acceptance and respect for young people's gender identity. We do not therefore take a view regarding the outcome of an individual's gender identity development: rather, our focus is to provide a space for exploration of gender, to ameliorate any negative impacts on general development and to work with young people to think through all the options open to them. These principles remain central to the delivery of the service.

The service is unusual in that a comprehensive psychosocial assessment precedes any referral to the endocrine clinic for consideration of physical treatments. Whilst it is the case that most young people attending the service have a wish to pursue physical interventions, 59% of those attending under 15 chose not to pursue an endocrine clinic referral.

We recognize that there are strongly held views amongst patients and families and their representatives including those who wish for physical treatment to be offered earlier or by those who feel that physical treatments should not be offered to young people at all. The service has worked hard, and continues to do so, to maintain a balanced view in which we are fully aware of wider social, cultural, legal and political factors, but maintain a focus on an individual approach to care informed by the particular circumstances of each young person we see.

We do not limit or curtail assessments because of pressure to move swiftly to medical interventions. With complex cases, rather than truncating assessments, we will often extend the time given to trying understand what may be going on. Whilst the national specifications against which the



## Tavistock CEO, Paul Jenkins' response to the letter

service is commissioned describe an assessment phase of between 4 and 6 meetings, one outcome of assessment may be further assessment. Nevertheless, we are always mindful that gender dysphoria is not in and of itself a mental health diagnosis.

You refer in your email to an individual case. While we cannot comment on specific cases it is worth highlighting that many of the young people we see have complex personal histories and co-occurring mental health difficulties, and there is a now a well-documented association with features, or a diagnosis, of ASD.

We have a well-established network model by which we seek to work with local services to ensure that young people's needs are met. We actively collaborate with CAMHS who are best placed to provide more regular and more intensive work. We are looking at consultation models with CAMHS designed to address the waiting list and not to reducing the need for a comprehensive assessment. We appreciate your support of our assessment model.

If an assessment is not possible in the timeframe before referral to adult services we will ensure that this is clear in the report we write: we do not give a diagnosis of gender dysphoria to all who attend the service. While we stress the importance of listening to the views of patients and families, we agree on the importance of the clinical team having the final word on whether a diagnosis is appropriate or not.

In Leeds referrals of older adolescents are carefully screened; some attend a one-off group session. Others who are not considered suitable- usually on the basis of the complexity of their presentation - are not offered this. This approach offers young people who have been on our waiting list a chance to think with us about their options from a balanced GIDS perspective: it is not fast-tracking. Adult services vary widely in their readiness or capacity to continue exploratory work with the over-18's whom we refer to them.

We take a staged approach to our care of young people with on-going contact often extending for many years. For those who are referred to the endocrine clinic the blocker is not seen as the first step to inevitable further physical interventions. Rather it is offered as a treatment in its own right. We ask young people to be on the blocker for a minimum of a year. Whilst cross sex hormones are available from around 16 years, this is not offered to anyone unless they have been on the blockers for at least 12 months.





## Tavistock CEO, Paul Jenkins' response to the letter

We are very conscious of the pressure of demand on the service given the sustained year on year increase in the number of referrals. We are working very hard with our commissioners to find ways to address this and agree on the importance of this not compromising clinical judgement in any way.

We recognise that the evidence base in this field is developing and we are very committed to contributing to this. The Trust has recently applied for a grant to follow the outcomes of a very large sample of pre-pubertal young people referred to the service, whether or not they access physical interventions. This would be unusual as most reported research has focused on those undergoing hormonal treatments and so has not captured the heterogeneity of the young people referred to specialist gender services and their diverse range of outcomes.

There is a special edition of the journal *Clinical Child Psychology and Psychiatry* due out early next year which seeks to reflect the complexity of this field, the range of ways in which we think about the young people and families who present and the care that we offer.

We are a national service commissioned by NHS England against a set of service specifications. With your permission I would like to share your email and our response with our commissioners as a number of the issues you have raised are relevant to their role in setting the specification and funding for the service.

As I mentioned before the service is committed to working with the wide range of groups and views which exist in this field. Sally Hodges, our Director of Children, Young Adults and Families and I would be very happy to meet with you to discuss further the issues you have raised. I will ask my PA to arrange a convenient time if you would like to take up this offer.

With best wishes,

**Paul Jenkins**

**Paul Jenkins**  
Chief Executive  
The Tavistock and Portman NHS Foundation Trust



# THE MEDICAL SCANDAL AT TAVISTOCK GIDS: EVIDENCE FROM PARENTS



The offer of a meeting with the Tavistock was taken up and on 24 October 2018 two parents and Professor Michele Moore (who was asked to come along as support) met with Paul Jenkins (CEO) and Sally Hodges (Children, Young Adults and Families Director). Before the meeting, the parents compiled a 22 page dossier of screenshots and parent testimonies and an appendix of research papers and articles – along with a computer memory-stick which held copies of videos from YouTubers and a video by autism expert, Tanya Marshall.

The dossier was handed to Paul Jenkins and Sally Hodges at the meeting and is reproduced below.



## Dossier

### Rapid Onset Gender Dysphoria (ROGD) and social contagion

There is worldwide concern about the number of young people coming out as transgender having no previous childhood history of gender dysphoria. The majority of these are teenage girls and parents are noting 'social media binging' on YouTube and on forums such as Reddit and Tumblr prior to transgender identification.

A recent paper by Dr. Lisa Littman, calling for more research has been viewed nearly 97,000 times over the past few months - see **Appendix A: Rapid-onset gender dysphoria in adolescents and young adults: a study of parental reports**. Transactivists have tried to squash calls for more research but the press is calling for academic freedom to prevail.

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RESEARCH ARTICLE

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

Lisa Littman

Published: August 16, 2018 • <https://doi.org/10.1371/journal.pone.0202330>

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Abstract

**Purpose**  
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

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1364 Comments

4,735 Signatures
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National Review
@NRO · 07 Sep  
Psychiatric conditions may underlie 'rapid-onset gender dysphoria.' That finding, and the call for more research, brought out the activist bullies. [bit.ly/2M43B8m](https://bit.ly/2M43B8m)

RESIST

Janice Turner
@Victoria... · 30 Aug  
This is a serious breach of academic freedom. And it is not the first one this totalitarian movement. Rapid gender dysphoria in girls is not going away. What is causing it? Why are we not

The Federalist
@FDRLST · 01 Sep

'Rapid-onset gender dysphoria' may be a social contagion linked with having friends who identify as LGBT, an identity politics culture, and an increase in internet use, finds a Brown University study.

Study Repressed For Finding Trans Kids May Be Social Contagion

Janice Turner
@Victoria... · 01 Sep

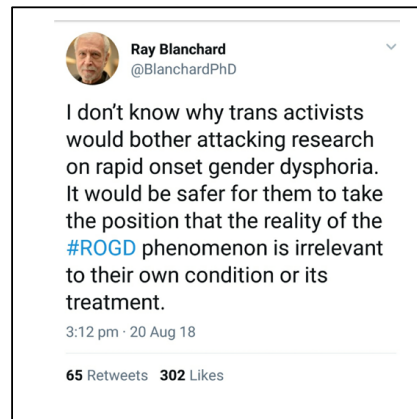
Very strong defence of Dr Lisa Littman, her right to study rapid onset gender dysphoria in girls and academic freedom from former dean of Harvard Medical School.

As a Former Dean of Harvard Medical School, I Question Brown's Failure to...



## Dossier

Concerned clinicians, feminists, academics and international parent groups are speaking out.



New website launched for top clinicians who are worried about Rapid Onset Gender Dysphoria



See also

### Appendix B:

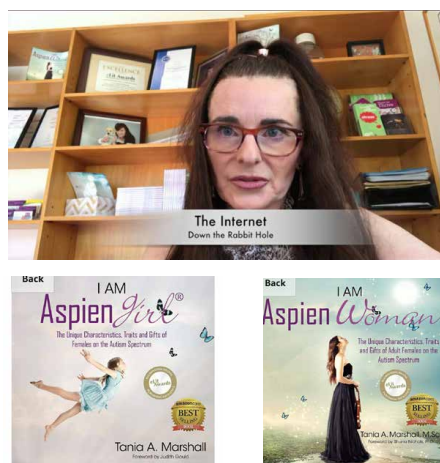
Gender Dysphoria in adolescents: Current perspectives

### Appendix C:

Misunderstanding a new kind of gender dysphoria (Quillette)

### Appendix D:

Dr Susan Bradley:  
How trans activists are unethically influencing autistic children to change genders



Internationally renowned autism expert, Tanya Marshall has produces a 1 hour video about Rapid Onset Gender Dysphoria issues seen in her clinics.

**Watch video 1 on the penstick**

(Tanya is happy to consult with GIDS)



## Dossier

Concerned clinicians, feminists, academics and international parent groups are speaking out.



**Transgender**  
**TREND**

Parents questioning the trans narrative



The BMJ  
@bmj\_latest

"The lack of research into detransition is worrying & means we as a profession risk failing people with gender identity issues" [#BMJresponse bmj.com/content/360/bm...](https://www.bmj.com/content/360/bm...)



**4thWaveNow**

@4th\_WaveNow

Parent-skeptics who question medicalising gender-atypical youth. 'Like samizdat for the sane & ideologically uncowed'. Free speech. Science. Rational feminism.

2,910 Following 7,173 Followers



PS02/18

**Supporting  
transgender and  
gender-diverse  
people**

March 2018

POSITION STATEMENT

The College acknowledges the need for better evidence on the outcomes of pre-pubertal children who present as transgender or gender-diverse, whether or not they enter treatment. Until that evidence is available, the College believes that a watch and wait policy, which does not place any pressure on children to live or behave in accordance with their sex assigned at birth or to move rapidly to gender transition, may be an appropriate course of action when young people first present.





## Dossier

Concerned clinicians, feminists, academics and international parent groups are speaking out.

**Heather Brunsell Evans**  
Social Theorist and Philosopher

This book is a collection of essays about the current theory and practice of transgenering children. Essays are written against the grain of the popularised medical definition of 'the transgender child' as a young person whose 'true' gender lies in the brain, or pre-social 'identity'. Contributors contest this diagnosis from a range of perspectives, including as social theorists, psychotherapists, persons living as transgender, individuals who have de-transitioned, and parents of adolescents identifying as transgender. They argue that medicine, social policy and the law build ideas about 'the transgender child', and contend that it is politics, not science, which accounts for the exponential rise in the number of children diagnosed as transgender by gender identity clinics. They conclude that today's medical and social trend for transgenering children is not liberal and progressive, but politically reactionary, physically and psychologically dangerous and abusive.

