Transgender Law Concerns Meeting
House of Commons

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Chair: David Davies T C MP

Speakers:
Judith Green
Miranda Yardley
Stephanie Davies-Arai, Transgender Trend
James Caspian, UKCP

Equality Act 2010 Exemptions Should Be Retained, Strengthened And Extended

by Judith Green

In thanking David Davies, I have a small confession to make. I'm a card-carrying member of the Labour Party and David's party won't be winning my vote, but he has won my gratitude for giving me this platform.

The current law sets out that being discriminating is not discriminatory where it is a proportional means of achieving a legitimate aim. This is a good law. It permits distinctions to be made that are vital for women. For example, women-only shortlists as a way of increasing representation in parliament are perfectly legal under the Equality Act. The same law permits a distinction to be made between those of us who are women by virtue of our sex and those who have a legally recognised gender under the provisions of the Gender Recognition Act. [1]

I'm here to talk about why this principle is absolutely vital to women, but also about some of the problems in the application of the law and how it could be strengthened. One of the reasons I feel so strongly is my own experience of using women-only services.

Due my experiences of male violence, I was a justifiably angry and traumatised teenager. I left home and moved halfway across the country at sixteen. An organisation for female survivors of childhood sexual abuse was vital to my recovery. We were more or less a self-help organisation - fundraising to pay for therapists to facilitate small groups. The barriers to accessing that support were huge. For months I put off attending.

But once I found my courage, I never looked back. Amongst other female survivors I learned that I wasn't alone, that it wasn't my fault, that I was entitled to feel angry, that my boundaries were important, my truth and understanding of reality were important - not the lies imposed on me by the man who assaulted and raped me. That my instincts to protect myself, which I had suppressed in a situation where I had no hope of escape, were good ones to be trusted. I needed women-only space to learn these lessons.

In that organisation we had discussions about our relationship with groups for male survivors of childhood sexual abuse. We decided we wanted solidarity but not shared space. This was not only because including men would have hindered the valuable work I've just described, but also because, as women, we had been brought up to take care of others. We didn't want to also take on that role for male survivors. For many of us, with boyfriends or husbands, this was the one space where we put our own needs first.

In those groups, what mattered to us was we were all of the same sex, not that we shared a letter on a driving licence or a reissued birth certificate. I imagine myself at that age, plucking up the courage after months to finally go to a meeting and finding myself sharing the space with someone physically male. All the vital lessons - about truth telling, boundaries, trusting my instincts and speaking up would have been undone in that moment. I would have been uncomfortable and silenced, familiar experiences from years of abuse. I would have been re-traumatised. I would not have gone back.

This is why such groups are given as an example in the guidance notes on the Equality Act, to explain that single-sex spaces can be exempt from including those who have a legally recognised gender through gender reassignment.[2]

However, the current law is not working to protect women-only spaces. I give as an example the service I used. It no longer offers spaces exclusively for women, instead advertising its services as being for self-defined females: that is for anyone who defines as female irrespective of their sex, and thus includes those who are physically male. Although the Equality Act permits an exemption, the organisation that allowed me to rebuild my life has chosen not to invoke it. Why?

The law is top-down. It relies on organisations to act on behalf of their clients but gives those service-users no rights to demand exemptions are invoked. It gives no rights to the most vulnerable service-users who are likely to feel the need for sex-segregated spaces most keenly. There is no obligation to consider whether invoking the exemptions is necessary in order to achieve legitimate aims. The cultural climate of funding considerations and activism intimidate organisations that might otherwise use the exemptions. They simply can't afford to defend a legal case or be bogged down in a messy campaign against them. Official government guidance - co-written with campaigners taking a one-sided view - says exemptions only apply in 'exceptional' circumstances. [3]

But my circumstance is actually not that exceptional. Male violence against women is very common. According to the Office of National Statistics:

* 26% of women have experienced domestic abuse since the age of sixteen [4]
* 5% of women have been raped since the age of sixteen [5]
* 20% of women have been a victim of a sexual offence since the age of sixteen. [5]
* 11% of women have been a victim of sexual abuse in childhood, that is up to and including the age of fifteen.[6]

Even allowing for some overlap between these groups this is a massive constituency, amounting to millions of women in the UK. For those women who have escaped this type of violence, navigating male sexual aggression, intrusiveness and harassment is a much more universal female experience. This has been very clear in recent weeks with social media campaigns of women speaking out, such as #MeToo.

