Chapter 7: Transgendering the young 3: The increase

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The increase

In the last ten years there has been an astounding increase all over the world in the numbers of children and young people presenting at 'gender' clinics with 'gender dysphoria', especially of girls. As the UK Department of Health (2019: 3) put it, with typical euphemistic insouciance, 'In the UK, the number of adolescents referred to specialised gender identity clinics for GD *appears to be* increasing'. They also said that there '*appears to be* a corresponding shift in the sex ratio, from predominantly biological/assigned [sic] males to predominantly biological/assigned [sic] females' (UK Department of Health, 2019: 3—emphases added). (Note the trans-speak).

This is not just a matter of appearance, it is actually happening. WPATH's 2021 revision of its guidelines for the 'care' of adolescents (2021: 1) mentions the increase and acknowledges that most are female, although it uses the 'assigned female at birth' transgender jargon. One of the reasons WPATH gives for producing their new Version 8 of the 'Standards of Care' is the 'unprecedented increase in the number and visibility of transgender and gender diverse (TGD) people seeking support and gender-affirming medical treatment' (Coleman et al, 2022: Abstract). They give the usual transgender explanation for the increase (see below).

They are, however, correct when they call the increase 'unprecedented'. Transgender Trend pointed out that there were no 'gender' clinics for children in the UK in the 1960s, and in the two decades between the establishment of GIDS in 1989 and 2009 when it was commissioned by the NHS, the numbers turning up remained stable and they were mainly boys. It was in 2009 that the numbers started increasing, and the

increases continued at a rate of around 50% each year until the year 2015/16 when they sky-rocketed (Transgender Trend, 2017).

The numbers of young people under the age of 18 referred to GIDS at the Tavistock Institute increased from 77 in 2009-10 to 2,590 in April 2019, an increase of more than 3,200% (Gilligan, 2019). GIDS' own 2019 publication gives figures only from 2014-15, but the figures still show a substantial increase over time, from 278 in the earlier year to 2,590 in 2015, an increase of over 800% (GIDS, 2019). The numbers are still increasing. The NHS said that the number of referrals per year was 4.5 per 100,000 in 2019/20, 4 per 100,000 in 2020/21, and 8.7 per 100,000 population in 2021/22 (NHS, 2022).

Not only has there been an increase in numbers, the children are getting younger and younger. The figures for the year to April 2019 show that, for the first time, the *majority* of children referred to the clinic (54%) were under the age of 15. There was a 25% increase from the previous year in the numbers of 14-year-olds, a 30% increase in the numbers of 13-year-olds, and a 28% increase in the numbers of 11-year-olds. The youngest children to present at the GIDS clinic were three years of age (Gilligan, 2019). Dianna Kenny said that there were 84 children aged between three and seven years referred to GIDS in 2017, up from 20 in 2012/2013, while referrals of children under 10 increased more than four-fold between 2012 and 2016 (from 36 to 165) (Kenny, 2019).

Table 1 below shows the overall increase in referrals to GIDS from 2011 to the middle of 2022.

Table 1: Total referrals to GIDS, 2011-12 to 2021-22

Financial year	Referrals
2011-12	210
2012-13	311
2013-14	471
2014-15	691
2015-16	1409
2016-17	1981
2017-18	2564
2018-19	2752
2019-20	2750
2020-21	2401
2021-22	3585

Source: GIDS-referrals-FYs-2010-11-to-2021-2022.xlsx

In Sweden, there was a 1,500% increase in referrals to 'gender' clinics catering for the young between 2008 and 2018. Most of them were girls between the ages of 13 and 17. In 2019, however, the numbers decreased dramatically, with a fall of 65% in the numbers being referred to the clinics. According to one report, this decrease was the result of the concerns being raised by experts and of the media coverage of detransitioners, especially the documentary called *Trans Train* (Canadian Gender Report, 2020. See also: GHQ, 2019; Lane, 2020b). In other words, criticism of the transgender phenomenon became more widespread, its influence on the young lessened, and fewer of them responded to its blandishments. (The concept of 'social contagion' is discussed in more detail below).

It is not possible to find exact figures of transgender referrals of children in the US, but there has been an increase in the numbers of clinics. The first clinic for children and young people in the US opened in 2007. In a further instance of social contagion, it was reported that clinics for 'gender-nonconforming children and adolescents' multiplied after the showing of *I Am Jazz* on the Oprah Winfrey show in 2011, and within a few years 32 of them were advertising puberty blockers (Biggs, 2022: 7). By 2017, 40 clinics catering exclusively to children had opened, with new clinic openings being announced frequently (Marchiano, 2017b). In early 2021, one source identified at least 66 clinics across the country offering what was referred to by the Human Rights Campaign as 'Clinical Care Programs for Gender-Expansive [sic] Children and Adolescents', and this was not an exhaustive list.[1]

The increase in Australia—the work of Dianna Kenny

In Australia, the most detailed research showing the extent of the increases in the numbers of children and young people presenting to 'gender' clinics is that of Professor Dianna Kenny (2019, 2020a, b). Her initial information for the years 2014-2018 came from the four of the five clinics mentioned in the 'Harm' chapter, in Victoria, Queensland, New South Wales and Western Australia (Kenny, 2019). This was later updated to include the figures from 2019, as well as information from the South Australian clinic (from 2015). These were the five medical institutions offering 'gender services' for children at that time (Kenny, 2020b).

Kenny measured three factors: the numbers of children *presenting* to each clinic in each year; the numbers receiving *puberty blockers*; and the numbers receiving *cross-sex hormones*, as well as the changes in these numbers over the five years. Kenny pointed out that, by the time the 2019 figures were added, the number of children presenting was 18 times what it was in 2014 (211 to 3,928).

The table below includes the information from Table 1 in Kenny, 2019, with the addition of 2019 information from Kenny, 2020. The table gives the figures for each of the five clinics for each of the six years 2014-2019, plus the totals for each clinic and each year, and the percentage of the total contributed by each clinic.

Table 2: Numbers of children and young people presenting to gender clinics in five Australian states, 2014-2019

Year	NSW	WA	Qld	Vic	SA	Total/year
2014	8	51	48	104	–	**211**
2015	20	73	74	170	7	**344**
2016	48	100	84	226	32	**490**
2017	65	114	190	253	33	**655**
2018	85	207	207	228	59	**786**
2019	168	297	611	325	41	**1442**
Total/state	**394**	**842**	**1214**	**1306**	**172**	**3928**
% total	**10.0**	**21.4**	**30.9**	**33.2**	**4.4**	**100**

Source: adapted from Kenny 2019, 2020b
* Kenny (2020b) gives no total for 2019, just the numbers in the five individual clinics. Percentages are rounded to 100%.

[1] https://www.zanderkeig.net/youth-gender-clinics/

It is clear that the numbers of children and young people attending 'gender' clinics in Australia rose dramatically between 2014 and 2019. The largest contributors were the clinics in Victoria and Queensland, at nearly two-thirds of the total (64.1%). The low percentage in NSW in comparison with the other states needs explanation, since NSW is the most populous state in Australia. Kenny suggested that it might be because the clinic at Westmead Hospital in Sydney was 'more meticulous in their initial assessment of the child' and hence excluded those who had other conditions that needed treating before considering any 'gender dysphoria' (Kenny, 2019). The Queensland clinic showed the sharpest increase between 2018 and 2019, from 207 to 611, an increase of nearly 200%. The numbers presenting to the South Australian clinic increased from seven in 2015 to 41 in 2019, down from a peak of 59 the previous year (Kenny, 2020b).

