Inventing Transgender Children and Young People

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Edited by

Michele Moore and
Heather Brunskell-Evans

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We dedicate this book to the countless individuals who daren't publicly voice their deep concern about transgendering children, in the hope it will help give them confidence in the future

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Heather Brunskell-Evans is an academic philosopher and social theorist, with a particular interest in the politics of medicine, the sexed body, and the cultural construction of gender. Her current research analyses surrogacy, pornography, prostitution and transgenderism. She is co-founder of the Women's Human Rights Campaign (www.womensdeclaration.com). Heather has published extensively and is a prolific commentator on national and international political agendas driving the rights of women and girls. She hopes that by the time this book is published the scandal of 'transgendering' children will be fully exposed. You can read more of her writing at www.heather-brunskell-evans.co.uk.

Roberto D'Angelo is a psychiatrist and psychoanalyst in a private practice in Sydney, Australia, who works with teens and adults with complex difficulties, including gender dysphoria. He understands all psychological distress to be an emergent property of the person's social and family systems, rather than dysfunction located within the individual. His publications address the limitations of outcome research related to the treatment of gender dysphoria, and the potential that gender transition is not always helpful but can be destructive. He is also a training and supervising analyst at the Institute of Contemporary Psychoanalysis in Los Angeles.

Stephanie Davies-Arai is a communication skills expert, teacher trainer, parent coach and author of the highly regarded book *Communicating with Kids*. She is an experienced speaker on parenting, feminism and 'transgender' children, and has made regular contributions to the House of

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Gender Critical Dad is a dad trying to keep his daughter safe. He campaigns and writes a blog at gendercriticaldad.blogspot.co.uk.

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Stella O'Malley is a psychotherapist, writer and public speaker, and is the bestselling author of *Cotton Wool Kids* and *Bully-Proof Kids: Practical tools to help kids grow up confident, resilient and strong.* O'Malley's latest book *Fragile: Why are we feeling more anxious and overwhelmed than ever before?*, released in April 2019, focuses on overcoming stress and anxiety. In 2018, O'Malley was the presenter of the highly-acclaimed Channel 4 (UK) television documentary *Trans Kids: It's Time to Talk.*

Patrick transitioned at the age of 37. After questioning gender-affirming therapy and the transgender ideology, and after experiencing some of the damaging effects of transition, he decided to drop hormone therapy after two and a half years and to share his personal story. He has a YouTube Channel, 'Ein Rückkehrer erzählt', with videos in English and in German.

twitter.com/ftmdetransed grew up as a tomboy and identified as a transman for four years. After an eye-opening meeting with a transman who had transitioned a decade ago and still not found happiness, she felt as if she needed to do more research before going further with her own transition. She soon discovered a major lack of research on the long-term effects of transitioning and also stumbled upon videos by detransitioners on YouTube that completely changed her mind. Ftmdetransed is passionate about amplifying the voices of detransitioners and gives presentations to health care professionals on the topic of detransition.

twitter.com/radfemjourney runs the blog detrans-identified.tumblr.com. Radfemjourney spent years identifying as a transman and as non-binary, and was an activist in the queer community. She started questioning the trans movement after witnessing a known feminist getting no-platformed in 2017 and soon after decided to reidentify as she read more into radical feminism and got to know other desisters. Radfemjourney has since set it as her mission to lift the voices of detransitioned and reidentified girls and women, as she views the representation of this group as a missing puzzle piece in the transgender debate.

Robert Withers is a training analyst with the Society of Analytical Psychology and Senior Lecturer in mind-body medicine formerly at the University of Westminster and currently at the Inter-University College Graz, Austria. In the UK, he is co-founder of the Rock Clinic in Brighton, where he works as a Jungian analyst, psychotherapist and clinical supervisor. He has a long-standing interest in transgender issues and has published several articles on the subject.

FOREWORD

DAVID BELL

Note: The views expressed here are my own and not those of the Tavistock and Portman NHS Foundation Trust

> 'Every social order creates those character forms which it needs for its own preservation ... The character structure … is the crystallization of the sociological process of a given epoch' (Wilhelm Reich)

It is great honour to be asked to be asked to contribute the foreword to this book which makes a major contribution to the understanding of the phenomenon of transgenderism and gender dysphoria. The editors have managed to create a work that combines a very high degree of scholarship with a broad reach, including first person moving testimony. It will thus engage a wide readership including academics, clinicians and those parents and families who, like many of us, are struggling to understand this phenomenon.