I've talked about one type of woman-only space. And you may be sympathetic to the need for protections for women in those circumstances. However, women are not only survivors of or fearful of male violence when we are in therapeutic groups. We carry these experiences with us when we use the swimming pool, use fitting rooms in a department store, when we are inpatients in hospital (where the policy to eliminate Mixed Sex Accommodation should apply). We are survivors of male sexual violence when we receive health services such as cervical screening and maternity care. I now work on the other side, in women's health. It is widely recognised that women have a right to request a practitioner of the same sex, without having to give explanations or apology. It is a very sensitive area in which gender should not be allowed to override the category of sex.

We know that female prisoners are even more likely to have experienced male violence than other women.[7] Due to differences in patterns of offending, male prisoners outnumber female prisoners by 22 to 1. Even relatively small numbers of prisoners relocating from the male es-

tate following transition would have a disproportionate impact on the women's estate. In Littlehey, the largest dedicated prison for male sex offenders in the UK, it is reported there are eleven inmates on the Transgender Pathway, just under 1% of the inmates.[8] If across the male estate 1% of prisoners with convictions for sexual offences transitioned and were therefore relocated, they would outnumber the entire population currently imprisoned for sexual offences within the women's estate.[9] If reflecting female-offending patterns, you would expect transgender prisoners to be a much smaller fraction of male sex offenders. That they are overrepresented suggests male patterns of offending are unaffected by gender-identity or transition, in keeping with the findings of a Swedish study published in 2011.[10] This overrepresentation has also been commented on by the British Association of Gender Identity Specialists who note the 'ever-increasing tide of referrals of patients in prison serving long or indeterminate sentences for serious sexual offences. These vastly outnumber the number of prisoners incarcerated for more ordinary, non-sexual, offences."[11] The Prison Service is entitled under Schedule 23 of the Equality Act to invoke exemptions to protect female prisoners in communal accommodation, but has chosen not to with some examples of abuses as a result.[12] Segregation on the basis of gender-identity cannot be an acceptable substitute for sex-segregation if we are to uphold the human rights of women prisoners and protect them from harm.

The statistics I've used depend on the category of sex - male and female - having meaning. Yet we have recently seen the Office of National Statistics recommend, albeit tentatively, that the question in the Census on sex be made non-mandatory, therefore undermining accurate comprehensive data collection.[13] Exemptions should be upheld in the visceral realm of health care and prisons and all the other physical single-sex spaces I've discussed and many others I haven't had time to cover. However, it is also vital to extend the exemptions so that meaningful distinctions can be made in data collection and in law. Without that commitment, women simply won't count.

References

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How Transgender Became ‘The New Black’

Miranda Yardley

I’m Miranda Yardley, I am transsexual: a natal male who has undertaken hormone treatment and surgery and attempt to live ‘as a woman’. I would like to thank David Davies MP for being today’s host, and everyone here for the progressive, trans-inclusive approach to this meeting. The issues we are talking about are more complex than they first appear and myself and the other speakers are grateful for this opportunity to help.

The complexity of ‘the transgender debate’ is not helped by use of obscure language. I will lay down some definitions then show you what it means to fall under the ‘transgender umbrella’.

Our biological sex is material, based upon our reproductive role. As with other mammals, females produce large gametes, conceive and nurture children. Males produce small gametes, their role is solely to impregnate the female.

Based on sex difference, protections exist for females which afford girls and women privacy, guarding them from sexual and physical violence, allowing them to participate in public life.

Gender has several definitions. Often used synonymously with sex, this should be avoided as ‘gender’ references cultural customs or stereotypes. If we were to say toys were gendered, our custom would be that cars, dinosaurs and construction sets are for boys, and that dolls, tea sets and princess outfits are for girls.

Nothing would suggest girls dislike dinosaurs or boys dislike tea sets. Stereotypes limit us.

Yet these extend to clothing, cosmetics and careers: high-powered financially rewarding occupations are dominated by males, the caring professions by females.

Stereotypes, or traits, combine to become gender roles: feminine traits are associated with females, and masculine traits males. Within cultures these vary over time; the dichotomy of pink for girls and blue for boys switched less than half a century ago. Gender stereotypes vary across cultures.

Although biological sex does not determine personality, the cultural stereotypes of gender presupposes it does, and unfairly dictates what we can and cannot do.