The numbers of Australian children on *puberty blockers* are shown in the table below. Once again, the increases are marked. This is especially the case for the Queensland clinic, which alone supplied nearly three-quarters of the total numbers of children prescribed puberty blockers in the three clinics for which figures were available. However, that disproportion may be simply a function of the way the information was acquired, i.e. the lack of figures from the South Australian clinic, and the low figures from the Victorian clinic, possibly because many children and young people are referred to private providers and adult medical services. Nonetheless, these 'gender' clinics did see a 23-fold increase in the six years from 2014, with nearly 800 children in these three clinics alone dosed with puberty blockers. And that is not the whole story, since children are being supplied with these medications elsewhere as well.

Table 3: Numbers of children and young people receiving puberty blockers in five Australian states, 2014-2019*

Year	NSW	WA	Qld	Total/year	Vic
2014	8	3	2	**13**	14
2015	13	1	16	**30**	12
2016	26	14	30	**70**	17
2017	34	28	76	**138**	16
2018	35	35	171	**241**	–
2019	37	50	216	**303**	47
Total/state	**153**	**131**	**511**	**795**	
% state	**19.2**	**16.5**	**64.3**	**100**	

Source: adapted from Kenny, 2019, 2020b.

* This information is taken from Table 4 and Figure 2 in Kenny, 2019, and Figure 2 in Kenny 2020b. The 2019 information is confined to three of the five clinics. The text says that 'Victoria did not supply figures', but then gives the figures that I have included in the table above. Because of this uncertainty, I haven't included them in the totals or percentages.

In the case of *cross-sex hormones*, there were 487 young people who had been prescribed them in three of the five clinics (in Western Australia, Queensland and Victoria) over the six-year period from 2014 to 2018, 55% of that figure from the Victorian clinic. The NSW clinic said that they had no children on cross-sex hormones because it was provided by physicians elsewhere, not by the clinic itself; and the figures from the South Australian clinic did not separate out puberty blockers from cross-sex hormones. The increases in the Western Australian and Queensland clinics didn't

occur until 2018—from six in 2017 to 36 in 2018 (WA), and from none in 2017 to 34 in 2018 (Queensland), whereas the increase at the Melbourne clinic occurred a year earlier—from 29 in 2016 to 80 in 2017 (Kenny, 2019). Again, the greatest rate of increase occurred in Queensland, from none in 2014 and 2017 to 84 in 2019 (Kenny, 2020b).

Table 4: Numbers of children and young people receiving cross-sex hormones in five Australian states, 2014-2019

Year	WA	QLD	Vic	Total/year
2014	1	0	4	**5**
2015	1	2	15	**18**
2016	3	3	29	**35**
2017	6	0	80	**86**
2018	36	34	72	**142**
2019	48	84	69	**201**
Total/state	**95**	**123**	**269**	**487**
% state	**19.5**	**25.2**	**55.2**	**100**

Source: Kenny, 2019, 2020b. Percentages are rounded to 100%.

There can be no doubt that the numbers of Australian children and young people presenting to 'gender' clinics and being dosed with puberty blockers and cross-sex hormones have increased significantly. Kenny cited a statement by Michelle Telfer to the effect that there had been a 250-fold increase in new referrals to the Royal Children's Hospital's 'gender service' in Melbourne between 2003 and 2017 (from one to 250) (Kenny, 2019). The publication Kenny cited no longer exists, but much the same information can be found in a *Sydney Morning Herald* article (Tomazin, 2020), updated to 2019, when there were 336 new referrals to the 'gender service'.

Not all the young people who presented at the clinics went on to take puberty blockers or cross-sex hormones, but the numbers who did also steadily increased year by year. These figures do not tell the whole story of how many Australian children and young people are caught up in the transgender phenomenon. They are under-estimates because they are limited to these five clinics, and the 'treatments' provided through the private health system are not included in these figures. Moreover, the data provided by the clinics was 'often incomplete and ambiguous', Kenny said, and hence needed to be treated with caution (Kenny, 2020b). The figures do, however, clearly indicate an increase that shows little sign of slowing.

The increase among girls

Although Kenny's figures (2019, 2020b) are not broken down by sex, in fact the numbers of girls attending 'gender' clinics have recently far outstripped the numbers of boys. The trans lobby is uninterested in the huge discrepancy between girls and boys, usually referring simply to 'young people', thus rendering the discrepancy invisible (Transgender Trend, 2017). However, it is well documented elsewhere. In her original paper Littman said that 82.8% of the adolescent and young adult children of the parents she surveyed were female (Littman, 2018). In the later, 'corrected' version, she made a more general point about the 'disproportionate increase in adolescent natal females', citing three references in support of that statement (Littman, 2019).

In the UK, nearly three-quarters of the 2,364 children and young people referred to the GIDS at the Tavistock Institute in 2018/19 (and whose sex was known), were female (73.6% or 1740) (GIDS, 2019). Indeed, the entire rise from the previous year was due to the increase in the number of girls. The number of boys in that year (624) was the same as the year before (Gilligan, 2019).

In Australia, the Queensland clinic refused to give any data on the young people's sex. But of 84 children under 18 who were taking opposite-sex hormones, 94% were taking testosterone (Lane, 2020a). In other words, they were girls. The clinic at the Royal Children's Hospital in Melbourne also refused requests to supply patient data, either to *The Australian* newspaper, or to the Victorian state Opposition party. However, the clinic's director, Michelle Telfer, said that two-thirds of the record new referrals in 2018 were girls identifying as 'boys', and that 'many' of them were asking for 'chest reconstructive surgery', i.e. to have their breasts amputated (Lane, 2019c). There appears to be no information about sex ratios from any of the other three 'gender' clinics Kenny investigated—at Westmead Hospital in Sydney; at the Children's Hospital in Perth; or at the Women and Children's Hospital in South Australia. Kenny was able to get the information she did because a NSW state parliamentarian made a Freedom of Information request to the relevant clinics.

Nonetheless, whatever the difficulties of getting accurate figures, there is general agreement that most of the children and young people presenting to 'gender' clinics are female (Bannerman, 2019a; Deterling, 2016; GHQ, no date, Topic 11—most detailed with lots of graphs). Explanations for why that might be so are discussed below.

Explanations for the increase

There have been a number of tentative explanations put forward for the exponential growth in the numbers of children and young people turning up at 'gender' clinics, although there is also a feeling that, as Stephanie Davies-Arai said, it is 'unexplained and not yet understood'. She goes on to mention 'a high correlation with pre-existing mental health problems, neurobiological disorders such as autism, previous trauma and sexual abuse and troubled and chaotic family backgrounds' (Davies-Arai, 2019b: 31. See also: Gosling and O'Malley, 2022; MFC, 2019). But while this is true enough, putting it this way doesn't explain the *increase*. Not only has there been no increase in these other factors, they are not connected to the transgender agenda anyway. None of these factors involve questioning one's sex.