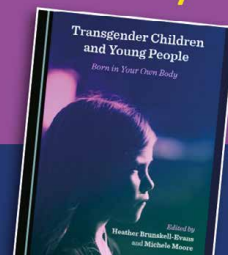
### #BornInYourOwnBody

A collection of essays about the current theory and practice of transgenering children.

Available NOW

[bit.ly/BornInYourOwnBody](https://bit.ly/BornInYourOwnBody)

20% discount code: **TRANSGENER20**



“ I am so concerned about the prospect of self identification of gender for children ... ”

Professor Michele Moore

Viewed over 6,000 times in 2 weeks!



Watch 'Michele Moore' on YouTube

#BornInYourOwnBody



Watch video 2 on the penstick . The viral video from Professor Michele Moore.



A recent audit at Charing Cross gender identity clinic identified a high prevalence of patients (well above the national average) with Autistic Spectrum traits and associated

## Gender critical parent's forum

1,100 parents have joined a gender critical parents' forum in just 12 months. They are recording their testimonies.



## Dossier

### ‘Watchful Waiting’ parents speak out

Parents, clinicians, academics and journalists gathered under the hashtag **#ROGDweek2018**. You can follow that hashtag for hundreds of pieces of information.







## Dossier

### ‘Watchful Waiting’ parents speak out

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #1

**“** *The same therapist who was treating my child for other mental issues for some time before the trans revelation, now joyfully refers to my child by the new name and has gleefully stated that all the other prior mental health issues are just because my child now identifies as transgender...*

Source: ilymaynard.wordpress.com

**SUPPORT  
for PARENTS**

■ 4thwavenow.com ■ transgendertrend.com  
■ youthtranscriticalprofessionals.org  
■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #2

**“** *My 15 daughter came home from 2 weeks with friends thinking she is a boy. She had facebook messaged her grandmother that she was trans...*

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #3

**“** *It's truly like she's been sucked into a cult and I don't know how to get her out. Her best friend is doing the same thing...*

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #4

**“** *As the mother of a young adult male who suddenly decided after internet bingeing that he was really a woman, every time I hear "Would you rather have a dead son or a live daughter?" I just want to scream...*

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #5

**“** *The therapist would have gladly written a prescription for Testosterone had I not been so vociferous about all my concerns and doubts...*

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #6

**“** *My biggest fear is that if I keep pushing her to stop binding, she is going to get a mastectomy at the first opportunity...*

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #7

**“** *The tension around this issue is unbearable. She is so concerned about how others perceive her, and seems to think being called 'he' will magically solve all her other issues...*

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #8

**“** *What a lot of us parents are experiencing is a sudden change in our kids, with groups of girls in school all doing it and having to pretend that they're suddenly gay boys...*

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #9

**“** *She already suffers from major depression and has Aspergers. It all seems so hopeless. I'm losing my daughter and I can't do anything about it...*

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

#### Parents Speak Out #10

**“** *Both of my nephews, 13 and 15, know that this movement is crazy, but they're also aware that there is a gag order about discussing it...*

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)



## Dossier

### 'Watchful Waiting' parents speak out

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #11

**“ I am so angry at the many “experts” who happily took our money, scared us into believing them, never encouraging us to question anything – and now I have to figure it all out by myself...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #12

**“ She said she determined this through the internet and seeing what others around her looked like and what they identified as...**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #13

**“ My daughter said she is trans in May of this year. I found out her school has been letting her use a boy name and male pronouns...**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #14

**“ The binding really bothers me. Had I realized that binding is a form of self harm, I would have never allowed it. Now it's too late...**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #15

**“ When she got on the internet at age 15, things went downhill quickly. I would say she was sucked down a dark hole...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #16

**“ I tried therapy for myself, but the therapist just could not relate to this at all and I found it more annoying than helpful. In addition, she also kept pushing me just to accept my daughter's transition as if it was no big deal...**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #17

**“ My daughter was very happy and very confident before she discovered the trans community. Now she is fighting her own biology and getting more confused....**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #18

**“ I feel that this rapid transness is some kind of coping mechanism for whatever my daughter is feeling uncomfortable or unsure about...**

Source: ilymaynard.wordpress.com

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## Dossier

### 'Watchful Waiting' parents speak out

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #19

**“ In 6 months she went from lesbian to trans and wanting testosterone and top surgery...**

Source: ilymaynard.wordpress.com

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Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #20

**“ I thought surely after the autism diagnosis they would see what I see, especially after I told them about all the kids she knows that think they're trans...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #21

**“ I've even had child services called on me for not allowing my child to transition since I didn't care for one therapists approach, which was to hand my child a pamphlet on how to transition...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #22

**“ I am feeling really stressed and hopeless. I am terrified for my daughter. I tried to talk to her again. I really believe this is dysphoria with life not gender...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #23

**“ She was one of those teens that never showed any sign of wanting to be a boy until a heaping dose of social media...**

Source: ilymaynard.wordpress.com

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■ youthtranscriticalprofessionals.org  
■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #24

**“ The treatment team for my daughter affirmed her choice in every way and recommended that we immediately start hormone suppression...**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #25

**“ My daughter's gender therapist fully and nonchalantly agreed with my observation that groups of girls are doing this: entire friend groups!**

Source: ilymaynard.wordpress.com

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■ youthtranscriticalprofessionals.org  
■ gendercriticalresources.com/Support (parents forum)

Over the past few years there has been a huge increase in the number of children referred to gender clinics. Many young teens/adults are identifying as trans – with no previous history of gender dysphoria. **What's going on?**

Parents Speak Out #26

**“ Every session that my daughter had with the therapist was asking her “so what is your next plan for transitioning?”**

Source: ilymaynard.wordpress.com

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■ gendercriticalresources.com/Support (parents forum)



## Dossier

### Political Concerns



Trans parenting

#### Why are so many teenage girls appearing in gender clinics?

*A new paper suggests this may be partly a social phenomenon*



**Andrew Gilligan**  
@mragilligan

59% of MPs (across all parties) and 82% of Tory MPs believe the recent increase in the number of children presenting as transgender is worrying and has not yet been properly explained or discussed. ComRes poll of MPs, Sept 2018.

7:01 pm · 14 Oct 18



**Opinion**  
The Guardian view on the Gender Recognition Act: where rights collide  
*Editorial*

Where changes have been introduced or are proposed, including in prisons, women should be consulted.

This is a complex issue that society needs to consider thoughtfully. Further research into the [rise in referrals of children](#) to gender identity services would be helpful, for example. Social media have unhelpfully amplified the voices at both extremes of this argument. The current divisions are troubling. The end of the consultation ought to create a pause for reflection and space for a more constructive exchange.

#### The Telegraph

#### Minister orders inquiry into 4,000 per cent rise in children wanting to change sex



**A**n explosion in the number of children wanting to change sex has prompted an inquiry by ministers.

Penny Mordaunt, the Minister for Women and Equalities, wants to understand the reasons behind a 4,400 per cent increase in girls being referred for transitioning treatment in the past decade.

Officials will look into the role of social media and the teaching of transgender issues in schools as part of their inquiries.

#### See also

##### Appendix E:

Sunday Times - Janice Turner. Why do so many teenage girls want to be like Alex Bertie?

##### Appendix F:

Government probe into why so many girls want to be boys.





## Dossier

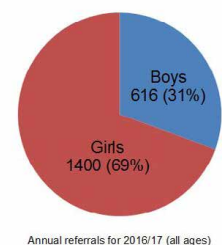
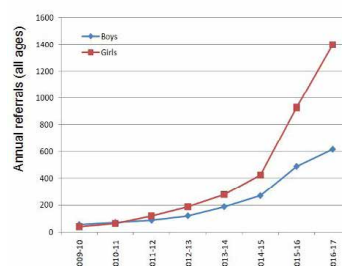
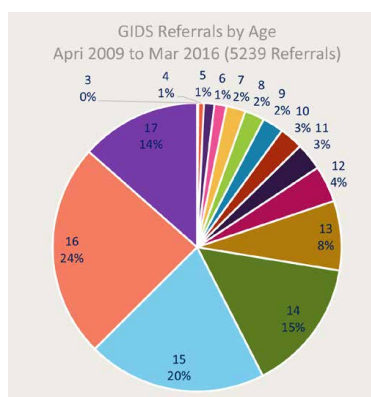
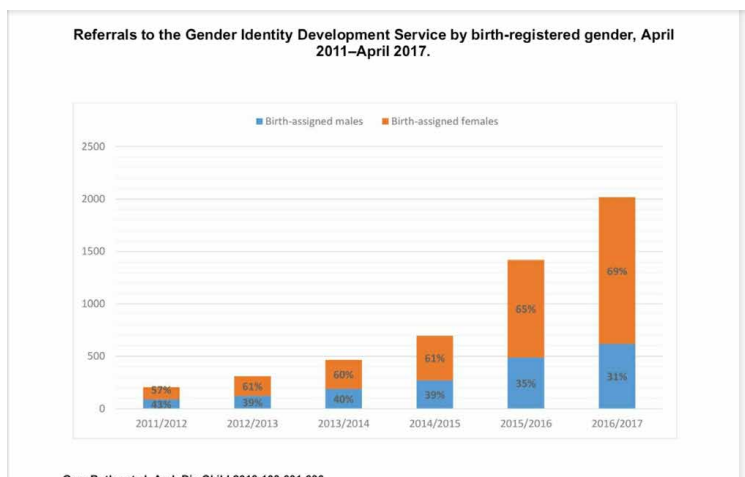
## Is social contagion causing a huge rise in referrals?