Transgender people use the word ‘gender’ differently. American transgender activist Julia Serano defines gender as a collection of “identities or social classes” based upon sex, or the gender or sex people identify with. This is known as ‘gender identity’.

This ‘identity’ may or may not be congruent with natal sex. Whilst ‘gender identity’ lacks material basis outside the mind, when expressed it follows stereotypes.

- For males who identify as women, feminine clothing, hairstyles and cosmetics, the adoption of a feminine persona; and

● For females who identify as men, masculine clothing, hairstyles like ‘buzzcuts’, tattoos, and a masculine persona.

Of course, there is no reason women cannot have buzzcuts or be strong and assertive with their own career, like Pink or Bridget Nielsen. There is no reason men cannot wear dresses and makeup yet remain men, for example Boy George and RuPaul.

Thus ‘gender identity’ is how one’s personality relates to sex-based stereotypes. The proposed change to the law to make this a protected characteristic reinforces cultural stereotypes and protects nothing more than thoughts and feelings. This doesn’t protect transsexuals such as myself.

Drafting law to protect gender stereotypes is counterproductive: why create extra law when we could celebrate individuality, reinforce existing law and allow people to be themselves?

Gender identity is almost unsupported in science, it is faith; we already have a protected characteristic for faith: religion.

The term ‘transgender’ has replaced what used to be known as transvestites and cross-dressers, it is an umbrella term. Many transsexuals resist inclusion as the needs of many ‘transgender’ identities conflict with our own. The existence of the transgender umbrella is political and about power. It is taking over organisations set up to help lesbians and gay men, for example GLAAD in the USA and Stonewall in the UK.

The mandate of both has changed from defending same-sex relationships to personal identity. This presents a conflict of rights and interest: within the current cultural climate, rhetoric like ‘trans women are women’ cannot be challenged, and lesbians who refuse to date ‘trans women’ are branded ‘transphobic’.

This is well documented within transgender culture and known as ‘the cotton ceiling’. It is a consequence of the significantly large proportion of ‘trans women’ who are sexually oriented towards women.

A lesbian is a same-sex attracted woman, she is not sexually attracted to penis. Being ‘a woman’ by virtue of gender identity enables males with penises to identify themselves as ‘lesbian’. This changes the definition of ‘homosexuality’.

The Gender Recognition Act 2004 is a medicalised process. It is effected by change to the birth certificate and protection from discrimination for ‘gender reassignment’ under the Equalities Act follow. Males are given rights as females, extending to social security benefits and marriage.

Between 2004 and 2014, until equal marriage, the only way two people of the same sex could marry was by one changing their legal sex under the GRA. Surely if there is a problem with inequity in law, that should be addressed, rather than creating unfair distortions.

The endowment of rights to males as females compromises the privacy of females. Self-identification is based only on the word of the petitioner, it has the potential to eliminate the privacy of all females and particularly affect those women who are economically disadvantaged or victims of male violence.

After puberty, males enjoy a size, strength and speed advantage over women, and is most apparent in sports. Recent cases show transgender males dominating female sports. In the USA, Rachel McKinnon came first place in a women's cycling event, and was runner up in a unisex event. In New Zealand, weightlifter Laurel Hubbard holds national women's records. Fell-runner Lauren Jeska dominated women's fell-running.

The right to women-only spaces exists historically because without these, women were excluded from areas of public life. It's not a leap to suggest this may happen again. How is this progressive?

Although transgender issues regularly make the news, there is little analysis of what it means to be transgender. Yet the etiology of cross-gender behaviour in males has been the subject of scientific study for over a century. This again is something the cultural environment makes difficult to discuss.

It is known that males who demonstrate cross-gender behaviour can be separated into two groups which are fundamentally different. The typology is based upon sexual orientation defined with respect to natal sex; homosexual (males sexually oriented to other males) and non-homosexual, predominantly heterosexual.

The homosexual is feminine and corresponds to what used to be the popular image of the transsexual. The non-homosexual is often unremarkably masculine and is now the common image of what it means to be transgender.

Most 'trans women' are predominantly heterosexual; males sexually oriented towards females. Many do not undergo surgery and so remain physiologically male. These heterosexuals significantly outnumber homosexuals and often 'identify' as 'lesbian'.