Colin Wright (2022) has argued that the increases among the young 'can be *mostly explained* by one simple fact: 'The definition of "transgender" currently used and embraced by our largest and most prestigious scientific, medical, and human rights organizations is literally synonymous with common gender nonconformity' (original emphasis). In other words, 'masculine females, feminine males, and androgynous people of either sex' are being re-badged as the opposite sex or as 'non-binary'. Wright noted that this re-branding of 'gender nonconformity' wouldn't be so worrying, were not for the 'gender-affirming' medical interventions that follow.

This is certainly what is happening, but it's homosexuality rather than 'gender non-conformity' that is being converted. It's not possible, after all, to have same-sex relationships if the category of 'sex' has been abolished. (See the 'Piggybacking' chapter). Still, Wright is correct to identify the usage and embrace of 'transgender'

meanings by 'our largest and most prestigious scientific, medical, and human rights organizations' as the reason why the young, too, have succumbed, or at least one of the reasons.

Other sources do identify the 'homophobia' behind the increase. An article in *The Times* reported ex-NHS staff saying they 'fear[ed] that homophobia [was] driving a surge in "transgender" young people' (Bannerman, 2019a). The article was reporting the concerns of five clinicians who had resigned from GIDS because they were worried about what was happening there. They especially mentioned the possibility that homosexuality was being ignored in the rush to 'affirm' young people in the sex they 'identify' as. (For details, see the 'Piggybacking' chapter). But this raises the question of why homophobia should have become so pronounced recently, especially among the young.

For an argument that the increase is due to fashionable claims of victimhood by privileged young people, see: Young, 2019.

The trans lobby's explanation

The transgender lobby explain the increase in terms of an increase in public acceptance and awareness, which has supposedly uncovered a hitherto hidden level of 'transgender identities' within the population. In other words, as Sheila Jeffreys has noted, the trans lobby is arguing that there is 'previously untapped reservoir of "real" transsexuals … a steady percentage of the population who are biologically transsexual' (Jeffreys, 2006: 9). According to the transgender lobby, these are the people who are coming forward in increasing numbers, aided by that increasing acceptance and awareness.

As Dr Polly Carmichael, Director of GIDS, said:

> There is no single explanation for the increase in referral figures, but we do know in recent years that there has been significant progress towards the acceptance and recognition of transgender and gender diverse people in our society. There is also greater public knowledge about specialist gender clinics and the pathways into them, and an increased awareness of the possibilities around physical treatments for younger adolescents (GIDS, 2018).

Olson-Kennedy and her colleagues put this in terms of 'the broader visibility of TGD youth [which] has opened the closet doors for many who would have previously remained nondisclosed about their gender for years, possibly even an entire lifetime'. Factors leading to this broader visibility include, they say, 'the building of an accessible transgender community through the Internet, increased visibility of transgender narratives in media, and finally, increased availability of medical interventions' (Olson-Kennedy et al, 2019: 305. See also Ristori and Steensma, 2016: 14; Wiepjes et al, 2018: 6).

Version 8 (Coleman et al, 2022) doesn't have a lot to say about the increase, despite the fact that it is the first factor mentioned in the abstract. Their chief concern is that resources aren't keeping up: 'clinical services in many places have not kept pace with the increasing number of youth seeking care' (Coleman et al, 2022: S43). They do comment that the increase among the young, and the reversing of the female/male

ratio,[2] have happened because of 'sociopolitical advances, changes in referral patterns, increased access to health care and to medical information, less pronounced cultural stigma' (p.S26). This is, they say, a 'cohort effect'. These social changes have enabled this previously invisible population to announce their presence. Previous generations did not have these advantages, and hence 'the size of the TGD population was likely underestimated in previous studies' (pp.S25-6).

The UK Department of Health adheres to the transgender line that 'transgender' people have always existed, and that the increase in the numbers of children is due to greater acceptance of a formerly invisible category of persons. They started by saying that 'children are sometimes referred [to GIDS] from around 3 years'. This is stated as a neutral fact with no hint that this might not be a good thing. There is no suggestion that this might be a horrifying indictment of the transgender project, that it should have so much influence on young parents. The statement about the three-year-olds was simply the introduction to the statement that 'the increase is largely in the 14+ age group'. We can, I suppose, be grateful that the numbers of three-year-olds being taken along to GIDS is not increasing, or at least, not at that time. The Department said that the reasons for the increase are 'not well understood', but then went on to explain it in pro-transgender terms. Those reasons, they said, are 'commonly attributed' (they don't say by whom) 'to increased awareness amongst parents and professionals, increased awareness amongst young people including through social media, and wider social acceptance of transgender issues' (UK Department of Health, 2016: 9). At that time, they didn't mention the fact that most of the increased numbers were girls.

Dr Michelle Telfer, Director of the 'gender service' at Melbourne's Royal Children's Hospital, is also a staunch advocate of the 'previously untapped reservoir' line. She said that the increase in presentations to 'gender' clinics is not because children who weren't 'trans' are suddenly becoming 'trans'. Rather, she said, there's now more community acceptance and visibility and hence "there has been an increasing number of young people who feel comfortable and safe in asking for our help" (Tomazin, 2020).

The 'evidence' she appealed to is typically inadequate. When asked about criticisms of the 'gender identity' process for children—that other conditions the children had might be being ignored, that it was due to social contagion and hence not a real syndrome at all, and that the children might later regret it and 'de-transition'—Telfer responded 'by pointing to evidence' (Tomazin, 2020). But none of the sources she pointed to actually answered the questions. One of those sources, 'a 2017 Trans Pathway survey of 859 young trans Australians aged 14 to 25',[3] didn't deal with those questions at all. It was focused on how distressed and 'vulnerable' the young people were. There were no questions about whether their pre-existing conditions were being addressed, nor about whether they acquired their knowledge of trans from social media, nor about whether they had any regrets.

One of the other pieces of evidence Telfer pointed to (Restar, 2020), in her view, 'debunk[ed] the idea of social contagion'. This article was part of the trans backlash

[2] They didn't say 'female/male ratio', of course. Instead they said the 'AMAB to AFAB ratio' (p.S26), i.e. 'assigned male at birth'/'assigned female at birth'.

[3] https://www.telethonkids.org.au/projects/trans-pathways/

against Littman's research (see below). It is superficially more relevant as evidence for Telfer's position—except that it doesn't do what she says it does. It is an attempt to undermine Littman's argument about 'rapid onset gender dysphoria' by questioning her methodology, but it fails. As Littman (2020) herself has pointed out, the methodologies she used were 'consistent with the use of methodologies in other studies contributing to the field of gender dysphoria research', and she cited a number of those studies. Restar (2020) didn't in fact manage to debunk the idea of social contagion, because she didn't manage to debunk Littman's research. Hence it doesn't count as evidence that 'gender' clinics do not have to consider the possibility of social contagion in their approach to the 'gender dysphoria' of their young patients. (For further discussion of Littman's research and Restar's attempt to undermine it, see below).