Parlons Trans #4 - Construction de soi (FTM Transition) Logan Transgender 9 months ago · 425 views	FTM Transition: Frustration. Parker Myers 7 years ago · 3.8K views	FTM transition: testosterone month 5 ElectricDade 6 years ago · 10K views	FTM transition! Kade Reece 1 year ago · 10K views
Plans For Transition (FTM Transition) Jace Rider 1 month ago · 357 views	Parker Myers. 5 Weeks on Testosterone. (05.05.16) FT... Parker Myers 2 years ago · 283 views	FTM TRANSITION Q&A Cameron Russo 1 year ago · 32K views	The RIGHT Time to Transition- FTM Life Aydan Dowling 6 months ago · 6.4K views
1 year 4 months on T Ftm late in life Transition Mitch Maihot 7 months ago · 264 views	FTM Transition: First Shot! Parker Myers 7 years ago · 2.7K views	FTM TRANSITION Q&A Cameron Russo 1 year ago · 32K views	FTM Transition - Older 64 year old transman - Pho... Dayne-Jule Sheets 2 years ago · 37K views
Delaying my Physical Transition (FTM) Harrison Browne 1 year ago · 9.1K views	FTM: Transition Regret   Ashton Colby Ashton Colby 4 years ago · 153K views	FTM Transition Regrets Cody_talks 2 years ago · 16K views	FTM Transition: Testosterone Gel VS Injections   Ashton Colby Ashton Colby 4 years ago · 113K views
FTM TRANSITION: MY FIRST T-SHOT! Ryan Jacobs Flores 2 years ago · 27K views	FTM Transition - 3 Years Comparison (Pre-T) Jackson Miloh 2 years ago · 99K views	FTM Transition - 10 MONTHS ON T (ALL THE CHANGES W... West Coast Elements 4 years ago · 301K views	FTM Transition-Finding Out I Was Pregnant KaydenColeman 5 years ago · 64K views
2 Years on T - Time Lapse (FTM) Emmett Claven 10 months ago · 139K views	FTM Phallo   Sensation 2 Years Post Stage 1 FinnThelInnoble 1 year ago · 79K views	FTM Transition - 10 MONTHS ON T (ALL THE CHANGES W... West Coast Elements 4 years ago · 301K views	FTM Transition- DO I REGRET TRANSITIONING?   FTM Jeffrey Rubel 9 months ago · 4.1K views
FTM Transition (1998-2018) - Pre T Myles Elio 7 months ago · 2.9K views	FTM Transgender: Things Testosterone Won't Change Jammidodger 1 year ago · 411K views	FTM TRANSITION: SHAVING MY HEAD skylarkleaven 2 years ago · 109K views	FTM Transition Timeline Pre-T Anthony Adams 5 days ago · 102 views
Ftm Transgender Timeline 1997-2017 Zachary Logan 10 months ago · 123K views	ONE YEAR ON TESTOSTERONE River Runs Wild 7 months ago · 13K views	FTM TRANSITION: SHAVING MY HEAD skylarkleaven 2 years ago · 109K views	FTM Transition - Packer Design Request Dayne-Jule Sheets 1 year ago · 3K views
I Know I'm Trans... Should I Transition?   Part 2 Dara Hoffman-Fox 2 years ago · 9.6K views	FTM Transition - 6 Month Voice Comparison West Coast Elements 4 years ago · 634K views	FTM Transition 1 Year on Testosterone Time... fateofmind05 7 years ago · 543K views	FTM transition: 4 Years on Testosterone Time... Just Some Dude 5 months ago · 9.3K views
FTM Transgender: Transition montage and comparisons... Jammidodger 2 years ago · 99K views	my ftm transition timeline (2004-2018) Kylie FTM 2 months ago · 276K views	FTM (Female to Male) Transition: My Journey Colin Harris 1 year ago · 6.6K views	FTM transition: One year on testosterone ElectricDade 5 years ago · 4.2M views
I have my T prescription! Tanner Lewis 4 years ago · 484 views	FTM TRANSITION // ONE YEAR ON TESTOSTERONE Alex & Jade 5 months ago · 65K views	FTM Transition: 4 years    4 años SER Alez 1 year ago · 466K views	ON TESTOSTERONE COMPARISON // FT... Ryan Jacobs Flores 1 year ago · 3M views
FTM Transition: Going Private (Part 2: Finding a clinic.) CallmeLaddie 1 year ago · 786 views	FTM TRANSITION // ONE YEAR ON TESTOSTERONE Alex & Jade 5 months ago · 65K views	FTM Transition Timeline Step-by-Step Jammidodger 7 months ago · 29K views	FTM transition timeline pre-t to 9 months Jason Michael 9 months ago · 6.5K views
First Gendercare Appointment   Mission To Manliness ThatGuyOli 1 year ago · 1.1K views	FTM TRANSITION // ONE YEAR ON TESTOSTERONE Alex & Jade 5 months ago · 65K views	FTM TRANSITION TIMELINE (body morphology) - 3 Y... Mali FTM 2 years ago · 290K views	Ftm bottom growth (graphic) JASON 3 years ago · 441K views
FTM English Gendercare Gendercare 2 years ago · 47 views	transition timeline (ftm) - but DANCE version beckdrop 1 year ago · 1.9M views	How Testosterone Can Change Your Chest   FTM T... Skylar Demetri 10 months ago · 11K views	FTM Transition Timeline with Testo (1996-2016)... Thorben 1 year ago · 37K views
Kater Schurz 1 year ago · 4.1K views	Dutch FTM transgender goes back in transition to female Dylan van der Griend 1 year ago · 9.7K views	Testosterone com... skylarkleaven 5 years ago · 871K views	FTM Transition Timeline Zander Foster 5 months ago · 6.1K views
FTM Transition: Q&A Response ElectricDade 2 years ago · 25K views	why I had to transition (ftm transgender) Kavlin Garrah 10 months ago · 22K views	FTM TRANSITION TIMELINE PRE-T   No Testosterone TBO SZN 8 months ago · 1.5K views	FTM TRANSITION TIMELINE PRE-T   No Testosterone TBO SZN 8 months ago · 1.5K views
FTM Transition: 4 years on testosterone ElectricDade 2 years ago · 63K views	Photo a Day 4 Years on T Jammidodger 2 years ago · 239K views	How to Transition at School   FTM Leo Mateus 1 year ago · 5.5K views	FTM Transition: One Year on Testosterone BLAKEVOLUTION 4 years ago · 580K views
FTM: Transitioning in your 30s Fang Muffin 3 months ago · 238 views	Sexiest Female to Male transitions Jammidodger 2 years ago · 239K views	FTM Transition Timeline Leo Mateus 1 year ago · 5.5K views	1 YEAR ON T: FTM TRANSFENDER Jammidodger 2 years ago · 239K views



## Dossier

### Tavistock GIDS – relevant quotes and information



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

GIDS recognises more research is needed.

Dr Wren also raised the issue of influences on a child from people who "inevitably shape their views, select and present evidence to them and interpret their options" and wondered how we can be sure of the authenticity of any young person's choice of treatment when "some support groups and online sources widely communicate to young people their conviction that transition is essential." Support groups such as Mermaids, GIRES and the Intercom Trust for example?

Source: Transgendertrend.com





## Dossier

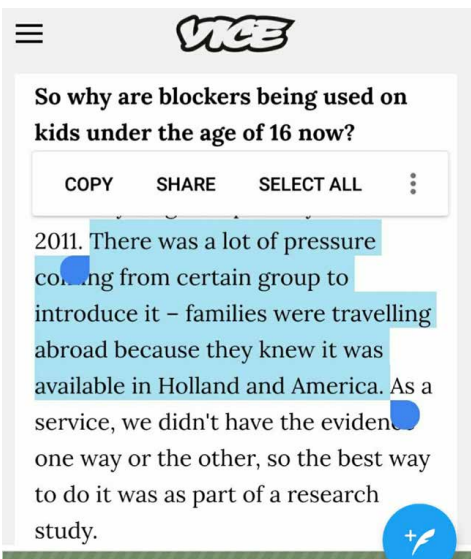
“...without a doubt there are some young people who are finding a community, friends and all sorts of things through joining a group who have an interest around gender and I think that for some of those we would be very foolish not to acknowledge that it's probably the case that they are caught up in something rather than it being an expression of something that has arisen from within. So there is a lot of concern.”

Dr Polly Carmichael  
(ACAMHS 2018)

“I have been shocked by some of the things that are swilling around the internet that young people have access to. There are numerous groups on Reddit and Tumblr that many of the young people that are attending our service are going onto...maybe it's also the dissing of expertise, in a way, so that there is a feeling that this is about who I am, so what does anyone else know? It's a very odd situation in some way.”

Dr Polly Carmichael  
(ACAMHS 2018)

See also  
**Appendix G:**  
Assessment and  
support of children and  
adolescents with gender  
dysphoria



Dr Polly Carmichael  
(Vice magazine)

and the change in sex ratio is also seen in other countries.<sup>1</sup> The reasons are not fully explicable and a number of questions arise. Is this increase due mostly to the greater tolerance of gender-diverse expression in westernised society? Is male status still regarded as preferable? Are all referrals to a specialist service appropriate and do all these young people have ascertainable GD? What are the benefits, as well as the possible harms, in supporting and helping these young people at different stages of development?

GIDS in British Medical Journal, 2018

‘rapid onset gender dysphoria’.<sup>7</sup> Tavistock clinicians Bonfatto and Crasnow (2018) describe cases where ‘cross gender identification manifested itself post puberty and without a previous history of gender incongruence’ and comment that this ‘rapid onset of gender dysphoria in assigned females post puberty is indeed a worrying phenomenon we are observing more and more at the clinic.’<sup>8</sup>

From a recent GIDS research paper



## Dossier

### Trans support groups and activists dismiss ROGD



**Ellen Murray**   
@ellenfromnowon

Rapid Onset Gender Dysphoria  
more like fuck my eyebrows

10:59 p.m. · 15 Feb 18

3 Retweets 27 Likes



**Ellen Murray** @ellenf... · 15 Feb  
ROGD could be a useful term to describe those sudden dysphoria things trans people experience sometimes. But no, instead it means bollocks invented by some tubes



**Owl**   
@UglaStefania

It was removed because it's nothing but junk science based on pure malice, lack of evidence and bad methodology. There is no such thing as 'rapid onset dysphoria' and no journal that wants to be taken seriously should publish this clearly biased trash.

[news.brown.edu/articles/2018/...](https://news.brown.edu/articles/2018/...)

11:47 AM · Aug 28, 2018



**SHON**   
@shonfaye

'Rapid Onset Gender Dysphoria' is transphobe speak for "you didn't feel able to consider or process the fact that you were trans because I'm such a transphobe, now you have begun to explore this I've decided it's fake and wrong because, as discussed, I'm a transphobe."

12:17 AM · Mar 11, 2018



**Mermaids** @Mermaids\_Gender · 7h

We're pleased that @wpath has made this clear and informed statement about "Rapid Onset Gender Dysphoria" (ROGD) confirming that it is not a medically recognised term acknowledged by the expert practitioners working in the field of adolescent gender identity.



**Fox Fisher**   
@theFoxFisher

Remember that rubbish about 'Rapid Onset Dysphoria'? Well, it got pulled because it's complete spurious and fraudulent science. Eat your words transphobes!