I have been closely involved in this area for about the last three years, prompted to do so by the sudden exponential growth of children and young people who declare themselves as being in the wrong body, and the pressure for acceptance of this assertion, without sufficient investigation of its basis. Like many, I am acutely aware of the way that proper critical debate has been shut down leaving a near hegemony of a peculiar kind of thinking, or I should say non-thinking, that has come to dominate this discourse. When a movement, can advance through social, political and legal institutions with such a combination of speed and lack of appropriate scrutiny, it is surely right to want to apply the brake in order to create space for critical reflection. It seems to me that over the last year or so we have witnessed the beginning of proper debate, as the media has become a bit more open to a critical perspective, a process in part initiated by the editors' first book on this subject *Transgender Children: Born in Your Own Body* (Brunskell-Evans and Moore, 2018). *Inventing Transgender Children and Young People* builds upon the former work and could not have come at a more important time.

There are multiple routes to Gender Dysphoria which include the presence of various psychological disorders such as depression and autistic spectrum disorder. Then there are children who for multiple and complex reasons live a lonely and isolated life, feeling that they just have no place in the world, and who are psychically lost and homeless. Serious family disturbance is common, often with intergenerational transmission of major trauma such as child abuse in the mother/ maternal line (sometimes a source of the mother's not wanting a girl child). Some families have suffered other major traumas, for example families where the death of a child brings a sibling of opposite sex to seek transition to support an identification with the dead sibling.

A very important causal route, well described in the literature, is related to homosexuality. It is not uncommon for a gay boy, for example, to think that because he is attracted to the same sex he must 'really' be a girl. Some children who show characteristics of being gay/lesbian find this is not tolerated by the family (often very overtly, but equally often in more subtle even unconscious ways); the children internalise this intolerance of their sexual orientation which becomes manifest as hatred of their own sexual bodies. A significant number of these children, if helped in a proper manner would, in all likelihood, end up being gay or lesbian without having undergone transition. This also illustrates the way that gender as a category has come to obscure discussion of sexuality.

We are dealing with a highly complex problem with many causal pathways, and in any case no single causative factor. However, gender services tend towards a damaging simplification. The huge increase in case-loads and long waiting lists lead to pressures to process children using a procedural model rather than one aimed at understanding in any depth the individual case. Of course, alignment with affirmative lobbies (that is lobbies that seek to 'affirm' the wish to change) acts as an ideological support for this simplification.

Many services have championed the use of medical and surgical intervention with nowhere near sufficient attention to the serious, irreversible damage this can cause and with very disturbingly superficial attitudes to the issue of consent in young children. Discussions of the appropriateness of these interventions in children need to be kept entirely distinct from questions of discrimination. The fact that this needs to be stated is, of course, very revealing, as there is an enormous pressure for these two matters to be elided. That is, those who refuse to accept the dominant ideological position and wish to maintain a space for thought and doubt are labelled as 'transphobic', thus serving to silence debate. And this silencing has been remarkably successful, resulting in a simplification

of a very complex problem that needs to be understood at *both* individual and socio-cultural levels.

I think it must be made clear that the rapid escalation of referrals, the large increase in natal females seeking to change gender, the sudden appearance of so called 'Rapid Onset Gender Dysphoria', cannot be explained by individual factors alone, nor is it likely to be caused by a large number of individuals feeling free to 'come out' in this new 'liberal' atmosphere. It must be derived from socio-cultural forces which are, as yet, poorly understood, and which need urgent investigation. These might include:

- The penetration of the commodity form into all areas of life so that identity itself comes to manifest features of the commodity. Commodity exchange, because of its extreme rapidity, supports the illusion of instantaneous transformation (I do *not* mean that anyone chooses to change gender without any painful struggle, just that this underlying transformation acts as a tendential force influencing the way we all think).
- I think that in our current conjuncture we are witnessing a growing misogyny. What I have in mind here is this: since the second world war up until the late 70s, strong femininity expressed by the respect for maternal caring, and represented socio-culturally by the welfare state, had a certain degree of social dominance. However, that version of strong caring has been re-presented in its degraded/ perverse form, revealed by such terms as 'nanny state', a contemptuous attack on femininity, reinforced by ideological forms that promote the delusion of the phallic autonomous man, seeking to service only his own needs, enacting a hatred of all forms of dependence. This growing misogyny may be having profound effects on girls which, in conjunction with individual factors, supports the internalisation of this hatred of femininity transformed into a hatred of their female bodies.
- The internet/ social media, a major determining force, occupies a position that is both causal and a vehicle for other causes. Through a kind of viral social contagion, children who feel lost in the world become radicalised on line, join trans groups that provide them at last with an identity, social belonging and an explanation for all their suffering. Further, because of its overwhelming ubiquity and power, it is the medium through which the other factors listed above are transmitted at speed and with no obstruction. This factor is of considerable importance in the very marked increase in the occurrence of so- called 'Rapid Onset Gender Dysphoria', where