The last piece of 'evidence' Telfer pointed to was a study that supposedly showed that 'the rate of regret' was only 0.3% to 0.6% (Wiepjes et al, 2018). But once again, this is not an adequate answer to the question she was asked, since the tiny regret rate related to only a tiny fraction of the study population. (For a discussion of the limitations of this study, see the 'Surgery' section of 'The transgendering the young 1: harm' chapter).

For a critical discussion of the Melbourne Children's Hospital's 'gender' clinic and Telfer's approval of mastectomies for young women, see: Lane, 2019c;

for a refutation of the transgender claim that regret and detransition are rare, see: Wheater and Pasternack, 2020;

for an uncritical regurgitation in the mainstream media of the transgender assertion about the low rate of regret, see: Perkins, 2015.

Leaving aside for the time being the transgender lobby's dubious appeals to evidence, there are other reasons why their 'explanation' for the sudden increase in the young presenting to 'gender' clinics is unlikely. It cannot account for the disproportionate increase in young females. If there *was* a cohort of people suddenly finding their 'true transgender' selves, as the trans discourse alleges, then either the previous ratio would hold—there would be more males than females—or there would be equal numbers of both sexes. But it doesn't and there aren't. It would also show up among adults (Littman, 2018: 4/44), but again, it doesn't. But then, transgender has no explanation for the existence of 'gender identity' anyway, apart from 'feelings' (with tentative appeals to 'biology').

Social contagion

The most widely accepted explanation for the increase, at least among those who owe no allegiance to the transgender addenda, is social contagion. According to the American Psychological Association, social contagion involves 'the spread of behaviors, attitudes, and affect through crowds and other types of social aggregates from one member to another'. Initially, the APA said, it was thought that only those who were particularly susceptible could be caught up in the 'contagion'. However, '[s]ubsequent studies suggest that social contagion is sustained by relatively mundane

interpersonal processes, such as imitation, conformity, universality, and mimicry'.[4] In other words, it could happen to anyone.

ROGD

One form of social contagion especially relevant for the young is what has come to be called 'rapid-onset gender dysphoria' (ROGD). Those recognised experts in the area, Bailey and Blanchard, use the term in their disagreement with the trans lobby's insistence that the increases were due to young people either suddenly discovering that they were 'transgender', or coming out about something they had known all along. Bailey and Blanchard believed, they said,

> that ROGD is a socially contagious phenomenon in which a young person—typically a natal [sic] female—comes to believe that she has a condition that she does not have. ROGD is not about discovering gender dysphoria that was there all along; rather, it is about falsely coming to believe that one's problems have been due to gender dysphoria previously hidden (from the self and others) … People with ROGD do have a kind of gender dysphoria, but it is gender dysphoria due to persuasion of those especially vulnerable to a false idea (Bailey and Blanchard, 2017).

There is a great deal of anecdotal evidence that young people are influenced by social media, peer group pressure and messages in public media, but the first research study of the phenomenon, and the origin of the term ROGD, is Lisa Littman's (Littman, 2018).

The term 'rapid-onset gender dysphoria' was coined by Littman to describe what she and others had observed happening among adolescents and young adults. Her study (Littman, 2018) was 'descriptive and exploratory', she said, and she acknowledged that it had limitations. It had nothing to say about the actual prevalence of this kind of 'gender identity' phenomenon among young people. Neither did it say anything about the extent to which sudden crises of 'gender identity' among young people were the result of social media usage or peer pressure or maladaptive coping mechanisms. It merely said that these things happen, and it gave a public voice to concerns that were not being addressed by 'gender services'. Another limitation of the study is that it included reports only from parents and not the young people. However, Littman felt justified in publishing it because so little is known about the phenomenon. She also called for further research and recommended 'extreme caution … before considering the use of treatments that have permanent effects such as cross-sex hormones and surgery' (Littman, 2018: 40/44).

She recruited her survey respondents by placing a questionnaire on three websites where parents had already reported their distress and bewilderment at their children saying they didn't want to be the sex they were. This resulted in 256 completed surveys giving a detailed account of the phenomenon.

One of the main points her respondents made was agreement with the proposition that the onset of the young people's 'gender dysphoria' was sudden—'rapid onset'. There was no previous childhood history of the children being discontented with their sex. Her respondents also told her that it typically happened at the same time to a number of their children's friends in the same peer group. Littman said that

[4] https://dictionary.apa.org/social-contagion

'according to the parental reports, more than a third of the friendship groups described in this study had 50% or more of the … group becoming transgender-identified in a similar time frame. This suggests a localized increase to more than 70 times the expected prevalence rate' (Littman, 2018: 34/44). There had also been a marked increase in social media/internet use in the time leading up to the child's announcement of their 'gender identity'. A majority of the parents surveyed (62.5%) also reported that their child had been diagnosed with at least one mental or developmental disorder prior to the announcement that they were dissatisfied with their sex.

One of the hypotheses Littman drew from this research was that ROGD could be a maladaptive coping mechanism like anorexia nervosa or substance- or alcohol-abuse or self-harm. Such mechanisms allow the person 'to avoid feeling strong or negative emotions', she said. They relieve the distress temporarily but they don't deal with the real problem, and they are maladaptive because they cause further problems. In support of this hypothesis she noted that most of the parents reported that their children's ability to cope with negative emotions was 'poor/extremely poor', and that they tended to be 'overwhelmed by strong emotions and tries to/goes to great lengths to avoid experiencing them'. Many of the young people had experienced 'a sex or gender-related trauma' or had 'significant psychiatric symptoms' which 'may leave a person in psychological pain and in search of a coping mechanism'. Seeking 'transition' could also be a form of self-harm, she said. She concluded that it was necessary to differentiate between 'individuals who would benefit from transition' and those who would be harmed if it happened before they had been treated for the real problem (Littman, 2018: 35-6/44).

Girls

Most discussions of the social contagion thesis and the concept of ROGD argue that it is more relevant for girls than for boys, and that it explains why there have recently been more girls than boys presenting to 'gender' clinics. As already mentioned, Bailey and Blanchard (2017), believe young females are especially prone to ROGD. They cite Littman's work, and say that 'the typical case of ROGD involves an adolescent or young adult female whose social world outside the family glorifies transgender phenomena and exaggerates their prevalence', and who has also been engaging in 'a heavy dose of internet involvement'. The girl's peer group is likely to have 'encouraged each other to believe that all unhappiness, anxiety, and life problems are likely due to their being transgender, and that gender transition is the only solution'. But this doesn't explain what is it about the transgender message that makes young females more susceptible to it than young males.

There are certainly social media resources directing the trans message towards girls. Abigail Shrier (2020) gave a number of examples of the 'classic mantras' girls are being served on social media sites like YouTube, Instagram, Tumblr, Reddit, Twitter, Facebook, DeviantArt and TikTok:

> "If you think you might be trans, you are"; "Trying out trans? Binders [i.e. strapping the breasts flat] are a great way to start"; "Testosterone … is amazing. It may just solve all of your problems"; "If your parents loved you, they would support your trans identity"; "If you're not supported in your trans identity, you'll probably kill yourself" (etc.) (Shrier, 2020: Chapter 3).