[news.brown.edu/articles/2018/...](https://news.brown.edu/articles/2018/...)  
[#TransRightsAreHumanRights](#)

11:57 AM · Aug 28, 2018



**Christine Burns MBE**   
@christineburns

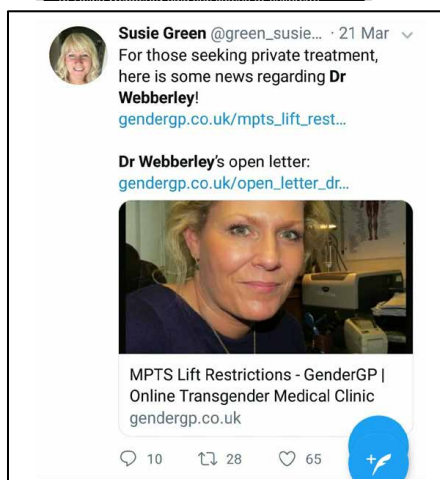
The latest bullshit notion from the trans hate brigade is "Rapid Onset Gender Dysphoria" — basically the idea that nobody anticipated their child presenting one day with gender dysphoria until one day it happens. See also "Late Onset Listening Disorder". [#MadeUpTerms](#)



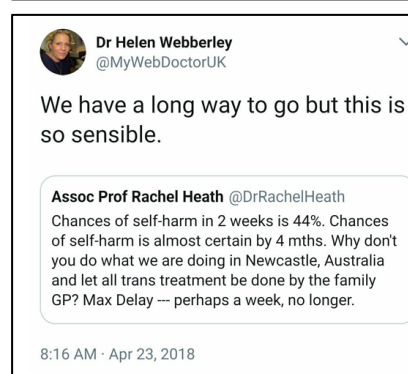
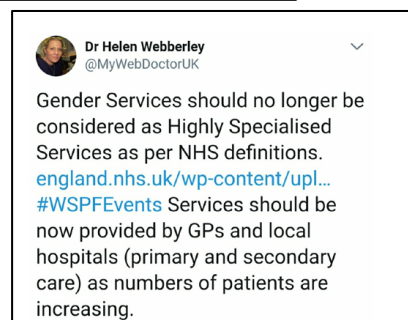
## Dossier

### Mermaids links with Dr. Helen Webberley

Dr Webberley is currently awaiting sentencing after prosecution by Healthcare Inspectorate Wales - and was previously under a GMC investigation



Doctor Webberley hosts critical reports of Tavistock GIDS and publicly calls for changes to its contract and service.







## Dossier

### Mermaids use of 'suicide risk' narrative (against Samaritan's guidelines and suicide statistics evidence)



Susie Green  
@green\_susie100

Tell that to the parents of the 4 families that donated the funeral collections to Mermaids last year, after their children took their own lives. Each and every life lost because of prejudice and bigotry. Honestly you need to fuck off. You know nothing.

10:02 am · 12 May 18



Andrew Gilligan  
@mragilligan

The charity @Mermaids\_Gender has a history of using and popularising highly dubious figures on suicide. Their "48% of trans young people attempt suicide" claim comes from a self-selected survey of 27 trans young people, of whom 13 said they had attempted suicide.



Andrew Gilligan  
@mragilligan

Michael Biggs, asst prof of sociology at Oxford: "It is highly irresponsible for @Mermaids\_Gender to try to mobilise these tragedies for the purposes of their political agenda and it is disturbing that ITV seems to have been dragged into it."

3:23 pm · 14 Oct 18



Andrew Gilligan  
@mragilligan

ITV drama Butterfly (that shows a transgender 11-y-o attempting suicide) is "not helpful," says England's only NHS gender clinic for young people. "It would be very unusual" for people that age to attempt suicide.



Anna Friel and Callum Booth-Ford in the drama Butterfly (Credit: ITV)

#### Teen transgender drama 'inflates suicide risk'

Andrew Gilligan

12:01am, October 14 2018

The NHS's only gender clinic for children and teenagers has criticised a new ITV drama that shows a transgender 11-year-old trying to commit suicide as "not helpful," saying it "would be very unusual" for a child of that age to attempt suicide.

Its highly irresponsible to use phrases such as 'Better to have happy daughter than a dead son'. There is **NO evidence** to support trans lobby claims that watchful waiting increases self harm or suicide. We should be building resilience in our children.





## Dossier

**Criticism of Tavistock GIDS by support groups and transactivists, who are trying to undermine GIDS' contract. They view GIDS as a monopoly service and want competition.**

Mermaids' parents and a trustee:

**FierceMum** @FierceMum · 2h  
Replying to @christineburns and @Tara\_Hewitt  
Faffed around is one way of putting it. From the perspective of service users the process is spoken about as traumatising, dehumanising, depression-inducing: parents feel judged and threatened, youth feel invalidated, and without hope. parents and youth feel total powerlessness

**Transfigurations** @TransDevon · 21s  
Replying to @christineburns and @Tara\_Hewitt  
This critical comment from a young man who went through their process would certainly suggest that conversion therapy is being practised at GIDS and is hinted at in their own paper (page 17)

**Anna Chivers** @pretty\_done · 2h  
Let's be clear, what 'watchful waiting' means is delaying social transition and medical intervention with the effect of prolonging gender dysphoria whilst also effectively invalidating what a child is telling you.

**Current options for parents:**

**Wait:**

- Watch child develop into the body that they cannot bare
- Related issues of self harm & suicide
- Lifelong issues with self esteem and confidence
- Future reparative surgery to correct pubertal development that could have been avoided

**Go abroad:**

- Dr Norman Spack - Founder of GEMS clinic in Boston USA
- Hamburg Clinic- agreed to do a day's assessment including endocrine appointment.
- Other European clinics now willing to treat our kids

**Self medicate**

**Mermaids View**

- The current Gender Identity Service is inadequate in its provision for those young people already undergoing puberty at time of referral
- It is causing harm as a result of prolonged delays to access to treatment
- Mermaids is working with GIRES, and other partners to try to influence a more holistic approach for young people in these circumstances

Helen Retweeted

**FierceMum** @FierceMum · 5h  
UK Children's Gender Service's latest journal article is one of the worst academic articles I have ever read. Here is a very detailed review:

**EPIC FAIL**

UK GIDS Failing Publicly  
growinguptransgender.com

**Growing-up-trans** @DadTrans · 4h  
This is a symptom of desperate attempt at control over who is considered trans, and trans representation. GIDS is a monopoly service mired in defensive practice, out of touch, unable to cope with demand, unable to adapt to evidence, failing our children.  
#NHSFailingtranskids

**Tara Hewitt** @Tara\_Hewitt  
Replying to @DadTrans @PaulJThinks and @TaviAndPort  
The fact England's only NHS specialist Gender service for Children and Young people decided to come out and criticise the most representative and pivotal programme on trans young people we hav...

**FierceMum** @FierceMum · 16h  
The NHS is transphobic at heart  
Viewing gender as a disorder for a start  
They don't care about our trans kids  
Anything would be better than GIDS

We get experts who hate trans folks  
Who think trans positivity is a joke  
Pathologising, outdated, offensive  
Slow, damaging, defensive

**Growing-up-trans** @DadTrans · 11h  
Replying to @DadTrans  
These trans adolescents are being utterly failed by the NHS. The Monopoly GIDS @TaviAndPort flout the NHS service specification. They are so ridiculously in breach of waiting lists times they have stopped even trying. Those who can afford, go private, leading to a two tier system

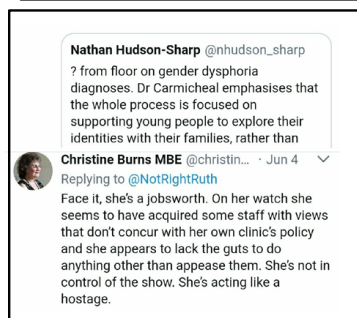
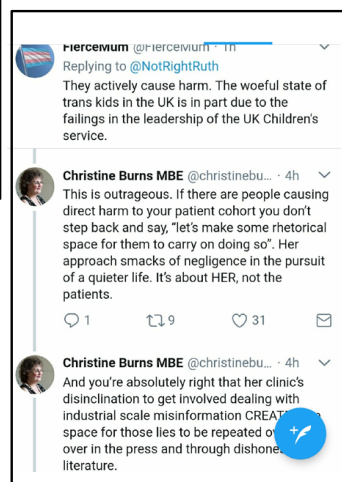
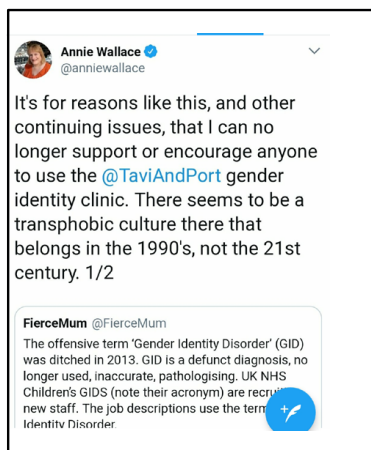
**Growing-up-trans** @DadTrans · 11h  
If you seek private treatment you risk being kicked out of the service. If you buy hormones online, or internationally, you risk them reporting you to social services. If you complain, you are ignored, if you challenge their protocols you are dismissed as a 'Trans Activist'.

**Mermaids parents' lobby group is given regular access to GIDS staff. As equal parent stakeholders, we request that gender critical parent groups be afforded the same rights.**



## Dossier

Criticism of Tavistock GIDS by support groups and transactivists who are trying to undermine GIDS contract. They view GIDS as a monopoly service and want competition.





## Dossier

### Dr Stuart Lorimer

NHS consultant, Tavistock GIC and Head of GenderCare, private gender clinic

We believe that NHS staff should be politically and ideologically neutral and there should be no blurring of lines between NHS positions and private practice / lobbying



Dr Stuart Lorimer  
@GenderCareDrL

We are @TaviAndPort!



10:11 pm · 07 Apr 17



Dr Stuart Lorimer  
@GenderCareDrL

Overdue GenderCare meeting.  
Serious business.



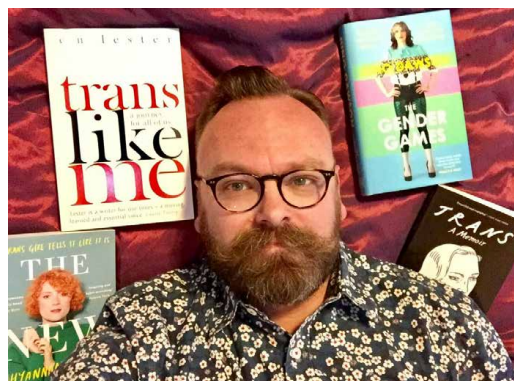
10:58 p.m. · 13 Apr 18



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

20

4 comments



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






## Dossier


### Dr Stuart Lorimer

NHS consultant, Tavistock GIC and Head of GenderCare, private gender clinic

 **Dr Stuart Lorimer**  
@GenderCareDrL

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

3:39 pm · 09 Oct 16

 **Dr Stuart Lorimer**  
@GenderCareDrL

Sitges fantastic and, as ever, I have sunny retirement fantasies. Would there be demand for a B&B&GIC just outside Barcelona? Hmm...