onset is sudden sometimes literally from one day to the next. This certainly must underlie localised social contagion, for example in schools.

- Overburdened child mental health services which cannot cope with the combination of increasing demand and radical cutting of resources are stretched to breaking point (Association of Child Psychotherapy, 2018). Faced with children suffering complex serious disorders it is understandable that any mention of gender problems can result in referral to specialist gender services; in the process complex disorders, now filtered through the prism of gender, can be left completely unaddressed. This also leads to a damaging foreclosure of the ordinary turbulence and confusion of adolescence.

It is very regrettable indeed that so many services have sought to treat children *individually*, without any enquiry into this broader determining socio-cultural context. Faced with an individual with a particular disturbance of mind, a psychoanalyst might be asked whether it arises primarily from internal or external factors. This however is the wrong question. All psychological disturbance arises not from inner *or* outer sources but at the point of contact between these two worlds. Gender Dysphoria illustrates perfectly the way a kind of detonating force can erupt where certain inner preoccupations meet explosive outer determinations.

It is an extraordinary achievement of this book that it places itself so firmly on this point of interaction. It will be a key reference work for many years to come

References

Brunskell-Evans, H. and Moore, M. (Eds.) (2018). *Transgender Children and Young People: Born in Your Own Body.* Newcastle upon Tyne: Cambridge Scholars Publishing.

Association of Child Psychotherapists (2018) '*Silent Catastrophe': Responding To The Danger Signs of Children and Young People's Mental Health Services In Trouble*. Retrieved from https://childpsychotherapy.org.uk/sites/default/files/documents/ACP%20SILENT%20CATASTROPHE%20REPORT.pdf

PREFACE

GENDER CRITICAL DAD

I'm 'Bob', more commonly known as a Gender Critical Dad. I wrote a chapter about my daughter deciding she was transgender in the book that came before this one: *Transgender Children and Young People: Born In Your Own Body*. My daughter's school agreed she was trans. Her gender support group agreed. Her friends are so proud to have agreed. Her gay boyfriend agrees. But I don't agree she is really a boy so I wrote about why. *Born in Your Own Body* was a brilliant book, vital for getting people to start questioning the spread of gender ideology in schools and society. I am immensely proud to now be asked to write the Preface for this second book.

When I started to talk about transgender kids in 2016 I felt like a minority of one, then I found others on the internet or in books, reached out on Reddit/GenderCritical and then started my blog gendercriticaldad. blogspot.co.uk. Then, somehow, I was in a room with the other people who were worried: philosophers, other parents, therapists and a wonderful detransitioned woman bursting with life and vitality. I was star-struck. I saw there was a chance to start talking. To be part of a pushback. And now from the first book to a second.

Since *Born in Your Own Body* came out, a new wave of detransitioners and desisters has appeared. With a wisdom and insight incredible in youth, they are unafraid to criticise transgender ideology, narratives and scenes, as they dissect how they were drawn into and manipulated by the trans cult. They are public, determined and getting organised. The detransitioners are finding that coming out as desisting is way harder than coming out as trans. No carnivals, no government- and pharma-funded rah-rah groups, just a long hard look at yourself and negotiating the loss of people you thought were friends.

Kind people ask how my daughter is doing. I can't say too much. It is vital I keep my daughter's identity safe. I have no doubt how activists would hurt her to get at me. So, I have to be vague. I think she's finding her way out of thinking she's trans. I don't ask, because asking would reveal a state of mind, a status to defend. If I close down possibilities for

her to keep an open mind, trans lobbyists might win. But these days she wears the binder less, and not at all at home. She had a rant at the poor lad behind the till at the corner shop over the price of tampons and the injustice of the pink tax. All I can really say is that things are calm. She spends term time with a different name and pronouns as far as I know. That's the reality of having her peers, her University, the BBC, the liberal press, all political parties, liberal feminists, and the music and fashion businesses all thinking transgenderism is progressive.

