

I'm writing to you to express some concerns about your report **Engagement with lesbian, gay, bisexual, transgender, queer/questioning+ victims and survivors**, May 2022.

I am the director of Transgender Trend, founded in 2015, the UK's leading organisation calling for evidence-based treatment for children with gender distress and fact-based teaching about sex in schools.

In 2020 Transgender Trend was given permission by the High Court to intervene in support of the claimant in Keira Bell's ground-breaking judicial review against the Tavistock & Portman NHS Trust. In March 2022, the Interim Report by the independent Cass Review into the Tavistock Gender Identity Development Service vindicated Transgender Trend's stance about the lack of evidence for puberty blockers. Dr Cass also echoed our calls for children with gender distress to be given the same level of care as any other child accessing health services. I was shortlisted for the John Maddox science prize in 2018 for our school's guide Supporting gender diverse and trans-identified students in schools. In 2022 I was awarded the British Empire Medal as founder of Transgender Trend for services to children in the Queen's Jubilee Birthday Honours list.

The use of the term LGBTQ+

I was concerned to read in your report that you consider LGBTQ+ to be a coherent group of children whose experiences of sexual abuse can be treated together. I believe that this is in part because all of the organisations who gave advice and evidence to the report are themselves invested in such a grouping. By conflating being gay with being transgender, queer and whatever is covered by the +, you are treating same-sex orientation, an accepted aspect of human behaviour with 'gender identity', a recent concept with no evidential or legal basis.

Being gay requires no medical intervention, being 'trans' invariably leads to calls for drugs and surgery to bring the physical body into line with a belief about gender. The majority of trans identifying adolescents are same-sex attracted, female and often have co-morbidities such as anorexia or anxiety. There are also a disproportionate number of looked after and adopted children presenting to gender clinics. We know from the testimonies of people who have detransitioned, that is gone back to living as their natal sex, that homophobia and undiagnosed mental health issues have led children and young people to believe they were trans. This is especially true of girls who face prejudice for being lesbians.

The term Q+ is often used but rarely is its meaning spelt out. Q can refer to kink, furies, BDSM and other adult sexual practices. Pink News says the plus sign "represents other sexual identities including pansexual, asexual and omnisexual." So within the Q+ definition are practices and behaviours which should raise a red flag for an inquiry looking into child sexual abuse. Someone who gives evidence and says they are 'asexual' should receive thoughtful therapy not affirmation of a newly coined 'identity.'

The glossary

Some of the definitions in the glossary to your report are partisan and ideological.

Cisgender for instance "describes a person whose gender identity and sex assigned at birth are the same."

Gender identity is "An individual's personal concept about their gender and how they feel inside, typically self-identified"

Queer is “A term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity.”

Trans is “A broad term which describes people whose gender is not the same as the sex they were assigned at birth.”

Sex is not assigned at birth, it is observed and recorded. Sex, being either male or female, is determined at conception. The term ‘cis’ is used by trans activist groups to legitimize the idea of ‘gender identity’ and is regarded as offensive by those who do not believe in gender identity theories. Queer as defined above is meaningless.

I do not see how your inquiry, which is based on strict evidential criteria, can use these terms with any confidence. The authors state on p8 that there are limitations in using the acronym LGBTQ+ but I can see no evidence that this insight has been applied in the report.

Data

The Forum that provided the data for the report included only one trans person out of 31 respondents, which indicates to me that LGBT organisations are likely to be providing much of the information. Stonewall’s own 2018 data is quoted which suggests 46% of trans people had experienced suicide ideation. It’s irresponsible to quote this. Stonewall uses non-probability sampling methodology which results in qualitative not quantitative data. Stonewall also campaigns for a legal ban on conversion therapy for gender identity that would have a chilling effect on neutral holistic therapy for gender distressed children and adolescents.¹

Safeguarding

The authors of the engagement report state that “LGBTQ+ young people face specific challenges that make them vulnerable to child sexual abuse” but “that being LGBTQ+ in itself is not a safeguarding issue.”

I believe that it is more complicated than that. There are safeguarding issues for children and young people who identify as trans that should be taken into account when suggesting services for victims and survivors. By failing to differentiate between being gay and being trans, safeguarding could be compromised. We know from detransitioners that sexual abuse can be a factor in the decision to transition.² We also know of detransitioners who testify that they were groomed into believing their gender confusion meant they were trans.³

Young lesbians have reported being coerced into sex by older trans identifying males.⁴ The inquiry should be aware of these testimonies when listening to survivors. It may be that an affirmation or unquestioning acceptance of a trans identity in the context of abuse or exploitation misses the basis of the harm and the best ways to mitigate that harm.

¹ <https://www.transgendertrend.com/transgender-trend-response-government-consultation-conversion-therapy/>

² <https://www.bayswatersupport.org.uk/detransition-story-watson/>

³ <https://4thwavenow.com/2019/01/26/my-trans-youth-group-experience-with-morgan-page/>

⁴ <https://www.bbc.co.uk/news/uk-england-57853385>

The Cass Review

Dr Hilary Cass is currently undertaking a review into the services at the Gender Identity Development Services (GIDS) at the Tavistock and Portman NHS Foundation Trust. I believe that her insights into the historically unprecedented rise in young people identifying as trans should be incorporated into the inquiry's understanding of transgender.

In March 2022, Dr Cass published an Interim Report.⁵ She notes:

"The mix of young people presenting to the service is more complex than seen previously, with many being neurodiverse and/or having a wide range of psychosocial and mental health needs. The largest group currently comprises birth-registered females first presenting in adolescence with gender-related distress."

She says that the unquestioning affirmative approach to children with gender distress may not be in the child's best interests, saying therapists and clinicians report being under pressure to affirm a trans identity which is at odds with their professional training.

She also stresses that in children and young people a trans identity is not necessarily fixed:

"there is a lack of agreement, and in many instances a lack of open discussion, about the extent to which gender incongruence in childhood and adolescence can be an inherent and immutable phenomenon for which transition is the best option for the individual."

She highlights some of the societal pressures behind cross-sex identification:

"we have heard from young lesbians who felt pressured to identify as transgender male, and conversely transgender males who felt pressured to come out as gay rather than transgender."

Dr Cass is still to complete her Review and I'd urge your inquiry to engage with her findings so that you can be aware of the complexities that may lie behind a young person's assertion of a trans identity. Rather than treating it, as your engagement report suggests, as a rights' issue, coming under the LGBT umbrella, I'd recommend looking at trans separately to being gay. Trans has its own aetiology. Trans survivors of sexual abuse, some of whom will be detransitioning, will be best helped by services that recognise this and are geared to their complex needs.

I hope you will respond in detail to my letter. I also hope you can reach out to detransitioners who've experienced sexual abuse, so they can inform your inquiry.

Best wishes

⁵ <https://www.transgendertrend.com/cass-review-interim-report/>