Unfortunately, Shrier subscribes to the 'genuine transsexual' credo. She believes in what she calls 'traditional gender dysphoria' which, she says, begins in early childhood (as opposed to ROGD in adolescence) (Shrier, 2020: xxiii); and she sympathises with transgender adults and their experiences of 'the relentless chafe of a body that seems all wrong, that seems somehow a lie' (p.xviii). But, she says, what is happening with teenage girls is different. It doesn't originate with 'traditional [sic] gender dysphoria', but with 'videos found on the internet' (p.xxiv).

It's true that there's a difference, although not between any 'traditional gender dysphoria' and social media usage, but between the young women and girls calling themselves 'boys' and the adult men calling themselves 'women'. Indeed, the latter are just as avid users of social media as the young women, displaying themselves in their feminine personae for their own delectation and that of their viewers. But this is clearly not having as much influence on boys as the trans message has on girls.

Wright said it's because girls have always been 'more likely to exhibit gender nonconformity than boys', citing a number of research findings in support (Wright, 2022). Partly that might be because 'masculine' behaviour in girls is more socially acceptable than 'feminine' behaviour in boys. This is the explanation for 'the altered sex ratio' that is preferred by a large team of researchers from both Canada and the Netherlands, comprising some of the most familiar names in the area, i.e. Ray Blanchard, Kenneth J. Zucker and Thomas D. Steensma (Aitken et al, 2016). This is the publication the UK Department of Health (2019) cited in its NHS Standard Contract for GIDS, as evidence that '[s]ociological and sociocultural explanations have been offered to account for this recent inversion in the sex ratio of adolescents with GD'

These researchers tentatively suggested that the 'altered ratio' was due to the fact that '[t]here are greater costs for a male to adopt a female gender identity in adolescence than it is for a female to adopt a male gender identity' (Aitken et al, 2016: 761-2). But these 'greater costs' are not new. If men are less likely to accept being feminine than women masculine, this would have always been true, and it should be showing up in the adult population as well. Anyway, it's certainly not true in the transgender context. Transgender men show no signs that they feel stigmatised as they display their 'femininity' in 'drag queen story hours' in public libraries and other public arenas.

David Bell, a psychoanalyst and a former Consultant Psychiatrist at GIDS, suggested that 'the large increase in natal females seeking to change gender' could be partly explained by 'a growing misogyny'. He saw this as the consequence of the last four decades of a socio-cultural disparagement of the values of caring (aka neo-liberalism, although Bell didn't mention it). The misogyny, he said, was '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'. He felt that these 'socio-cultural forces' could be 'having profound effects on girls' who have internalised the resultant misogyny and come to hate their own bodies (Bell, 2019: xvi).

There is general agreement among transgender's critics that misogyny is behind the sudden increase in girls and young women wanting to be 'boys', both the external misogyny impinging on females from the social milieu (e.g. pornography, advertising, pressures for feminine conformity), and the internalised misogyny of self-hatred (e.g. Jeffreys, 1997, 2014: 112-13). Misogyny permeates every facet of a male supremacist

society, including the psyches of many females. It has been noted that most young women feel intense discomfort with their bodies (Marchiano, 2016, 2017a, b, 2020), and that body-hatred and disassociation are not uncommon in adolescent girls (Transgender Trend, 2019a).

The ever-increasing ease of access to pornography is part of this misogyny. Male consumption of pornography has massively increased with the advent of social media. 'It signifies to girls', says Heather Brunskell-Evans, 'that to be female is to be an object of male desire and male entitlement, and girls today are under ever more pressure to capitulate to the … "pornification" of culture' (Brunskell-Evans, 2020a). Transgender Trend see this proliferation of pornography as the chief reason why girls might not want to be female:

> As long as society continues to objectify and dehumanise women and value them as commodities above all else, more girls will see themselves as failing to be "real" women and we'll see more vulnerable girls wanting to opt out of womanhood altogether (Transgender Trend, 2016).

It is true that there has fairly recently been a surge in the easy availability of pornography, which has been *de*-moralised since the second half of the twentieth century. Its conversion from 'obscenity' to 'free speech' is a male-supremacist-friendly consequence of the 'sexual liberation' movements dating from the 1960s. It's not surprising that young women might want to escape from the femininity depicted in pornography, with its vicious, degrading contempt for women and its recommendations for harmful, even lethal, sexual practices.

But subjection to the pornographic mindset and behaviour is not the only reason why girls might embrace the transgender 'solution'. There is also the internalised misogyny that manifests as hatred of one's own femaleness. Two clinicians who used to work at GIDS (Hutchinson and Midgen, 2020) mentioned the turmoil young women can feel at the changes to the body during puberty, the development of breasts and the consequent unwelcome male attention, and the embarrassment of menstruation and difficulties getting access to sanitary protection. The authors commented that 'girls and young women have long recruited their bodies as ways of expressing misery and self-hatred'. There are good reasons why girls might be less likely to find their 'feminine role' acceptable than boys are to accept their 'masculine role' (as one 1956 study found) (Wright, 2022). What is new is the arrival of the transgender brigade with its promise of a 'solution (cure) to the "problem" of being born female'. Like Littman, these ex-GIDS clinicians also noted that 'alighting on a trans identity … could be the ultimate act of *self*-harm' (Hutchinson and Midgen, 2020—original emphasis).

The factors mentioned above—the particular proneness to peer pressure and 'gender non-conformity', female aversion to femininity, the social media transgender messages specifically directed towards girls, the prevalence of pornography, internalised self-hatred—all come together to influence girls rather than boys to participate in the transgender process. But there is another explanation involving those 'socio-cultural forces' that are best described as male supremacy, i.e. those social arrangements based on the foundational premise that only males count as 'human'. In promising girls they can be boys, the transgender message not only promises them that they can escape the femaleness that brings them so much trouble, it also promises them that they can become truly 'human'. Misogyny, imposed and

internalised, pornography, female reluctance to embrace femininity, are not new. What *is* new is the rise and rise of the transgender agenda. The factors mentioned here would not have made the girls believe they were 'boys' without the arrival of 'gender identity politics'. It is the pervasive influence of the transgender agenda that has convinced girls they can be boys, but it is male supremacy that makes them want to be boys.

The trans lobby's reactions to ROGD

The trans lobby didn't like Littman's findings and reacted with its usual bullying outrage. According to Abigail Shrier, trans activists 'stormed the Twitter page of *PLoS One*' (the journal her article appeared in), claiming that Littman's research respondents were conservative, anti-trans parent groups. They accused her paper of 'hurting' people and of being 'dangerous' because 'it could lead to worse mental health outcomes for trans-identifying adolescents'. Journalists followed suit—they 'saw smoke and rushed over, flagons of gasoline in hand', as Shrier put it (Shrier, 2020: Chapter 2 and footnotes 9-11).

One of those inflammatory journalists was an Australian trans activist man claiming to be a 'woman' who described the concept of 'rapid-onset gender dysphoria' in an article in *The Guardian* as 'a poisonous lie used to discredit trans people'. Littman's research, he said, was 'bad science' and 'the anti-trans lobby … play[ing] a dirty game, stirring up mistrust and disbelief' (Duck-Chong, 2018). One wonders whether this person had even read Littman's paper, given that he misquoted the number of parent responses to the survey. He said there were 164 whereas there were actually 256. Moreover, his proof that Littman's paper was a 'poisonous lie' (not to mention 'bad science', 'a dirty game', and 'stirring up mistrust and disbelief') was itself a lie. '[W]e have always existed', he said, and 'we have always been under attack for existing' (Duck-Chong, 2018).