But I think the hold that trans has had is fading. I think change is happening faster in the UK than the US, but the desisters in the US are really coming together and will lead the way for change.

My gut feeling when my daughter first said she was a boy was to keep her away from gender therapists. That was a frightening decision. I know some of her teachers and the parents of her friends thought of me as evil for that. I am glad we did not affirm, glad we did not agree to 'T' and top surgery, that her mum and me did not bottle it. She's safe and well and knows that her parents love her as she is. I protected my daughter from having everyone in her life collaborating in the lie, that she believed, that she was a boy trapped in a girl's body.

A lot has happened. People are waking up to the harms of trans for children and young people, but transgender ideology is still marching into schools disguised as LGBT acceptance. Kids with perfectly normal unease or confusion about bodies and gender are getting dragged onto the transgender conveyer belt of affirmation, blockers, cross hormones, and surgery. LGB kids are passé. Transactivism is a form of bullying: if you're not porn-culture straight, a proper 'boy's boy' or 'girly girl', you must be defective, in need of fixing, by reclassification, drugs or a scalpel. My head is full of questions about why we are allowing this to happen. Is the explosion in the number of transgender-identifying young people a symptom of a society leaving little room for kids to be themselves outside of increasingly restrictive gender roles? How can we keep the conversation going to keep kids safe?

I'm no longer 'the Gender Critical Dad'. I'm just another Gender Critical Dad. There are world-wide networks of parents with transgender-identifying kids supporting each other now. That's a relief. The fight will go on.

Inventing Transgender Children and Young People is a title that promises this book offers some different insights. Its contributors will explain issues, share stories and raise questions that will chillingly illuminate the oppressions, discriminations and hurts spawned from this new invention of 'the transgender child'.

The tide is turning, and I am sure this book will be part of that. If you read it, you will have no excuse for silence.

INTRODUCTION

FROM 'BORN IN YOUR OWN BODY' TO 'INVENTION' OF 'THE TRANSGENDER CHILD'

HEATHER BRUNSKELL-EVANS
AND MICHELE MOORE

This book is a sequel to our previous edited collection, *Transgender Children: Born in Your Own Body* (Brunskell-Evans and Moore, 2018a). *Inventing Transgender Children and Young People* extends, develops and strengthens our original aims and intentions, so it is important to reiterate the purpose of the first book.

The aim of *Transgender Children: Born in Your Own Body* was twofold. Firstly, it challenged the concept of a biological basis for transgender identity. The idea that 'transgender identity' is an inherent, biologically-determined phenomenon is not based on well-established, evidence-based principles of medicine, neuroscience, psychology, or psychiatry. From the gender critical perspective of the contributors, we established in that book that the dimorphic sexed body is an empirical fact, whilst gender is the externally imposed set of norms that prescribe and proscribe desirable behaviours for girls and boys. Moreover, the norms of gender are not random, but express and re-enforce gender stereotypes.

Secondly, the book shed light on serious safeguarding issues, both social and medical, which emerge from affirming that children have an inherent 'gender identity'. The book's contributors did not disavow that some children and adolescents experience gender dysphoria and that loving parents will do anything to relieve their children's distress. On the contrary, sociologists, philosophers, psychologists, historians, parents, educators, trans people and de-transitioners collectively acknowledged the current suffering of children and adolescents with regard to gender issues. But the consequences of promoting 'gender identity' as a 'truth' and deploying it in a clinical setting are potentially devastating and life-long. The book called for public debate about the controversial medical practice

of treating the healthy bodies of children and adolescents with hormones, one of the effects of which can be sterilisation, on the basis of children's self-affirmed 'transgender identity'.

We began to realise the necessity for a second book to further debate issues previously explored. Three aspects post-publication bore on this decision. Firstly, there was a ferocious attempt to silence the ideas expressed in the book, which included a sustained attack on us editors—on our careers, livelihoods and reputations—the likes of which we had never previously experienced in our long academic careers. Secondly, we became privileged to share conversations and to benefit from the insights of gender clinicians who affirmed the legitimacy of our concerns and privately shared with us the ethical dilemmas they face. Thirdly, many people shared their disquiet about the medical transitioning of children, saying they were afraid to speak out publicly. Gender critical colleagues began to report similar experiences of their ideas being discredited as transphobic. A letter to the Guardian records this collective experience: 'campus protests, calls for dismissal in the press, harassment, foiled plots to bring about dismissal, no-platforming, and attempts to censor academic research and publications' (Guardian, 2018).