 **Dr Stuart Lorimer**  
@GenderCareDrL

Conversation about how my GenderCare patients are two thirds trans men.

Them: "So, what is it brings the guys to you?"

Me: "My milkshake?"





1:35 am · 15 Jan 17


 **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** @GenderC... · 36m  
Replying to @SophieDancerUK and 3 others  
The Little Book of Bollocks

 **Dr Stuart Lorimer** @GenderCareDrL

**THREAD**  
The day after Pride, I hear of a transmasculine person who's killed himself because he can't wait for gender services.

Those disrupting the march are, like US religious conservatives on abortion, more exercised by theoretical than actual suffering. 1/

4:36 PM · 11 Jul 2018 from Lambeth, London

 **Epic Glitter** @EpicGlitterYay · 1d  
In the future, please consider trigger warnings for suicide on this type of tweet?

2 11

 **Dr Stuart Lorimer** @GenderCareDrL

Replying to @EpicGlitterYay

Point taken and noted for the future. My apologies.

12:44 am · 13 Jul 18

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.





## Dossier



### See also

#### **Appendix H:**

GenderCare: London private clinic with a winning business model

#### **Appendix I:**

Bridging hormones: Increasing number of UK GPs leery of prescribing treatment

### Mumsnet thread re recent Trans Activist Conference attended by Dr Ben Vincent and Dr Stuart Lorimer

#### 1) Health Panel:

Chair was Dr Ben Vincent of GILES.

Part of the discussion on this panel was around GPs reluctance to prescribe "bridging hormones". GPs are reluctant/afraid to prescribe them for liability reasons. Apparently a brand of T-Gel was withdrawn and GPs are reluctant to switch brands.

There was then a bit of chatter about whether a person's sex was relevant for healthcare stats.

Then there was discussion about trans children.

Dr Vincent was very scathing about GIDS-said there was disgusting and unethical practices. BV spoke about dispelling the myths about desistance and the myths of ROGD- BV called this "concern trolling, malicious and ethically bankrupt". BV would like a review of the whole system.

Then Dr Vincent said that they'd received a review copy of "Born in your own body" edited by Heather Brunskell-Evans and Michele Moore. BV is reviewing it for some Royal College and said "I will tear it a new asshole"

Also (and they didn't want this tweeted) BV is also planning a book called Terf Wars which will be a "rigorous takedown of terf arguments" which is getting serialised as articulated in some peer reviewed journal- I'm sorry but I couldn't catch which one.

Dr Stuart Lorimer, of the Tavistock and Portman who was also a panellist- said that ROGD is "evidence free".

There was a great deal of discussion as to the health risks for transwomen taking certain brands of hormones- one person said they knew three other people who'd died taking them, and they'd nearly died as well.

# THE MEDICAL SCANDAL AT TAVISTOCK GIDS: EVIDENCE FROM PARENTS



## Dossier

A search of GenderCare into YouTube produces video upon video of young people recounting their appointment. These clients are predominantly young females (the cohort which could be considered 'risky' and experiencing Rapid Onset Gender Dysphoria. Is there an element of social contagion here?

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

@t...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!



Gendercare

- gendercare problems | trans/ genderqueer  
averyidk  
2 weeks ago · 14 views
- GENDERCARE APPOINTMENT: TESTOSTERON...  
Steph Kyriacou  
1:40
- Becoming Sam #5: Gendercare Appointment!  
TheSamThatIAm  
1 year ago · 575 views
- My first Gender Therapy appointment! (U...  
CallmeLaddie  
4 months ago · 563 views
- I'm Having Problems With Gendercare  
ThatGuyOli  
7 months ago · 683 views
- MY EXPERIENCE WITH GENDERCARE  
videosbyn0ah  
1 year ago · 805 views
- ftm update. || first gendercare appointment  
Kae Gold  
5 months ago · 104
- A trip to London || Gender Care || Shaun Stephen  
Shaun Stephen  
8 months ago · 124

Gendercare

- Uk ftm top surgery referral  
ftmnate  
1 year ago · 797 views
- I have my T prescription!  
Tanner Lewis  
3 years ago · 479 views
- 3 months on T + Appointment with Dr Seal (Ge...  
Ev The Veg  
3 months ago · 379 views
- Follow Up Gendercare Appt | Dr Seal  
ThatGuyOli  
3 months ago · 487 views
- Am I Still With Gendercare? | Mission To Ma...  
ThatGuyOli  
1 year ago · 201 views
- Gendercare appointment  
ThatGuyOli  
1 year ago · 304 views
- Your first Gendercare appointment  
jishthepickled  
2 months ago · 22
- Private gendercare appointment.  
transdancer


PAGE 21


# THE MEDICAL SCANDAL AT TAVISTOCK GIDS: EVIDENCE FROM PARENTS





## Dossier


← Gendercare ×


- 


**My Transition So Far (Gendercare, NHS, Coming O...**  
Tate's Life  
1 year ago · 88 views
- 


**Update: Tavi, Blockers, Gendercare and ...**  
EthanIsTotallyAGuy  
3 years ago · 163 views
- 


**My experience at GENDERCARE with Dr Lorimer!**  
AsBlackAsCole  
1 year ago · 704 views
- 

**transition update #1 (genderqueer/transgender)**  
averyidk  
5 months ago · 79 views
- 

**Gendercare/ Testosterone update**  
Brody Cohen-hill  
2 years ago · 290 views
- 

**GenderCare And Dr Seal // TransLife #5**  
Trans Life  
1 year ago · 64 views
- 

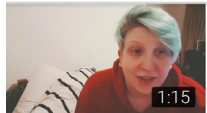
**HOW TO: GIC REFERRAL & GENDERCARE | ...**  
Charlie's Chronicals  
5 months ago · 45 views
- 


**FIRST DAY ON T? | GENDERCARE | TRANSGENDER ...**  
theonetruezog  
1 year ago · 220 views
- 

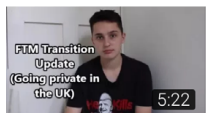
**Starting Testosterone through Gender...**  
Jake Oliver  
11 months ago · 241 views


**Watch Videos 3 and 4 on the penstick**


← Gendercare ×


- 


**Gendercare appointment update**  
Alex Moriarty  
1 year ago · 31 views
- 

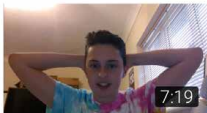
**Gendercare Gendercare**  
22 subscribers  
[SUBSCRIBE](#)
- 


**2nd Transition Update (FTM, UK, Gendercare ...**  
Ev The Veg  
10 months ago · 297 view
- 


**PRIVATE GENDER SPECIALIST SHARED CARE ...**  
Ethan Wilson  
1 year ago · 234 views
- 

**I'M ON TESTOSTERONE!!! (Testogel...**  
Ev The Veg  
6 months ago · 470 views
- 

**Non-Binary GenderCare Experience - Top...**  
Jay Jackson  
1 month ago · 125 views
- 

**uk ftm gendercare**  
ftmnate  
2 years ago · 639 views
- 

**Transition Update, UK FTM (Gendercare, sh...**  
Ev The Veg  
10 months ago · 560 views
- 

**GenderCare: GOING PRIVATE TO START TEST...**  
Jay'sJourney - FtM  
10 months ago · 752 views
- 

**ftm update. || MY FIRST T SHOT !!! (GENDERCARE)**  
Kae Gold  
3 months ago · 153 views





## Parents' notes of the meeting

**Notes from Meeting at the Tavistock and Portman  
November 24<sup>th</sup> 2018**

**Present:**

Paul Jenkins (Chief Executive), Dr Sally Hodges (Children, Young Adults and Families Director)

██████████ (Parent), ██████████ (Parent), ██████████

**Meeting convened to discuss concerns concerning children and young people being identified as 'transgender' raised in a letter 14<sup>th</sup> September**

Paul and Sally welcomed ██████████, ██████████ and ██████████ to the meeting saying it was helpful to talk; at the Tavistock and Portman there is pride in the model of support that has grown up over thirty years and in its distinctive philosophy. Sally explained the service currently faces a lot of difficulty due to the complexity of individual cases and the complexity of the environment in which responses are being played out. The service does not wish to take a position on the issue of transgender children and young people, rather to focus on children and young people themselves.

██████████ asked whether Paul and Sally had been surprised by concerns raised in the focal letter from parents. Sally and Paul said they were not surprised. They hear concerns from all over the place, from all sorts of groups. Sally explained that a range of perspectives are encountered 'wherever you go' and that different perspectives are held across staff in the organisation.

██████████ asked about plans in place for the service to engage with Penny Mordaunt's enquiry on the exponential rise in girls being identified as 'transgender'. Sally said the service is waiting to know more about the parameters of this enquiry. The service will be trying to stay faithful to the 'watchful waiting' model it has developed although this has accrued long waiting lists, 'because we want to feel we are making considered decisions; we are proud of developing thoughtful staff'. Sally stressed the service does not have close relationship with lobby groups.

██████████ commented on 'treatment marching ahead of research' which is unprecedented. Paul explained that he has a background working for patient's organisations and there are parallels with schizophrenia in which treatments and research evidence 'are just as contested'. ██████████ explained that there is a difference because the bodies of children and young people are being irreversibly damaged and so Paul's example is not comparable. ██████████ pointed out that we are dealing with an entirely new cohort of children and young people being identified. Paul conceded the difference.

██████████ clarified that we are not concerned with 'strongly held views' but with evidence. Evidence is key. ██████████ said that parents are impressed by Tavistock publications and research efforts and Paul said they are concerned and committed to strengthening the evidence base. ██████████ cautioned about a Twitter backlash to the Tavistock's research pronouncements. She said she 'would like to know that you are a firewall, able to do your research without undue influence or pressure' extending the concern to the GIDS contract which, she said, should not be compromised by lobbyists.





## Parents' notes of the meeting

Sally remarked that there is suddenly a lot of money around for gender research and they are keen to follow up those who don't go on clinical pathways.