The etiology of the non-homosexual transgender male is complex. It may be compared to a long-term romantic relationship between an individual and their idea of themselves 'as a woman', they 'become what they love'. Known as 'autogynephilia', it is a heterosexual sexual orientation directed towards the self 'as a woman'.

This erotic component of heterosexual transgender males has been recognised for over a century. The typical pattern follows a history of cross-dressing, marriage, fathering children and often a 'macho' male-dominated career, for example Caitlyn Jenner. It is this group who dominate the campaign for treatment of young children even though effeminate boys and masculine girls are more likely to grow up to be homosexual.

If you encounter transgender women online, you will discover their image is often sexualised. Many are into anime or pornography, some are involved in 'sex work' and transgender culture is pro-prostitution.

There is not a single scientific study that undermines the typology of transgender males, yet none of the transgender support groups or the Portman and Tavistock Clinic, trusted with the care of transgender youth, publicly refer to this typology.

In 2003, the book 'The Man Who Would Be Queen' placed this typology of transgender males into popular science. The author J Michael Bailey was bullied, threatened and his family and

children subjected to abuse. Activism has since been typified by bullying, abuse and no-platforming to silence debate.

The corollary of this bullying and abuse is the recent incident at Hyde Park's Speakers' Corner. A sixty year-old woman was assaulted by three men. This violent incident was a result of the systematic dehumanisation of women through designating those who do not believe 'trans women are women' as 'TERF' - 'trans exclusionary radical feminists'.

Many left-wing and liberal women have been labelled 'TERF' as they reject an ideology based on fantasy. 'TERF' is used to condemn, bully and coerce women into denying their own lived experience. It dehumanises women, legitimising them as targets of verbal and physical abuse.

Gender transition is not one-way, there have always been those who revert to assigned gender, this is 'detransition'. As more people transition, so more people will detransition. How can we make it so simple to change gender when so many people change their minds?

I am not anti-transgender, I am transsexual: but I acknowledge the need to recognise the material reality of biological sex. Self-declaration negatively impacts upon the freedom, safety and protection of girls and women. As a transsexual, self-identification removes my own protection of 'gender reassignment'.

The public, including politicians, seem unaware of the complexities and nuances, understanding is simplistic to the point of being inaccurate. There is a cultural environment which makes debate extremely difficult because of no-platforming, threats to careers and even physical violence.

This is the antithesis of what it means to live in a free, democratic society. The proposed changes to the 2004 GRA are being sold as progressive, however this is bad law which protects thoughts and feelings. It has the potential to undermine women's sports, privacy and cultural and economic initiatives to level the playing field for women. I urge you to vote against this change to legislation.

Self-Declared Gender Identity: The Impact on Children and Adolescents

by Stephanie Davies-Arai, Transgender Trend

I would also like to express my thanks to David Davies MP for setting up this event and to everyone for attending. I will be speaking on behalf of parents of all political persuasions and I would like to express their gratitude too.

The parents I am representing are not the ones you see celebrated in the media. I speak for those who describe their experience as akin to having a son or daughter lost to a cult, with a devastating impact on siblings and on the family as a whole.

These parents are not bigoted, they are caring parents who would describe themselves as liberal and tolerant, parents who would always love and support their child no matter what the outcome.

I also speak to urge caution on behalf of the children of this generation who are caught up in the teaching of a new rigid, anti-science belief system presented to them as fact. [1]

If Gender Identity is established in law as a Protected Characteristic, it will apply to children of any age. But a child's identity is not fixed: it changes over time, and it is shaped by factors like parental approval and societal influences. If all trusted adults are reinforcing daily a little boy's belief that he is really a girl, this will have an obvious self-fulfilling effect. Puberty blockers supply the 'answer' to the created fear of a puberty he now believes to be the 'wrong' one.

Almost all children on blockers progress to cross-sex hormones at age 16. [2] Very few come off this path of increasingly invasive medical treatments once they are on it and so-called 'social transition' is the first step. This approach clearly works to prevent normal resolution of childhood gender dysphoria and foster persistence of opposite-sex identity.