Canaries in the mine

Transgender Children: Born in Your Own Body acted as a 'canary in the mine', exposing the fundamentalism that can be attached to the affirmation of 'transgender identity'. In the febrile world of social media, identity politics and knee-jerk emotive judgements, we were prepared for trans activists to attempt to stem the dissemination of the book's ideas. However, the ferocity to shut down the book's oxygen supply was extreme. We enumerate here *some* of the instances of harassment to give a flavour of the powers assumed by trans lobbyists, including academics, in a sustained attempt to discredit us as editors.

Within a few hours of the book appearing on Amazon's website, an organised campaign was underway whereby fake reviews were uploaded that claimed the book to be transphobic and called for it not to be read. After several weeks, Amazon intervened to prevent reviews being written by people who had not purchased the book and removed the fictitious and inflammatory comments. Following the first broadcast discussion of the book by co-editor Dr Heather Brunskell-Evans on the Moral Maze on BBC Radio 4, transgender-identified complainants made an official complaint for her removal from her elected political office in the Women's Equality Party (WEP). The complainants alleged Brunskell-Evans' view

that ‘gender identity’ is socially constructed and not inherent in a child is transphobic, an allegation upheld by the WEP. Days after appearing on the Moral Maze, Brunskell-Evans was no-platformed by medical students belonging to the Reproductive and Sexual Health Society at King’s College London where she was Associate Research Fellow. The students claimed that her views on transgenderism ‘would violate the student union’s ‘Safe Space’ policy’ (Bannerman, 2017).

The *Times Higher Educational Supplement* printed a vexatious book review (Pain, 2018), condemning the book as transphobic. Two rights of reply (Brunskell-Evans and Moore, 2018b; Vigo, 2018) were subsequently published, establishing that the reviewing author was unfamiliar with the contents of the book and had flagrantly misrepresented its aims and purposes. The language of the reviewing author exemplified the current trend in academia to proffer *ad hominem* comments rather than reasoned argumentation whenever contrary views about transgendering children are expressed. Such attacks against academic free speech are contrary to the ordinary reception of critical ideas in academia, where it is normally accepted that disagreement is reasonable and even productive. Some academics now feel free to descend to crude discourse and slurs such as ‘TERF’ (trans exclusionary radical feminists) to shut down scrutiny of queer perspectives and of the dangers involved in the medicalisation of children and young people. Co-editor Professor Michele Moore withstood a sustained social media campaign comprising false accusations about transphobia and trans-misogyny, calling for her to be removed as Editor in Chief of *Disability & Society* and for a boycott of the journal. Some academics expressly championed Pain’s claims that the book was promoting a transphobic discourse and imputed Moore’s authority in the world of Disability Studies (Slater and Liddiard, 2018).

How is it that a book advocating a gentle, non-medical approach to safeguarding the bodies and psyches of children could have provoked such an intense attempt to silence and discredit the ideas therein?

Clinicians shine torchlights

During the writing of *Transgender Children: Born in Your Own Body*, we had assumed that clinicians must feel *comfortable* with the practice of transgendering children and must be ethically committed to such work. However, a number of specialist gender clinicians contacted us privately to express their gratitude that the book’s gender critical perspective and its rejection of the notion that children could be born ‘in the wrong body’ opened a much-needed space for a discussion of ideas that were becoming

heretical in clinical settings and empowered them to hope for change: 'Thank you so much for all that you have done. Many of us have followed your work closely and have found it inspiring and consoling' (anonymous gender clinician, personal communication, 2018).

We discovered a level of disquiet within gender medicine, including at the heart of the Gender Identity Development Services (GIDS), the main UK specialised gender identity development clinic, based within the Tavistock and Portman Hospital NHS Trust. We were also privy to whistle-blowers from other leading international gender identity services who contacted us to report unrest. It became clear through these exchanges that significant attempts are being made by practitioners, in the UK and other countries, to reach out about their concerns with varying degrees of success and failure. In other words, some clinicians are also functioning as canaries in the mine of transgender ideology and they have deeply informed this book, *Inventing Transgender Children and Young People*.