■■■■■ asked whether it has ever been the case that clinicians have said 'No' to a child seeking transition. Sally said it happens 'quite a lot'. *'Clinicians do make their own assessment or there would be no point offering a service'*. She said they look at complaints from parents on a regular basis and then *'conduct our own independent investigation; we have a process which involves interviewing clinicians'*. *'Our aim is to protect people to make clinical decisions. We have made a service decision that clinicians work in pairs. We look at their clinical records and review them before making an independent assessment about whether the clinician's decision should be upheld. Our assessment is pretty full'*.

■■■■■ asked *'Is there a shared value on this?' 'Is it the case that some clinicians don't believe in 'born in your own body'?' Sally replied 'we are interested in clinician skills, not beliefs. Clinicians work in pairs to guard against personal beliefs and keep emphasis on clinical skills. We ask questions at interview to select people who don't take things at face value'*.

■■■■■ asked *'do your staff believe in 'born in your own body'?' Sally explained again that people use clinical skills and said 'I am not qualified to answer on what they believe'*.

Paul said that *'more complicated decisions are taken collectively'* and involve group supervision stressing *'the culture of the place is for people to think about the work they are doing'*.

■■■■■ asked whether people are *'signed up to a shared vision of effectiveness and safety'*. Sally said that sharing values is secondary to clinical skill.

■■■■■ asked what Paul and Sally think about the influence of online culture, in particular whether young people give scripted answers *'when you see young people do you see them presenting in formulaic ways? This must be very hard for clinicians, if young people come along with all the answers ... how do you cope with that ?'* Sally said they cope with this by working in pairs. Plus they have a new model where they separate out parents and child for part of the assessment. ■■■■■ pointed out that children and young people don't get online influences from their parents.

■■■■■ queried these issues for children and young people seeking to transition who have social and communication difficulties. Sally said *'we make sure people are not isolated in the work; all decisions are made in teams.'*

■■■■■ referred to the Finnish study which presents observations concerning shared identities and reports that clinicians *'saw the same thing'*. Sally said *'we create opportunities for asking the child and the parents things differently'*. And *'we differentiate how people are seen in GIDS, for example some have weekly surgery, not a limited number of sessions. We tell our people there is no pressure to rush a decision'*. She explained that NHS England is looking at new ways to deal with waiting lists saying 60% of the work is CAMHS. They are looking at tightening up referrals - to only accept via CAMHS or GP (currently any professional can refer).



## Parents' notes of the meeting

█████ picked up on the issue of not rushing a decision citing two well-known transitioners Alex Bertie and Jake Edwards; Alex Bertie now has depression which he realises predated his transition and Jake Edwards has post mastectomy despair and shifting, rebound dysphoria which he says on YouTube 'won't go away'.

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Sally said there are some junior medics tasked with trying to follow up trans-regret but they are finding it very difficult because people who change their minds often then change their identification, contact details, email etc.

█████ raised concerns about the ITV programme Butterfly and claims by Mermaids that they had seen a huge increase in families contacting them since the programme aired. █████ asked Sally whether all the families going to Mermaids will come to the Tavistock. Sally said *'I think they try not to bring them here'*. █████ asked why? Sally said *'you know why'*. █████ commented *'they are all being shifted abroad and into private services'*. Questions were asked about the Adult Service and Sally explained *'we run it but we haven't been awarded the contract'*. She stressed *'we want people to have access to psychological intervention'*.

█████ agreed this was important saying *'yes, you are the safest place. We are worried about you having these services taken away from you'*.

█████ handed over an extensive dossier comprising the evidence base for our concerns, with links to YouTube presentation of concern (including a widely viewed talk given by █████), research evidence on Rapid Onset Gender Dysphoria from Lisa Littman and material concerning the practice of Stuart Lorimer. Sally said *'he [Stuart Lorimer] spends all his private time working on this. Under the NHS he has to follow our protocol. He can't do the things he does privately in the NHS'*. Lorimer is restricted within the NHS role and doesn't see first assessment patients.

█████ pointed out that Dr Lorimer's book with Ben Vincent for GPs, his ideology and lobbying are going to all GPs from a Tavistock employee. Lorimer refutes ROGD evidence *'he is blurring the line between being a gender consultant and being identified as an NHS employee following NHS protocol: this is concerning'*.

█████ pointed out that our ROGD cohort are all seeking to transition through Gender Care. Sally said *'in response to some of this we have tightened up our guidelines on what people can say if they are working with us'*. █████ thought this was important as people could bring the service into disrepute. █████ told Sally and Paul *'Lorimer is pitching for your business. He speaks of the Trans Health Service. It has to be private because it doesn't gate keep. These are extraordinary cultural developments'*.

█████ asked *'is there any way you can hang on to them longer?'*

Sally said that they are in talks with NHS England and using our original letter as leverage. *'We believe a section for 16-25 year olds is needed. They are considering it. We don't know if this would be under GIDS or GIC. We are doing all we can do'*.



## Parents' notes of the meeting

Paul said *'we have no special relationship with any organisation. We want to engage'*. He asked *'How do you identify some of these issues that are about the practical consolidation of good practice? What can we do?'*

██████ and ██████ suggested involving others in CPD sessions by Skype e.g., Tania Marshall and Lisa Marchiano; work more on trauma and sexual orientation. Paul and Sally wrote these ideas down. ██████ outlined her credentials for relevant CPD input, facilitation and research.

There was a brief discussion of the BACP MOU on Conversion Therapy. Sally said *'there is no inconsistency with our work'* stressing *'the needs to be a careful assessment and thoughtful approach'*. She said the service comes under pressure from lobby groups *'but we don't involve them in decision making'*.

██████ mentioned the anger felt by intersex activists when they realised clinicians were prioritising appearance over sexual function, raising points of immense concerns about bodies, sexual function and experimentation. Susan talked about being shocked by the way at the recent Science of Gender conference the endocrinologists talked about invasive treatments being carried out on children and young people before animal trials have been done; experimenting on the young people's bodies *'a gleam in the eye of the endocrinologist when they spot an opportunity for experimentation'* (earlier blockers, earlier X sex hormones and could they avoid the unsatisfactory double AA cup breast size etc) and about losing touch with the patient as a whole person. Sally said *'we never let out young people see endocrinologists alone, we always accompany them'*.

The discussion then turned to hoped for outcomes of the meeting.

### Outcomes agreed

- 1) An agreement that we are equal stakeholders and we will have ongoing contact
- 2) Agreement to engage further with development of 3 collaborative research projects concerning children and young people being identified as transgender which ██████ is leading on through the Patient Safety Academy at the University of Oxford Nuffield Department of Surgical Sciences:
  - detransitioners
  - autism
  - patient safety in relation to hormone treatments and SRS

### Closing remarks

Sally stressed that they are *'committed to keeping our place where we can make our own clinical judgments'*.

██████ acknowledged that *'If Tavistock can find courage to do this you will feel proud'*.





Concerned that the Tavistock were not offering anything in the way of action, parents decide to share their letter to The Observer

**The Observer**  
Transgender


**Jamie Doward**  
Sat 3 Nov 2018 21:10 GMT

f t e

This article is more than 4 years old

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

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



The Tavistock Centre in London is looking into criticisms that young people are being rushed into life-changing decisions. Photograph: Alamy

Britain's only NHS gender identity service for children is reviewing its operations amid claims made by a senior member of staff that it is failing to examine fully the psychological and social reasons behind young people's desire to change gender.

The views are shared by a group of parents of transgender children, who have raised their own concerns that the **Tavistock Centre's gender identity development service** (GIDS) in London is "fast-tracking" young people into life-altering decisions without fully assessing their personal histories.

In a letter to the trust's board, seen by the Observer, the parents say they fear "the GIDS team is being asked to engage with and assess complex and difficult cases within a highly constrained time frame".

They continue: "We have specific concerns about the situation of those with gender dysphoria in the age group 17 to 25 who are referred to the [adult] GIC [gender identity clinic], where they do not receive the complex psychosocial assessment offered at GIDS: for these young adults there is little exploration of the family or cultural context of their still developing gender identity."

The Tavistock confirmed that a senior member of staff had submitted a report to its board, raising issues about its service. The Observer believes that the report questions whether the clinic should do more to consider young people's personal histories, notably by examining whether they are on the autistic spectrum, have experienced trauma or are being influenced by social pressures, before helping them on the path to transition. As a result, the clinic has begun an internal review, to see whether these views are shared more broadly by staff.

**Too young to decide? Questions dividing real-life Butterfly families**  
**Jamie Doward**  
[Read more](#)



**With complex cases, we will often extend the time given to trying to understand what may be going on at Tavistock and Portman NHS foundation trust**

In a statement, the Tavistock said: "A document has been produced that makes allegations about the service. In response, our medical director is conducting a review of the issues raised. 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."

It added: "The trust is concerned by the tone and manner in which these 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."

The parents claim that the huge increase in numbers of children seeking referrals, which has risen from 97 in 2009 to 2,519 in the year to April, is placing great demands on the clinic, with potentially negative consequences for children.

"Given the pressure under which GIDS now works, we believe there is a real danger that the cohort of young people who enter GIDS post-16 may be fast-tracked on to adult services in an attempt to reduce caseloads," the parents claim. They said they feared the adult service did not adequately examine psychosocial factors that they claim may influence a young person's decision to transition.

But the Tavistock insisted that "comprehensive psychosocial assessment precedes any referral to the endocrine clinic for consideration of physical treatment", and that no one was being fast-tracked through its services.

In a statement, it said: "We do not limit or curtail assessments because of pressure to move swiftly to medical interventions. With complex cases, rather than truncating assessments, we will often extend the time given to trying to understand what may be going on. Whilst the national specifications against which the service is commissioned describe an assessment phase of between four and six meetings, one outcome of assessment may be further assessment. Nevertheless, we are always mindful that gender dysphoria is not in and of itself a mental health diagnosis."

The view that psychosocial factors - such as the popularisation of trans issues on social media, or the role trauma has played in their early life - can help shape someone's desire to transition is rejected by many trans support groups. They said their experience was that, far from being fast-tracked, adolescents experienced a lengthy assessment process before transitioning could begin.

"The reality we hear from our service users is quite the opposite of the suggestion that services are rushed," said Lui Asquith of the transgender support charity **Mermaids**. "In most cases, after the initial assessments and because of the rigorous approach to assessment the Tavi implements, there will be a further long period of 'watchful waiting', which can lead to trans children not getting timely support.

"At Mermaids, we see that a delay in necessary, developmentally appropriate or age-specified medical intervention can have a negative effect on the wellbeing of a trans child - an inability to concentrate at school, to engage with their peers, to excel in their hobbies - because they are not getting the support they need in time."