But men claiming to be 'women' (the 'we' of his diatribe) have *not* always existed, although the existence of male transsexualism did predate the late twentieth century's embrace of the transgender agenda. Magnus Hirschfeld (1868-1935), who founded the Berlin Institute for Sex Research (or Sexual Science) in 1919 coined the word 'transvestite' in 1910, and it included both men who dressed as women (transvestites who made no claim to be women) and men who believed they were 'women' (Birkhold, 2019). But that hardly constitutes 'always'; and there is no historical record of crowds of children, especially girls, declaring themselves to be the opposite sex. As well, it is simply not true that men declaring themselves 'women' have 'always been under attack' (see the 'Transgender's alleged vulnerability' section of the '… and statistics' chapter). Most, if not all of them, are large men, certainly larger than most women, and they are perfectly capable of defending themselves.

But bad as this kind of journalism is (and shame on *The Guardian* for publishing this unmitigated garbage!), the worst form the bullying took was to get Littman fired from her consulting job. She said that 'some local clinicians' who were opposed to her article wrote to her employers demanding they dismiss her, although her consulting work had nothing to do with 'gender dysphoria'. She was called to several meetings where she was interrogated about her work, and where some of her interrogators 'expressed concerns that the paper did not support the gender-affirming perspective'. After the meetings she was told that her contract would not be renewed, not, she was assured, because there was anything wrong with her work, but because 'they, as an

agency, needed to remain neutral and not take sides regarding the issues raised in the letter' (Kay, 2019). That her employers had failed to notice that they had indeed taken sides is striking testimony to the powerfully seductive pull of the transgender narrative. Why it should be so seductive is not a pretty story (discussed more fully in the 'Explaining transgender' chapter). There is *no* neutral position between a lie and its refutation. Littman's employers had not remained neutral. By acquiescing in the lie's demands by firing her, they came down on the side of the lie.

Another aspect of the bullying involved demands the paper be subjected to yet another review. (It had already been reviewed for publication because *PLoS ONE* is a peer-reviewed journal). As Littman herself put it with admirable restraint: 'After publication of this article, questions were raised that prompted the journal to conduct a post-publication reassessment of the article, involving senior members of the journal's editorial team, two Academic Editors, a statistics reviewer, and an external expert reviewer' (Littman, 2019: 1/7). The article survived this second review process with a few minor changes and the original conclusions left intact, and it was re-published on the journal's website (Kay, 2019; Littman, 2019).

The journal's Editor-in-Chief said: 'we have reached the conclusion that the study and resultant data reported in the article represent a valid contribution to the scientific literature'. However, he also felt obliged to make obeisance in the direction of the trans lobby. The study's 'goals, methodology, and conclusions were not adequately framed in the published version', he said, and 'these needed to be corrected' (Heber, 2019). Note that he wasn't *criticising* the study's goals, methodology and conclusions as such; he was simply saying that they hadn't been 'adequately framed' (whatever that means). He also felt obliged to apologise to the 'trans and gender variant community and others affected' by the 'shortcomings' of Littman's paper, and for not handling the issue better (Heber, 2019). I know of no other academic field where the editor of a peer-reviewed journal would apologise for hurting someone's feelings with the publication of 'a valid contribution to the scientific literature'. If it's a valid scientific contribution, why do hurt feelings matter? This is just one more example of the bizarre effect the transgender agenda has had on academe. (See the 'Universities' section of the 'Evidence' chapter).

For further discussions of this incident, see: Murphy, 2018; Transgender Trend, 2019b.

In another example of the same bizarre effect, Littman's employer, Brown University, removed its own press release for her paper from its website and replaced it with an apology from the Dean of Public Health (Shrier, 2020: Chapter 2 and footnote 12). The Dean gave two reasons for its removal: 'concerns over methodology'; and 'members of the university had also complained'. The Dean was also reported saying that "the conclusions of the study could be used to discredit efforts to support transgender youth and invalidate the perspectives of members of the transgender community" (Rudgard, 2018). This is true. Littman's study does indeed 'invalidate the perspectives of members of the transgender community'. Or rather, to use non-individualistic language, it brings the transgender agenda into question. But then, the transgender agenda *is* invalid, because no one can change sex. Why the relevant authorities in tertiary educational institutions don't know this is an interesting question.

Concern over Littman's methodology is indeed a preoccupation of the trans community (e.g. Ashley and Baril, 2018), and Restar's 2020 article was one attempt to expose its supposed methodological 'flaws'. But Restar's attempt to discredit Littman's research fails for a number of reasons, not least because she misses the point, her argument is incoherent, and she ignores the fact that the same 'limitations' she supposedly finds in Littman's study can also be found in transgender 'research'.

Restar, as a loyal exponent of the trans agenda, misses the point because she is unwilling to see research such as Littman's in its own terms. For example, she said that Littman made the 'fundamental methodological error' of using what parents say 'to generate interpretations and conclusions about … gender dysphoria'. 'Parents', she said, 'were not qualified to classify any person[']s, including their children's[,] gender dysphoria', because they hadn't 'received formal training [nor did they] have licenses to conduct clinical psychiatric diagnoses' (Restar, 2020: 62-3—my punctuation corrections). But the parents Littman surveyed were not trying 'to classify gender dysphoria'. They were reporting their observations of what their children were saying (and doing). They called it 'gender dysphoria' because that was what the young people were calling it, as were the clinicians who were diagnosing those young people.

On the question of lack of qualifications for recognising 'gender dysphoria', Restar contradicts herself, and undermines one of transgender's most cherished beliefs. For if parents are not qualified to 'classify gender dysphoria' because they haven't received formal training, etc., children are even less qualified. But Restar (and the transgender lobby more generally) insists that children *are* qualified to recognise 'gender dysphoria'. In fact, they insist that children are the *only* ones qualified in this phenomenon of 'gender dysphoria'. According to the trans lobby, even medical professionals are not qualified, despite their formal training and licenses, if they refuse to 'affirm' someone's 'gender identity'. So parents are not qualified because they have no training, but children are qualified despite their *lack* of training. It might be argued that what qualifies children as experts in 'gender dysphoria' is their own personal experience. But Restar's criterion for being qualified to diagnose 'gender dysphoria' is formal training and licenses, and the children do not have those, any more than the parents do.

Moreover, as I argued in the 'Transgendering the young 1' chapter, surveying parents is a valid and vitally needed form of research in the transgender context. Littman's research was appropriately directed towards parents because parents have a crucial stake in the transgendering of their children.

Restar also argued that Littman's recruitment procedures biased her results. They 'relied heavily on three particular Web sites known to be frequented by parents specifically voicing out and promoting the concept of "ROGD"' (Restar, 2020: 63). These sources, together with the 'social and peer contagion' premise of Littman's study, 'introduces risk for participants['] self-selection bias'. This, said Restar, 'sets expectations of the survey before parental-respondents can even begin to provide their answers, which can bias their response toward support for the premise' (p.62). But one of the sites where Littman recruited participants supported the 'gender affirmation' of their children. 'The Parents of Transgender Children Facebook group,' Littman said, 'is considered to be a site to find parents who are supportive of their child's gender identity, and it is listed as a resource in a gender affirming parenting guide and by gender affirming organizations' (Littman, 2018: 9/44-10/44).