Behind the public presentation of gender identity development services lies a subterranean stratum of anxiety in some clinicians about the ethics of transitioning children and young people. Clinicians who spoke to us find no evidence for innate 'gender identity', refuting quasi-biological arguments promoted by transgender ideologists such as 'in the first few hours of life or pre-birth, there's a surge of testosterone or something that's made a girl more masculine' (anonymous gender clinician, personal communication, 2018). They expressed concern about being required to work without a cogent evidence-based model for intervention. They described working in an atmosphere in which 'thinking is shut down, questions aren't allowed to be asked and research is never done':

> What I'm saying should be stopped is superficial work, superficial assessment where people are not using their skill set that they've been trained in to think about what is in front of them because they don't have permission to do so. (Anonymous gender clinician, personal communication, 2018)

To summarise, the clinicians who spoke to us identified severe problems within gender medicine which coalesce around the clinical and cultural *invention* of 'the transgender child'. These problems are: an excessively affirmative attitude to the self-identifying transgender child; an inability to stand up to external trans lobby groups; the undermining of a coherent clinical model of child and adolescent development; and serious ethical and safeguarding issues. Clinicians recognise they need to resist the dominant narrative and seemingly intractable 'truth' of 'the transgender child'. They insist it is imperative for groups and organisations inside and

outside of gender medicine to challenge the theory and politics of transgendering children, despite the ferocious political backlash it inevitably entails:

> I think that there will have to be a few brave people who put their heads above the parapet. But I think the people who can put their heads above the parapet are those towards the end of their careers who haven’t got long to go or much to lose. We need a few of those people to come forward, to say that this is happening and come forward so more and more people will speak out. I think it’s already happening. Personally, I think we’re seeing the beginnings of a groundswell. (Anonymous clinician, personal communication, 2018)

Clinicians flag up that children and young people are exposed to a range of long-term physical, psychological and social harms because of the inability of gender identity development services to stand up to the pressure from highly politicised campaigners and trans lobby groups who brook no other argument than that the child has been ‘born in the wrong body’ and demand fast-track, transgender affirmative transition. Further difficulties arise where trans-identified clinicians and others are committed to the values and mission of trans lobby organisations, thus exemplifying that not all clinicians who work within gender identity services share an homogenous model of gender identity and have differing commitments to various outcomes that emerge from treatment.

As this second book was about to go to press, views that had been disclosed to us for over a year were being mirrored in calls to end the ‘transgender experiment on children’ by five clinicians who had resigned from the GIDS over ethics and safety fears (Bannerman, 2019a).

A year of illumination

The disquiet of clinicians was also being made known within the Tavistock during this period. At the very same time the first book was published, in November 2017, ten whistle-blowing clinicians had contacted David Bell, then staff governor of the Tavistock, about their deep concerns about the practice of transgendering children and young people at the GIDS. By 2018, Bell wrote a report based upon the interviews conducted with the clinicians. He concluded:

> the GIDS service as it now functions [is] not fit for purpose and children’s ends are being met in a woeful, inadequate manner and some will live on with the damaging consequences. (Doward, 2019)

Parents of children identifying as transgender, accompanied by co-editor Michele Moore, then of the Patient Safety Academy, Nuffield Department of Surgical Sciences at the University of Oxford, set up a meeting with Paul Jenkins, Chief Executive of the Tavistock, and Dr Sally Hodges, Children, Young Adults and Families Director of the Tavistock. At this meeting the parents handed over a comprehensive research-based portfolio of evidence indicating and substantiating extensive patient safety failings for young people and families in the care of the GIDS. During the same period, articles were beginning to appear in the national press, particularly championed by the *Times*, alerting the public to the potential of a national scandal if the liberal acceptance that medical transitioning is enlightened and progressive cannot be scrutinised.

The Tavistock released a statement in response to media interest about its willingness to engage with whistle-blowers:

> We are disappointed this unsubstantiated report authored by individuals with no expertise in this field made its way to the *Sunday Times* and would urge caution about reproducing its content. It is also important to point out that the report presented hypothetical vignettes rather than actual case studies and does not reflect the practice of the Service. (GIDS, 2019a)

Bell's report was not 'unsubstantiated', since it recorded the evidence of clinicians, nor did it convey the views of 'individuals with no expertise in the field' since all those involved with the report came from the GIDS. The statement that 'the report presented hypothetical vignettes rather than actual case studies' was also untrue since they were based on material provided by clinicians. It is important to note how the Tavistock treats staff who raise concerns, because hostility and misrepresentation will have a chilling effect on the ability of others to speak out.