## Paul Jenkins' reprimand to parents for sharing their letter to The Observer

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From: Paul Jenkins <[REDACTED]>  
Sent: 21 November 2018 12:07  
To: [REDACTED]  
Cc: Sally Hodges  
Subject: FW: [REDACTED] /Paul Jenkins/Sally Hodges - Treating Gender Dysphoria in adolescents and young adults

Dear [REDACTED],

Thank you for your email. I am sorry for the delay in replying. I have just returned to work after [REDACTED]  
[REDACTED]

Before I respond to your note of our meeting I must put on record our very considerable disappointment at the way in which your letter was shared with the media. This caused considerable upset in the staff team and inevitably undermines the trust that is so important to developing a constructive dialogue with you. The Trust welcomes public debate and challenge however we would expect some basic courtesy to be observed in how this is handled.

Turning to the note of our meeting, while Sally and I welcomed the opportunity to meet to discuss the issues raised in your original email we have some significant concerns about how this has been reflected in your draft note. I attach an annotated version in which these concerns are set out. Without changes, marked in track changes, to reflect these we would not recognise this as an agreed record of our discussion.

We remain willing to engage in a constructive dialogue with your group as with other viewpoints on this issue. However, it is important we can do so on the basis of trust.

Best wishes,

Paul Jenkins





## The Tavistock's track changes of the meeting notes

Notes from Meeting at the Tavistock and Portman  
~~October~~November 24<sup>th</sup> 2018

### Present:

Paul Jenkins (Chief Executive), Dr Sally Hodges (Children, Young Adults and Families Director)

██████████ (Parent), ██████████ (Parent), ██████████

Meeting convened to discuss the letter dated 14<sup>th</sup> September to the Trust on "Treating Gender Dysphoria in adolescents and young adults at Tavistock GIDS and the GIC concerns concerning children and young people being identified as 'transgender' raised in a letter dated: "

Paul and Sally welcomed ██████████, ██████████ and ██████████ to the meeting saying it was helpful to talk. At the Tavistock and Portman there is pride in the model of support that has grown up over thirty years and in its distinctive philosophy. Sally explained the service currently faces a lot of difficulty due to the complexity of individual cases and the complexity of the environment in which responses are being played out. The service sees a wide range of children and young people with very diverse gender identities, hence it does not wish to take a position-make generalisations on the issue of transgender children and young people, but rather to focus on the individual children and young people themselves.

██████████ asked whether Paul and Sally had been surprised by concerns raised in the focal letter from parents. Sally and Paul said they were not surprised. They hear concerns from all over the place, from all sorts of groups. Sally explained that a range of perspectives are encountered in this area of work 'wherever you go' and that this includes -different perspectives are held-amongst across staff in the organisation.

██████████ asked about plans in place for the service to engage with Penny Mordaunt's enquiry on the exponential rise in girls being identified as 'transgender'. Sally said the service is waiting to know more about the parameters of this enquiry. The service is committed to maintaining a model based on taking a thoughtful approach to the needs and circumstances of individual patients and is proud of an approach based on will be trying to stay faithful to the 'watchful-waiting' model it has developed although this has accrued long waiting lists 'because we want to feel we are making considered decisions and developing ; we are proud of developing thoughtful staff'. Sally stressed the service does not have close relationship with any one lobby groups but is keen to engage constructively with groups representing different perspectives.

██████████ commented on 'treatment marching ahead of research' which is unprecedented. Paul explained that he has a background working for patient's organisations and there are parallels with schizophrenia in which treatments and research evidence 'have become just as contested'. ██████████ argued explained that there is a difference because the bodies of children and young people are being irreversibly damaged and this is Paul's example is not necessarily comparable. Helen pointed out that we are dealing with an entirely new cohort of children and young people being identified. Paul conceded the difference. While recognising there were differences Paul maintained that there were some important parallels. And while the numbers are growing, the service has run since the late 1980s and children and young people have been receiving since then although the specifications have evolved over time



## The Tavistock's track changes of the meeting notes

█████ clarified that we are not concerned with 'strongly held views' but with evidence. Evidence is key. █████ said that parents are impressed by Tavistock publications and research efforts and Paul said they are concerned and committed to strengthening the evidence base. █████ cautioned about a Twitter backlash to the Tavistock's research pronouncements. She said she *'would like to know that you are a firewall, able to do your research without undue influence or pressure'* extending the concern to the GIDS contract which, she said, should not be compromised by lobbyists.

Sally remarked that there is suddenly a lot of money-interest in funding more research in this space around for gender research and they are keen to follow up those who don't go on clinical pathways.

█████ asked whether it has ever been the case that clinicians have said 'No' to a child seeking transition. Sally said it happens 'quite a lot when appropriate'. *'Clinicians do make their own assessment or there would be no point offering a service'*. She said they look at complaints from parents on a regular basis and then *'conduct our own independent investigation; we have a process which involves interviewing clinicians'*. *'Our aim is to protect people to make clinical decisions. We have made a service decision that clinicians work in pairs. We look at their clinical records and review them before making an independent assessment about whether the clinician's decision should be upheld. Our assessment is pretty full'*.

█████ asked *'Is there a shared value on this?'* *'Is it the case that some clinicians don't believe in 'born in your own body'?''* Sally replied *'we are interested in clinician skills, not beliefs. Clinicians work in pairs to guard against personal beliefs and keep the emphasis on clinical skills. We ask questions at interview to select people who have good clinical capacity to think through complex issues and work within multidisciplinary teams who don't take things at face value'*.

█████ asked *'do your staff believe in 'born in your own body'?''* Sally explained again that people use clinical skills, and said: 'I am not qualified to answer on what they believe'.

Paul said that *'more complicated decisions are taken collectively'* and involve group supervision stressing *'the culture of the place is for people to think about the work they are doing'*.

█████ asked whether people are *'signed up to a shared vision of effectiveness and safety'*. Sally said that sharing values follows on from follows-on-from rather than being secondary to clinical skill.

█████ asked what Paul and Sally think about the influence of online culture, in particular whether young people give scripted answers *'when you see young people do you see them presenting in formulaic ways? This must be very hard for clinicians, if young people come along with all the answers .. how do you cope with that ?'* Sally said they cope with this by working in pairs and relying on their substantial experience and expertise at engaging with children and young people in a meaningful way. Plus they have a model where they may separate out parents and child for part of the assessment where appropriate. █████ pointed out that children and young people don't get online influences from their parents.





## The Tavistock's track changes of the meeting notes

■■■■■ queried these issues for children and young people seeking to transition who have social and communication difficulties. Sally said 'we make sure people are not isolated in the work; all decisions are made in teams.'

■■■■■ referred to the Finnish study which presents observations concerning shared identities and reports that clinicians 'saw the same thing'. Sally said 'we create opportunities for asking the child and the parents things differently'. And 'we differentiate how people are seen in GIDS, for example some have weekly therapy, usually locally, not a limited number of sessions. We tell our people there is no pressure to rush a decision'. She explained that NHS England is looking at new ways to deal with waiting lists saying 60% we do not know this figure, so this cannot be quoted of the including looking at the overlap with traditional work is CAMHS work. They are looking at tightening up referrals - to only accept via CAMHS or GP (currently any professional can refer).

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■■■■■ raised concerns about the ITV programme Butterfly and claims by Mermaids that they had seen a huge increase in families contacting them since the programme aired. Helen asked Sally whether all the families going to Mermaids will come to the Tavistock. Sally said 'I did not think there would be an influx of referrals and to date this has been the case. Referrals seem to be levelling out'. ■■■■■ commented 'they are all being shifted abroad and into private services'. Questions were asked about the Adult Service and Sally explained 'we run it but we haven't been awarded the permanent contract'. She stressed 'we want people to have access to psychological intervention and the service was interested in being housed in the Trust to increase psychological input'.

■■■■■ agreed this was important saying 'yes, you are the safest place. We are worried about you having these services taken away from you'.

■■■■■ handed over an extensive dossier comprising the evidence base for our concerns, with links to YouTube presentation of concern (including a widely viewed talk given by ■■■■■), research evidence on Rapid Onset Gender Dysphoria from Lisa Littman and material concerning the practice of Stuart Lorimer. Sally said 'he [Stuart Lorimer] spends all his private time working on this. Under the NHS he has to follow our protocol. He can't do the things he does privately in the NHS'. Dr Lorimer is restricted within the NHS role and doesn't see first assessment patients. The material we were shown relates to Dr Lorimer's private practice and he follows our protocol in the Charing Cross service. The material we were shown relates to Dr Lorimer's private practice and he follows our protocol in the Charing





## The Tavistock's track changes of the meeting notes

### Cross-service:

█████ pointed out that Dr Lorimer's book with Ben Vincent for GPs, his ideology and lobbying are going to all GPs from a Tavistock employee. Lorimer refutes ROGD evidence 'he is blurring the line between being a gender consultant and being identified as an NHS employee following NHS protocol: this is concerning'. We do not see a blurring and cannot comment on what people do in their own time

█████ pointed out that our ROGD cohort are all seeking to transition through Gender Care. Sally said 'in response to some of this we have reviewed our guidelines ~~guidelines~~ on what people can say if they have identified themselves as Trust employees, ~~have identified themselves as trust employees~~'. █████ thought this was important as people could bring the service into disrepute. █████ told Sally and Paul 'Lorimer is pitching for your business. He speaks of the Trans Health Service. It has to be private because it doesn't gate keep. These are extraordinary cultural developments'.

█████ asked 'is there any way you can hang on to them longer?'

Sally said that they are in talks with NHS England and we have sent NHS England the letter so they can hear as many perspectives as possible, ~~we have sent NHS England the letter so they can hear as many perspectives as possible~~. We believe a section for 16-25 year olds is needed. They are considering it. We don't know if this would be under GIDS or GIC. We are doing all we can do.

Paul said 'we have no special relationship with any organisation. We want to engage'. He asked 'How do you identify some of these issues that are about the practical consolidation of good practice? What can we do?'

█████ and █████ suggested involving others in CPD sessions by Skype e.g., Tania Marshall and Lisa Marchiano; work more on trauma and sexual orientation. Paul and Sally wrote these ideas down. █████ outlined her credentials for relevant CPD input, facilitation and research.

There was a brief discussion of the BACP MOU on Conversion Therapy. Sally said 'there is no inconsistency with our work' stressing 'the needs to be a careful assessment and thoughtful approach'. She said the service comes under pressure from lobby groups 'but we don't involve them in decision making'.