While trans activists call for the de-medicalisation of 'transgender,' in the case of children they campaign aggressively for social transition, blockers and cross-sex hormones at ever earlier ages.[3]

The surge in sex hormones at puberty triggers the enormous changes in the teenage brain which don't complete their job until the mid-twenties. [4] The brain /personality is not fully-formed until then. The effects of blockers on adolescent brain development are unknown [5] although studies on adults, including men taking the drug for prostate cancer, indicate risk of memory loss, depression and cognitive impairment. [6] Recent reports from the US indicate long-term serious health effects for women who were administered blockers for precocious puberty, such as excruciating muscle and bone pain, depression, weakness and fatigue. [7]

Preventing a child's sexual development in early puberty, followed at 16 by cross-sex hormones, results in sterility as viable eggs or sperm have not developed. [8] These children are prevented from ever experiencing puberty: hormones can only superficially feminise or masculinise secondary sex characteristics, they cannot create the puberty of the opposite sex. Risks of cross-sex hormones include cardiac disease, high blood pressure, blood clots,

strokes, diabetes and cancers. [9] Some significant effects are irreversible, such as male-pattern baldness and body and facial hair, masculinised voice and compromised fertility.

There have been no clinical research trials into the long-term effects of this treatment on children: this is a non evidence-based practice [10] to treat a non evidence-based diagnosis of being 'a girl trapped in a boy's body' and vice versa [11] and this generation of children are the guinea pigs.

'Transgender' is an ideological label distinct from the clinical diagnosis 'gender dysphoria.' To call a child 'transgender' is to make both a claim that the child's feelings represent material reality and a prediction about that child's future: they will not change.

An analysis of all published research studies of children with 'gender dysphoria' shows that 80% will naturally come to be happy as the sex they were born [12] and this is true of even some of the most severe cases, we can't know which children will persist and which will desist.

Opposite-sex identity in childhood is overwhelmingly predictive of gay or lesbian sexual orientation in adulthood, not transsexualism. [13] Affirming a child's 'gender identity' can therefore be seen as gay conversion therapy by another name.

There has been an almost 1000% increase in children referred to the Tavistock clinic in London over the past 6 years. [14] These figures are inflated by the unprecedented rise in the number of girls - nearly 70% of the figure overall and over 70% of adolescent referrals last year. [15] By comparison, in the late Sixties 90% of adult transsexuals were male. [16]

We are aware that teenagers and young adults are susceptible to indoctrination, brainwashing and social contagion which is why we block online anorexia and self-harm sites. The internet, however, is chock-full of Tumblr bloggers and Youtube vloggers with hundreds of thousands of followers, who are selling vulnerable young people the myth of transformation through cosmetic alteration of their bodies, including amputation of healthy body parts, and a lifetime's dependency on powerful off label hormones.

Recent reports of girls' mental health indicate that girls and young women in the UK are in crisis. [17] Recently published evidence of the rate of sexual abuse and harassment in schools across the UK is a matter of national shame. [18]

Reports such as the recent Stonewall Schools Report [19] which indicate high suicidal ideation in 'trans' youth serve to cover up the fact that the vast majority of these youngsters will be teenage girls, now hidden in the category 'trans boys.'

A PSHE teacher and Head of Year at a large comprehensive told me that in her school the kids who identify as 'trans' are, without exception, either lesbian, autism spectrum, have mental health problems or have suffered sexual abuse.

Parents are also concerned about the relentless gender identity propaganda their children are subject to today - across the media, [20] the internet and in schools, through organisations such as GIRES, Gendered Intelligence, Mermaids and Educate and Celebrate. The belief that gender is an innate identity is taught to children as truth, with no alternative views offered, in contravention of the UN Rights of the Child.

The 'transition or suicide' trope is repeated endlessly, against all Samaritans guidelines. There is no evidence that children will commit suicide if their parents fail to support them in taking a medical pathway, but of course the threat terrifies parents into feeling they have to.

There are over 260 trans youth support groups across the UK [21], which provide the 'tribe' where our most vulnerable young people will be accepted, maybe for the first time, as long as they identify as trans. All transgender organisations advertise their support for 'gender non-conforming' youth, sweeping up all children who are 'different' and don't fit in.

These organisations claim to support 'diversity' but of course they do the opposite: a girl who rejects feminine stereotypes is transformed into a 'boy' who conforms to masculine stereotypes. Gender non-conformity is erased. Regressive and reactionary sex-stereotyping is being sold to young people as a progressive social justice movement.

To teach children that their 'authentic self' is something in their heads, split off from and in opposition to, the body, is to create gender dysphoria. Mind-body disassociation is recognised as a state of mental ill-health: in this case uniquely, it is presented as a normal variation and something to be celebrated. Mental health is based on being equipped to accept reality.