Following the intensifying of public pressure on the GIDS, the Trust's Medical Director, Dr Dinesh Sinha, was commissioned to produce a GIDS Review Action Plan, which was published in 2019.

It identified some important areas where improvements in the operation of the service could be made but:

> did not identify any immediate issues in relation to patient safety or failings in the overall approach taken by the Service in responding to the needs of the young people and families who access its support. (GIDS, 2019b, p.3)

Sinha's report concluded that 'the Service has sufficient strengths in its area of innovative practice… However, there remains room for improvements' (p.29). Since there are 58 pages of significantly concerning

information, it is worrying that Sinha concludes there are ‘no immediate issues in relation to patient safety’.

Marcus Evans, a psychoanalyst and one of the governors of the Tavistock, subsequently resigned, accusing its management of having an ‘overvalued belief’ in the expertise of the GIDS ‘which is used to dismiss challenge and examination’. In his email resignation he said:

> In my 40 years of experience in psychiatry, I have learned that dismissing serious concerns about a service or approach is often driven by a defensive wish to prevent painful examination of an ‘overvalued system’ … I do not believe we understand what is going on in this complex area and the need to adopt an attitude which examines things from different points of view is essential. This is difficult in the current environment as the debate and discussion required is continually being closed down or effectively described as ‘transphobic’ or in some way prejudicial. (Doward, 2019)

The five previously mentioned clinicians who resigned from the GIDS as a matter of conscience have publicly expressed fury with the GIDS Executive Response (GIDS, 2019b), which stated that it had found no safeguarding concerns. Clinicians say, in regard to the exponential growth in the number of children and young people coming to the service in 2015:

> The whole service should have been halted when the number of ‘transgender’ cases first exploded. That’s the point we should have stopped because we didn’t know what we were doing. Are we a service for kids with gender dysphoria, a medical disorder? Or are we a service for ‘transgender kids’? (Bannerman, 2019b)

Quite clearly, some clinicians view the GIDS as continuing to be invested in inventing ‘the transgender child’:

> One clinician said it was understandable if her employer was defensive, saying: ‘If they are getting it wrong, you have to ask, are they making kids infertile by mistake? Because if they are to truly acknowledge [our concerns], then they will have to ask themselves, what the f*** have we done to thousands of children? (Bannerman, 2019b)

The invention of the transgender child

Thirty years ago, when gender medicine for children and young people was in its infancy, ‘a transgender child’ born in the wrong-sexed body would have made no sense to the general public, nor would it have made sense to young people. In the following decades, belief in the existential ‘transgender child’ has become so universally accepted that it is now

counter-intuitive to suggest that 'the transgender child' is an historically invented figure. The mere questioning of whether a boy or a girl can actually be born in the wrong body arouses immense passions in some people, particularly in those who see the practice of transgendering a child as emblematic of a more tolerant, open society. Nevertheless, the contributors to this book demonstrate that 'the transgender child' is not a naturally occurring figure external to current discourses and practices but is brought into being through gender medicine and transactivism. We collectively argue that unquestioning acceptance of 'the transgender child' is unwittingly complicit in the derogation of children's human rights to adult oversight, to bodily integrity, and to have their best interests served.

The book is divided into two parts: clinical and cultural perspectives, as outlined below.

Part One: Clinical Perspectives

In **Chapter One** Heather Brunskell-Evans describes the contribution of the GIDS to the invention of 'the transgender child'. She draws attention to the lack of evidence-based practice, the irreversible harms of hormone therapy, and some clinicians' dissent to practices at the GIDS. She demonstrates that the practice of transgendering children is not progressive and humane but, on the contrary, binds children to traditional gender stereotypes, medically harms them through life-changing irreversible procedures and renders clinicians unable to operate within the medical ethos to which they aspire, namely to 'first do no harm'.

In **Chapter Two** Michael Biggs picks up concerns about hormone therapy to perform a forensic analysis of the GIDS' claim that its service is safe and that there is no evidence of harm. He examines the origins and conduct of a GIDS research project on the administration of puberty blockers and scrutinises the evidence on its outcomes, finding immense flaws in its research design and methodology which have produced misleading conclusions. The research suppresses negative evidence about the deleterious effects of puberty blockers, which calls into question GIDS practices. He concludes there can be no confidence in the GIDS and that the Tavistock Trust has failed not just the scientific community, but more importantly the children in its care.