█████ mentioned the anger felt by intersex activists when they realised clinicians were prioritising appearance over sexual function, raising points of immense concerns about bodies, sexual function and experimentation. █████ talked about being shocked by the way at the recent Science of Gender conference the endocrinologists talked about invasive treatments being carried out on children and young people before animal trials have been done; experimenting on the young people's bodies 'a gleam in the eye of the endocrinologist when they spot an opportunity for experimentation' (earlier blockers, earlier X sex hormones and could they avoid the unsatisfactory double AA cup breast size etc) and about losing touch with the patient as a whole person. Sally said 'we never let our young people see endocrinologists alone, we always accompany them'.



## The Tavistock's track changes of the meeting notes

The discussion then turned to hoped for outcomes of the meeting.

### Outcomes agreed

1) An agreement that we are equal stakeholders and we will have ongoing contact I don't think we said this. I think we said that all perspectives are important

2) Agreement to engage further with development of 3 collaborative research projects concerning children and young people being identified as transgender which [REDACTED] is leading on through the Patient Safety Academy at the University of Oxford Nuffield Department of Surgical Sciences:-  
detransitioners  
autism  
patient safety in relation to hormone treatments and SRS

We are interested in hearing about research but we cannot commit to engagement in external research when we are focussed on the many research projects we are leading on internally

The Trust was open to developing a constructive dialogue with groups representing a range of perspectives on these issues.

### Closing remarks

Sally stressed that they are '*committed to keeping our place where we can make our own clinical judgments*'.

[REDACTED] acknowledged that '*If Tavistock can find courage to do this you will feel proud*'.



## Explanation to Paul Jenkins about why parents went to the press with their concerns

**From:** [REDACTED]  
**Sent:** 12 December 2018 13:30  
**To:** Paul Jenkins  
**Cc:** Sally Hodges  
**Subject:** Concerns about rising rates of gender dysphoria

Dear Paul,

Thank you for your email containing an amended version of the meeting notes. I am sorry to hear [REDACTED]

We would like to take this opportunity to explain why we agreed to talk to journalists.

We understand that as CEO of the Tavistock, your primary responsibility is to the organisation including the staff that you lead and we can understand that the Observer story may have caused some upset to staff members. By contrast our responsibility is to the children, young people and the families who have become caught up in the current surge in transgender identification.

From the start we had the option of taking our concerns to the press. It was as a matter of courtesy that we contacted the Tavistock in the first instance. It was not for the Tavistock to control the circulation of our letter which was researched from publicly available sources. It is our responsibility to fight for the young people caught up in the current situation and we will always put their best interests first.

We were surprised that you attempted to control distribution of our letter to the Governing Body. We were also disappointed that you were not open about the debate within the Tavistock when we met you and that you did not share with us the news that there was to be a review of the service led by Dr Sinha. Although you were ready to listen to our concerns (for which we are grateful) you were not able to offer us anything in the way of action. Our worries were compounded by Polly Carmichael's responses on Radio 4 and by the statement put out by the Tavistock GIDS in response to the Observer story.

In particular we were concerned that your statement complained about 'the tone and manner in which allegations have been made' and suggested that concerns 'reveal a negative attitude to gender dysphoria and gender identity which does not reflect the views or the approach of the Trust or GIDS.' It would be very strange for a mental health service to manifest a positive attitude to 'dysphoria' which is, of course, a word for unhappiness.

This sequence of events has left us with serious concerns that the phenomenon of 'rapid onset gender dysphoria' in the 17-25 cohort will not receive the attention it requires and that the government enquiry may not understand the contribution of social contagion to this new phenomenon.

We stand by our concerns as raised in our letter (which was a carefully researched document and is ours to make public in full) and we will not shirk from uncomfortable actions to protect young people. Many in our network are putting their careers and reputation at risk to speak out and we know that we are speaking on behalf of a large group of parents and professionals who do not have the ability or courage to speak out. We remain satisfied that making a public record of our concerns was the right and only option at this time and we know that journalistic interest is growing.

We remain keen to engage with Tavistock GIDS in good faith but will always put the interests of young people first. We look forward to the results of the internal review into GIDS and to the conclusions reached by the government enquiry into soaring rates of gender dysphoria amongst young people, especially natal females. This is a pressing issue of concern to many and the debate (including within the medical profession) has belatedly just begun.

With best wishes,

[REDACTED]





## Parents' letter to the Trust in relation to GIDS statement in response to a Sunday Times article about the Bell report

Dear Paul Jenkins and Paul Burstow,

The statements released by the trust in response to the Sunday Times story about GIDS raise concerns about the willingness of the trust to engage with whistle-blowers. In both versions you refer to the report compiled by Dr Bell as an 'unsubstantiated report authored by individuals with no expertise in the field'. As a staff governor, it was Dr Bell's duty to listen to the concerns of staff working within GIDS. His report was not 'unsubstantiated' since it recorded the evidence of whistle-blowers nor did it convey the views of 'individuals with no expertise in the field' since these whistle-blowers came from GIDS. A similar hostility towards the Bell report was apparent in the November GIDS statement where you stated that 'The Trust is concerned about 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 of the approach of the Trust or GIDS.' It is important to remember that 'dysphoria' means unhappiness: neither the Trust nor GIDS, surely, have a positive attitude to unhappiness whatever the cause.

The first version of the statement released on 17<sup>th</sup> February made a further untrue claim, namely that 'the report presented hypothetical vignettes rather than actual case studies and does not reflect the practice of the Service.' This claim was removed in the revised version which maintains instead that the case studies are not 'helpful, or representative of the clinical work of the service.' Whistle-blowers will necessarily report those case studies that they find most ethically troubling and GIDS is clearly uncomfortable that these real cases are now in the public realm.

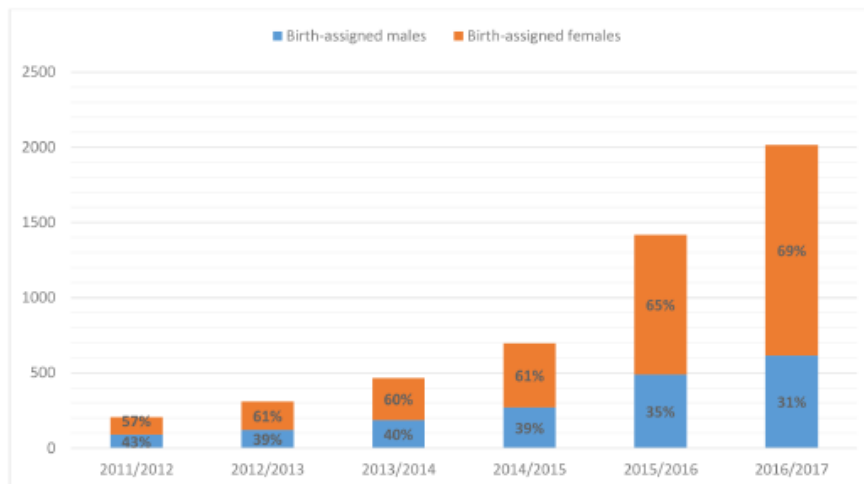
As parents we are familiar with many comparable cases, both from the cases we have seen in our own families where trauma often predates a sudden cross sex identity and from the wealth of information shared on the Gender Critical Resources website where over 1000 parents from English speaking countries (notable UK, US and Canada) share their stories of sudden gender dysphoria. As parents committed to researching a phenomenon of rapid social change (which has not been adequately studied by academics or clinicians, in part we believe due to political pressures from the trans lobby) we are familiar with the highly revealing personal narratives shared by young people on YouTube, Tumblr and Reddit. We included two shocking case studies researched online in the letter we sent to the GIDS board in September 2018. We know that young people share stories to tell to gender clinics. We know that young people identify as transgender in response to homophobic bullying and a naivety about emergent same sex attraction. And we know that body dysmorphia manifests as gender dysphoria in some cases. We know from the testimonies of young detransitioners of both sexes – testimonies which are not shared with clinicians – that young people are actively encouraged by their peers within the trans community to choose rapid medical transition and that many regret this choice. The stories and vignettes highlighted in the Sunday Times article came as no surprise to us but carried the ring of truth.

The rapid response by the Tavistock yesterday demonstrates an inability to sit with and to reflect upon the implications of a media report. We note that the Tavistock discussed the 'pressure of reactive communications work' at a recent board meeting and noted the 'concern that elements of the trans community may not support us running gender services nationally or a national unit and share their views with commissioners.' Attempting to manage this risk you resolved on 'Developing a Gender Communications Strategy, including stakeholder engagement; keeping all relevant internal parties and stakeholders sighted on



new and emerging gender-related issues, & adopting a thoughtful approach to comms.’ The rapid and inaccurate response released yesterday suggests that the Trust is constrained by the fear of losing the support of the trans community and that this fear can hinder the trust from ‘adopting a thoughtful approach to comms’ and from responding openly to criticism. In conclusion we would like to point out that none of the statements issued by the Trust in relation to GIDS shows an awareness of the sudden unexplained increase in referrals since 2013/14 or to the context of rapid social change. Whilst it is true that the Trust has ‘been delivering the Gender Identity Development Service for 30 years’, the unprecedented increase in referrals should have prompted an urgent review of provision. The young people who are now coming forwards for treatment represent a different cohort than those who were treated historically. Dr Polly Carmichael, speaking at the the 2018 Science of Gender conference hosted by GIDS, noted that an increasing number of young children accessing the service had already made a social transition and were ‘living in stealth’. Parents arrive at the service with an understanding of gender identity as innate and as requiring medical intervention. As societal understanding of gender changes in advance of medical evidence it is important that the Tavistock makes space for an examination of the ways in which culture nurtures a sense of the self in accordance with mission to ‘understand the unconscious as well as conscious aspects of a person’s experience and [to place] places the person, their relationships and social context at the centre of our practice.’

The claim contained in your November statement that the care of children and young people with gender dysphoria is a ‘highly specialised field’ would be dangerous if this was taken to mean that it was inaccessible to criticism by psychiatrists, psychoanalysts and other physical and mental health specialties. These are children and young people not transgender kids: to identify them as such is to deny them their full humanity.



**Figure 1** Referrals to the Gender Identity Development Service by birth-registered gender, April 2011–April 2017.



## Conclusion

Looking back from our vantage point in 2023: perhaps we were right: GIDS has damaged the reputation of the Tavistock. And the way they responded to us (in the light of Hannah Barnes's book) was par for the course. We also know that they would go on to refuse to work with Bayswater Support Group (on the grounds that they represented gender critical parents). But perhaps most worryingly; there has been no move to check the excesses of Gendercare or the sloppy work of the Tavistock's adult GIC.



# Transgender TREND

No child is born in the wrong body