Since children have been taught that it is their 'gender identity' which makes them a boy or a girl and not their biological sex, calls to Childline from young people confused about their gender have doubled in a year - eight calls are now received every day from children as young as eleven. [22] The concept of 'gender identity' is clearly - and inevitably - causing mental health problems for young people.

Any child who suffers genuine gender dysphoria must of course be sensitively supported in schools and youth organisations. But teachers, professionals and other children cannot be asked to collude in the reinforcement of a child's belief which contradicts reality. Recognition of biological facts is not bigotry.

When girls are told that a male classmate is now a girl, their sense of their own reality is shattered. If a biological male is a girl, then it is not female biology which makes you a girl, it is something else. Girls must look to a male classmate to find out the invisible magic quality they need, and the boy is given the power to define what a girl is. We cannot predict the long-term practical or psychological effects on girls taught to deny their own biology, without the right to even define themselves correctly as the female sex.

If teenage girls must consent to a male classmate using their toilets and changing-rooms they learn that their boundaries may be violated and their consent is unimportant. Girls learn that they are not always allowed to say 'no.' This is grooming; lessons on the importance of consent become meaningless.

Girls who are coached at school into ignoring their own discomfort and intuition may go on to put themselves in risky situations with any man who claims to be a woman, out of fear of being seen as transphobic.

In the case of public swimming pool changing rooms a young girl cannot name a male with a penis as a man: voyeurism and indecent exposure cease to exist as crimes if a man claims to be a woman. Normal child protection protocols effectively become unlawful.

I urge ministers to vote against the implementation of self-declared gender legislation, pending full investigation into the operation of transgender youth organisations and the impact on children and adolescents, including the implications for child protection and safeguarding, especially for girls. Expert testimony from professionals, including experts in child and adolescent development and psychology, and specific feminist analysis on the impact on girls is essential.

What I typically hear from parents is:

"I feel like I'm going through a death of my child and everyone is just cheering her on. When I found your website I cried with relief."

But I am also contacted by young people themselves and I will end by quoting the most distressing message I received, from a young woman who asked simply this:

"Would you know how to get my body back? Would you know if anyone's yet sued their doctor?"

From: J P [mailto:wordpress@www.transgendertrend.com]
Sent: 17 June 2017 20:51
To:
Subject: General message from transgendertrend.com

Name: J P

Email:

Comment: Would you know how to get my body back? Would you know if anyone's yet sued their doctor? Thank you.

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‘Trans’ – the emerging current clinical picture in an age of identity politics

by James Caspian UKCP.

I am a psychotherapist registered with the United Kingdom Council for Psychotherapy; a former Trustee of UKCP; a Trustee of the Beaumont Trust, a charity which supports and educates about transsexual, transgendered people and cross dressers; and I have worked for ten years in the UK’s only private gender identity clinic where I have counselled and assessed hundreds of people undergoing, or considering undergoing, medical gender transition. I provide transgender awareness training to the public and private sector, and have also undertaken extensive preliminary research into people who reverse their gender transition.

‘Gender dysphoria’ – unhappiness with one’s gender, is the only condition for which a doctor prescribes or performs surgery for which there is no test, it is diagnosed by a self report from the patient. There is no agreed body of work or theory about the aetiology of transgenderism [1] – it encompasses such a wide variety of presentations that it cannot be explained by any one factor, and it seems that an ever wider variety of people now identify in this way. ABC News reports that there are 58 different gender identities on social media [2]. In the past we worked clinically with a small number of people sufficiently distressed with their gender to seek treatment, by 2015 it was reported that 3,779 people had acquired gender recognition certificates [3]. However in the past few years the gender field has changed with the advent of many new and different gender identities to which it seems young people in particular are drawn. Some of these may be transsexual – that is they feel that while born in the body of one sex they belong to the other and seek medical treatment, hormones and surgery, some are not. There is currently research being done in the US into three different types of gender dysphoria (unhappiness in one’s gender), the newest type being Rapid Onset Gender Dysphoria which is being seen in more teenagers and which it is thought has a connection to internet use and social contagion [4]. In my clinical work the age and profile of the patients changed markedly in the last few years, many more much younger people (around three times as many 17 to 25 year olds between 2010 and 2015) and more natal females were presenting with a wider variety of gender identities. Studies show that patients at gender identity clinics are six times more likely to be on the autistic spectrum than the general population.