Still, recruiting from internet resources whose members are concerned about the transgender influence on their children is a form of selection bias. Littman herself has said that, 'targeted recruitment and convenience samples always introduce the limitations associated with selection biases', and that this 'should be addressed in future research' (Littman, 2021: 15/17). Nonetheless, targeted recruiting was necessary to set the parameters of the research. She used it deliberately to 'maximize the possibility of finding cases meeting eligibility criteria' (Littman, 2018: 38/44). The sources from which Littman recruited her study population defined that population, which was never intended to be 'representative of the diverse parents of trans youths and young adults' (Restar, 2020: 63). The websites from which Littman recruited her survey respondents did have a particular bias, but that bias was intended to give a voice to an aspect of the transgender phenomenon that was not being addressed.

The transgender research focus is biased in exactly the same way, although less justifiably (see the 'Selection bias' section of the 'Evidence' chapter). It confines its recruitment approaches to 'transgender-led or transgender-serving community-based organizations' (Grant et al, 2011: 12). This is also selection bias because it gets its positive results by excluding those whose transgender experiences have been so repugnant they want nothing more to do with it and hence would not be contacted through those sites. Littman mentioned one pro-transgender study that confined its recruitment to 'parents who supported social transition for young children', while making no attempt to contact 'parents might be less inclined to find social transition for young children appropriate' (Littman, 2018: 38/44). Restar's accusation of 'selection bias' is like the 'abuse' charge levelled against those trying to prevent the medicalising of healthy children, and the 'irreversible' charge against the normal development of puberty. It's another attempt to turn the criticism back against its critics. It is in fact transgender research that displays the kind of selection bias that distorts the evidence, not Littman's research.

Littman has suggested that Restar (2020) was not so much objecting to her research methodology, which she admitted was not perfect—what methodology is?—but which was fairly typical of the field. She said that, along with the many others who had raised objections to her 2018 paper, Restar was objecting to the implications of her findings for the 'gender-affirmative model of care'. Those findings, said Littman, 'challenge the premises and assumptions that underlie support for widespread use of the [model]' (Littman, 2020: 68). As indeed they do. They are in fact rather more challenging than even Littman acknowledged.

Restar said that Littman's paper reported on 'an allegedly new type of gender dysphoria that is not listed in the … DSM5' (Restar, 2020: 61). It's true that Littman did say that this could be 'a potential new subcategory of gender dysphoria (referred to as rapid-onset gender dysphoria)' (Littman, 2018: 2/44). The young people were, after all, being diagnosed with 'gender dysphoria', and Littman was using the generally accepted terminology. In fact, however, the implication of her own findings was that this was not a type of 'gender dysphoria' at all, but the exact opposite. The young people's claims to being the opposite sex were motivated, not by any intrinsic feeling, but by an ideological influence spread by social media throughout closely connected peer groups. Littman herself didn't draw out this implication. She was working *within* the transgender framework, not questioning it, and she could only call for 'more research'.

She did say, however, that the spread of pro-transgender beliefs 'could allow vulnerable [young people] to misinterpret their emotions [and] *incorrectly believe themselves to be transgender* … "gender dysphoria" may be used as a catch-all explanation for any kind of distress, psychological pain, and discomfort that [a young person] is feeling while transition is being promoted as a cure-all solution' (Littman, 2018: 33/44—emphasis added). If the young were being diagnosed with a 'gender dysphoria' that was nothing but an adolescent craze or a mistaken solution to distress, they were being *mis*diagnosed. Of course, from a trans-critical perspective, every diagnosis of 'gender dysphoria' is a misdiagnosis because no one can change sex or even 'feel' like the opposite sex. Littman was not prepared to go that far. Still, that is the implication of her own findings. ROGD is not a form of 'gender dysphoria', despite the name. It is testimony to the power of the trans lobby and its acceptance throughout society.

Despite the fact that Restar's arguments are easily discredited, her article has subsequently been cited favourably and uncritically within the transgender agenda. The 'significant methodological challenges' it supposedly uncovered in Littman's work—that it only surveyed parents, not youth, and that it recruited the parents 'from community settings in which treatments for gender dysphoria are viewed with scepticism and are criticized'—are mentioned in the WPATH update (Coleman et al, 2022: S45), although Restar's article is not explicitly cited. The WPATH authors go on to say that Littman's findings 'have not been replicated', although this not quite true. (See the discussion below, of the trans lobby's own research projects investigating media influence). Although the Pang et al study is referenced in the WPATH update, the similarity of its findings to Littman's research was not noted. WPATH acknowledged 'the increased number of adolescents seeking care who have not seemingly experienced, expressed (or experienced and expressed) gender diversity during their childhood years' (p.S45). But this was interpreted in terms of 'social connectedness', not in terms of undue influence on the minds of the impressionable young.

For an approving citation of Restar's 2020 article as a 'methodologic and social critique' of Littman's work, see: Bauer et al, 2022: 224.

Littman, however, is not the only person to have recognised that public media can influence young people's perceptions of themselves. Researchers from two well-known 'gender' clinics, one at the Tavistock Institute and the other at the Royal Children's Hospital in Melbourne, found 'a significant association' between local newspaper reports of transgender issues and increases in referral rates at the clinics (Pang et al, 2020). In that sense, their findings were similar to Littman's, but they interpreted them in line with the transgender narrative that the publicity had woken pre-existing 'gender identities' of which the young people had previously been unaware.

This emphasis is not surprising. The authors are some of the most prominent workers in the field and hence stalwart upholders of the 'gender-affirmative' model of care. Young people's 'feelings of gender diversity', they said, were 'often covert yet long-standing'. The media stories 'brought to the surface … feelings of gender diversity' that had been 'clandestine' up to that point, and helped the young people 'to appreciate that others share similar feelings'. Those stories might have helped 'to validate and legitimize their experiences and thus counteract the disbelief and

nonaffirmation from others that many of them face after coming out'. They could also have helped 'not only create an incremental shift in public awareness but also normalize gender diversity' (Pang et al, 2020. See also: Lane, 2020d, 2022).

Following on from the drop in referrals to 'gender' clinics in Sweden in 2019, the academic trans lobby has started to interpret this phenomenon in their own terms (Indremo et al, 2022). The findings of their study agreed about the reduction in numbers after the first episode of *The Trans Train and the Teenage Girls*, the two-part documentary broadcast in April and October 2019 'by a Swedish public service television show for investigative journalism' (p.3/10). But they did not see this as a positive outcome. Instead, it was an example of 'negative media coverage' which is 'associated with increased feelings of depression and anxiety [among the 'transgender' young], resulting in decreased mental well-being'. The 'decreased referral counts to gender identity clinics' are interpreted as having an (unfortunate) effect on 'transgender health care'; and the article concludes by calling for 'nuanced and accurate media coverage', with the implication that *The Trans Train* was neither.