In **Chapter Three** Lisa Marchiano argues that, in affirming a child as 'transgender', gender therapists induct young people into a feedback loop whereby they classify and interpret their own identity as biologically based. She analyses a current phenomenon whereby medical and mental

health professionals appear to be enthralled by the new condition of ‘transgenderism’. A central focus of her chapter is the importance of the unconscious in understanding behaviour. She applies a Jungian analytical model to the unconscious determinants of gender dysphoria, and also to the approach of clinicians who she argues reinforce dysphoria and neglect familial, psychological and social aspects of transgenderism.

Roberto D’Angelo in **Chapter Four** agrees with Marchiano that the biomedical construction of gender dysphoria forecloses the possibility of a ‘deeper listening’ and leads to a neglect of the multiple situations in which children’s gender distress arises out of the complexity of personal and social experience. He explores the ethical limits of transgender-affirming care in psychiatry, suggesting that when children express anxieties about gender they are highlighting, in effect, many problematic social realities, both gender-related and non-gender-related. Perhaps children’s current engagement with gender, especially when they perceive it as transgressive or countercultural, reveals a politics about gender for which the affirmation of transgenderism is not appropriate.

In **Chapter Five** Dianna Kenny explores whether gender development in children and adolescents is the product of biological as well as cognitive and social factors. She addresses the complexity of interactions between them and highlights the need for clinicians and early years practitioners working with purported transgender children to have a sensitive and nuanced understanding of developmental stages and processes in order to prevent a precipitous psychological gender transition from which a child may struggle to recover.

In **Chapter Six** Nathan Hodson goes on to examine the politics of how we make meaning of the body. He argues that the proposition that intersex conditions confirm biological sex is socially constructed, as claimed by transgender ideologists, is misconstrued. He explains that intersex is a catch-all term for a range of different conditions, which when examined do not illustrate that we can abandon the material reality of sex, since the division between the sexes remains binary. He concludes that people with atypical sex development should not be exploited for the political purposes of naturalising transgenderism.

Robert Withers draws the specific focus on clinical perspectives on the invention of the transgender child to a close. In **Chapter Seven** he calls upon his own experience as a psychotherapist to argue that affirming gender identity in accordance with the UK Memorandum of Understanding (2017) is not appropriate for helping children and young people resolve gender dysphoria. He warns that complex histories and adolescent confusion over their own possible homosexuality are missed by

the memorandum's injunction to avoid 'conversion therapy' by accepting and celebrating every young person's new transgender identity without question. In accordance with other contributors who are therapists, he advocates an approach which does not compel or reject transgender identity but deals with the psychological and emotional factors of gender dysphoria. He says a therapeutic approach is kinder and more facilitative of the personal, physical and social well-being of the child or young person than affirmation.

Part Two: Cultural Perspectives

This section examines the cultural contexts in which the transgender child is invented.

Stephanie Davies-Arai in **Chapter Eight** opens the second part of the book, which turns to cultural perspectives. She describes her work as the Founding Director of the leading organisation Transgender Trend, which pioneers critically concerned oversight about medical transitioning and about the policy and practice of teaching 'gender identity' in schools. She reveals from first-hand evidence the trauma to parents and children caused by the ideology of inherent gender identity promoted in schools and other organisations that supposedly safeguard children, including gender identity services, but which breach children's human rights to bodily integrity.

In **Chapter Nine** Stella O'Malley discusses her work making the television documentary *Trans Kids: It's Time to Talk*. The programme explored her own beliefs as a child that she was a boy, contrasting her own experience with young people with gender dysphoria now. She intended to include contributions from representatives of transgender organisations as well as gender critical viewpoints, but this aspiration quickly saw film production disrupted by arguments and delays as transgender lobbyists sought first to exclude critical commentators, and then to block the completion and broadcast of the programme. Her chapter examines the extraordinary obstacles involved in making a documentary about transgender children and young people. However, she is able to show her project was not entirely one of dismal struggle, since the film provoked a range of extreme reactions that confirm its importance and transformative potential.

In **Chapter Ten** two young women who thought they were transgender and went through with transitioning talk about their experience. Their vulnerability to attack from transgender lobbyists is so real that they cannot write of their experience under their own names. Their chapter tells a story of the difficulties they faced as young women who dared to cross