I know of cases where patients have regretted their surgery and have then reported the doctor who referred them to the General Medical Council where an investigation then takes place, over many years. I have witnessed first hand the extreme stress undergone by all parties concerned in such cases. I began my own research (currently suspended as the university refused permission for it to continue) into people who reversed their gender re-assignment, after a surgeon colleague told me he had done seven reverse operations [5], although it is not actually possible to reverse the surgery, rather to try to create a cosmetic approximation of the removed genitalia. When I began my preliminary research I was shocked by what I discovered was happening. As in my own practice, there appeared to be greater numbers than previously of teenage girls transitioning to be male, having hormone treatment and some having their breasts removed, and then regretting and reversing their transitions. Many had complex mental health problems and felt that transition would alleviate them, which for the regretters it did not. Some said they saw their gender dysphoria as a reaction to their own histories of sexual abuse and that they hated their bodies, and also that part of that was because of their experi-

ence of attitudes to women within the society in which they live. They may have been gender non-conforming, but they were not transsexual. I am seeing more reports of this nature on a regular basis [6].

In the US, where the affirmation model of treatment is widespread - that is, where a clinic affirms the patient's declared gender identity and there is minimal assessment and exploration of underlying issues carried out – I have heard of cases involving teenagers where hormones are prescribed after one or two half hour appointments, and breast removal within a few months [7] – the feeling is that gender identity is sacrosanct and to question it is discrimination, which is enshrined in policy. The World Professional Association of Transgender Health removed the requirement for counselling prior to treatment from the most recent Standards of Care [8]. Two weeks ago in the UK the Memorandum of Understanding to ban conversion therapy with trans people came in, and whilst no one could dispute the fundamental aim of the Memorandum, it contains within it the guidance that no one gender identity should be favoured over any other, and whilst it says that a practitioner may work with a person uncertain about their gender identity to explore underlying issues, the implication is that if a person is saying that they are certain then one may not question or explore, and that is a move towards the affirmation model of treatment I have described and which is contributing to the greater numbers of people regretting and reversing their gender transition in the United States [9] and [10]. I have been contacted by several therapists who work with young people on the autistic spectrum and who are worried about the implications of the Memorandum for their work.

My research into people who reverse gender re-assignment was vetoed by Bath Spa University [11], and that is redolent of the current climate in which there is an atmosphere of fear and inhibition around discussion of the topic of transgender, so politicised has it become; to the point that a colleague, on discussing the possible influence of the internet on the rising numbers of trans identities, said 'I feel like a heretic' and another said 'I didn't think we were supposed to talk about that'. I have heard other people who work in the gender field express similar fears about speaking publicly about what they were seeing and have observed a growing reluctance amongst clinicians to speak openly about the changes happening in the transgender field, which include the proliferation of many different gender identities, the politicisation of gender, the different types of people who present at gender clinics with a variety of possible motivations. It was in this atmosphere that the Memorandum of Understanding was formed and my advice that it acknowledge recent developments in the field, such as the rising de-transition rate, in order to make it safe and do no harm, was repeatedly ignored. It is very unhealthy if policy is being made in this kind of atmosphere and without proper recourse to an evidence base and a full consideration of the potential unintended consequences. This policy should be re-assessed in light of current developments.

What is going on when experienced clinicians use language like that? They instinctively know that if they say what they observe and what they think that they will be attacked. Perhaps they fear for their jobs. I feel that as the transgender field has become highly politicised and identity politics – where the politics of oppression and the idea that a person who identifies as a member of an oppressed group cannot be criticised – has become part of the current zeitgeist. In this climate critical thinking has become conflated and confused with criticism; and critical thinking, where we examine something critically, is thus seen as a threat to the political agenda that underlies some (certainly not all) of transgender activist politics. The result is that people are afraid to voice concerns about contemporary developments, such as the rising number of very young people identifying as 'trans' and the growing numbers of de-transitioners.

The transgender field is a highly complex, fast changing, controversial and under-researched field that has become central in the arena of social justice and identity politics. It is the only category within those areas that can involve medical and surgical procedures and where membership of the group is simply by a person's declaration. Please before passing life changing policy and law would honourable members make themselves as informed as possible about the realities and potential unintended consequences of such changes and with a full awareness of the complicated and politicised nature of this field. It has been of grave concern to me for some time that consideration and discussion of the very serious nature of the issues I have described has been effectively minimised and silenced.

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