Another form of trans denial of the importance of social contagion is to acknowledge it but treat it as something that only happens sometimes. Milrod and Karasic, (2017), for example, quoted one of the surgeons they interviewed expressing caution about going ahead with surgical procedures, because the young person might simply be reacting to messages they are receiving from the world around them:

> there are a lot of classes that adolescents, even preadolescents in elementary schools, are getting these days. And they are trying to figure out if they are doing it because it is a new norm, versus what they really want. I have seen some of my patients' children go through phases of in and out, of thinking transgender. So that would be my concern—is it because it is popular now? (Milrod and Karasic, 2017).

So the trans lobby is fighting back against the 'social contagion' thesis, not only by denying the evidence ('flawed research', 'bad science'), but also by accepting the evidence and then interpreting it in ways that suit their own purposes.

The same findings are interpreted differently from a position critical of the transgender narrative. Many commentators are very worried indeed about the implications for a generation of young people captured by the transgender phenomenon. Kenny (2019), for example, said that the increases are 'of great concern and require… urgent investigation'. Bernard Lane referred to it as 'an under-reported global contagion involving troubled teenage girls declaring they are "born in the wrong body"' (Lane, 2020a), while Moira Deeming called it '[t]he cultural juggernaut of transgender ideology' (Deeming, 2020). She noted a correlation between 'the steady increase in childhood gender dysphoria' on the one hand, and 'the commencement of transgender lessons in schools [and] trans-worship in popular culture' on the other (citing Pang et al, 2020). Some commentators have referred to the increase in referrals among young people to an epidemic, so far and so fast has it spread (Lane, 2020a; Román, 2019); and epidemics are not something to celebrate.

The influence of the trans lobby

The source of the contagion is the trans lobby itself. That is what is responsible for the 'significant progress towards the acceptance and recognition of transgender and gender diverse people in our society' (as Carmichael put it). It is a consequence of

deliberate, well-orchestrated and extraordinarily well-funded campaigns waged by the trans lobby. Social acceptance of transgenderism, and the increase in young people claiming to be the opposite sex (or any other of transgender's personae), is not the result of 'sociopolitical advances', etc., as Version 8 would have it (Coleman et al, 2022: S26). It is due to the power and influence of the trans lobby.

'There has been a linear relationship', Kenny said, 'between increasing media coverage, increasing stridence from the transactivist lobby and the numbers of children and young people presenting to gender clinics around the world' (Kenny, 2019). Stephanie Davies-Arai of Transgender Trend also attributed '[t]he exponential rise in the number of referrals of children and young people to the Tavistock' to 'the rise of transgender rights activism and the ideological capture of government, schools, youth organisations and the NHS' (Davies-Arai, 2019b: 33).

In her address to the House of Lords at the Standing for Women forum, Davies-Arai pointed out that trans lobby groups in the UK, such as GIRES, Mermaids and Gendered Intelligence, have been allowed to provide 'professional training' to school teachers, as well as to medical professionals in the NHS, the police, the Home Office, the Equality and Human Rights Commission, the Crown Prosecution Service and the Prison and Probation Service. She reminded the House that these transgender groups are funded with public money from both government departments and lottery grants, and that they have been able to shape government policy and legislation in the areas of medicine, education and child development, despite the fact that they have no expertise in these areas. The UK government was not interested in hearing what she and the other speakers at the forum had to say. They had an audience of two in the House, apart from the organiser. This was Lord Moonie, who had resigned from the Labour Party on the day before the forum because the Party was going to investigate him for 'transphobia', which he interpreted as his campaigning on behalf of women (Transgender Trend, 2019a).

It is not unspecified 'socio-cultural forces' behind the increase in the numbers of young people claiming to be 'trans'. Rather, it is the result of deliberate campaigns by the transgender lobby to target the young, coupled with widespread ignorance and sheer stupidity on the part of the powers-that-be responsible for their welfare. As Transgender Trend put it:

> A medical and psychological experiment has been conducted on the children of this generation because adults in positions of responsibility over children's welfare and safeguarding have submitted to a belief system imposed by a bullying, silencing and aggressive trans activist movement (Transgender Trend, 2021).

There is some anecdotal evidence that the lockdowns during the pandemic have had some effect on whether or not young people are claiming to identify with the opposite sex. On the one hand, a transgender man (calling himself a 'trans woman'), who is concerned about possible 'peer influence upon identity formation', has suggested that the lockdowns may have 'turbo-charged' the phenomenon. A psychologist and 'therapist to trans and gender creative people' in San Francisco, he is the ex-president of USPATH and an ex-board member of WPATH. But he is worried 'that in our zeal to identify and protect these special children and adolescents, we may have strayed from some core principles and we are in danger of losing our way' (Anderson, 2022).

On the other hand, there are indications on social media that adolescent girls are withdrawing from their original transgender commitment. A post from a high school teacher on Mumsnet[5] towards the end of June 2020, said, 'we have found out during weekly phone calls home that since lockdown that most of our FtM students have de transitioned'. The sample was small: seven of nine girls no longer claimed to be boys or non-binary. She suggested the lack of 'group peer pressure or affirmation from teachers' as the reason why the girls had desisted. (See also: Nobre, 2020).

Commenters on the thread suggested that part of the peer pressure the girls no longer had to endure was harassment from the boys. The lockdowns, said one commenter, gave the girls 'a respite from the adolescent male gaze, banter etc.' Another said that her daughter felt that 'her small sibling constantly interrupting her was less annoying than the boys in her class constantly trying to either disrupt her work or asking her how to do their work or just simply trying to aggravate her'. Another said that her daughter was making more effort in her school work, 'because she won't be shamed as a try-hard by the boys. Her class is boy heavy and she has struggled to be heard/escape from their dominance. She is well aware of being "used" to temper their behaviour'. This male harassment may or may not be relevant in relation to schoolgirls' desire to 'transition' away from their sex. It is certainly relevant, however, as evidence that schools, at least in the UK, have done nothing to protect girls from male encroachment.

For a case study of an eight-year-old 'gender non-conforming' girl being coached to identify as a 'boy', see: 4th Wave Now, 2017;

for a detailed account of internet resources for men and boys extolling the delights of male sexual fetishism, see: Gluck, 2021.

Trans influence in schools

Much of the responsibility for the increase in children and young people flocking to 'gender' clinics must surely lie with the transgender lobby's influence in schools. The transgender agenda isn't just a question of a few adult men. It is also very, very interested in children, and the one place where access to children is guaranteed is school. Where better to find a captive audience of children? Trans activism has been targeting schools for a while now (Williams, 2023). It makes no secret of its interest in children, producing policy document after policy document 'advising' educational authorities about the best way to inculcate children with the transgender message. The big question here is: why have they been allowed to do this? Why have educational authorities everywhere, from Departments of Education to individual teachers, agreed to promulgate pernicious disinformation to the children under their care?

The message is always the same, repeated in monotonous, meaningless mantras—'inclusive', 'diversity', 'true self', 'people free to be themselves', 'homophobia/biphobia/transphobia', and LGBT, LGBT, LGBT, or as Stonewall prefers it, LGBTQ+ (Stonewall, 2022). This latter, we are told, 'stands for lesbian, gay, bi, trans, queer, questioning and ace' (p.4).[6] These mantras are repeated *ad*

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[5] https://www.mumsnet.com/talk/womens_rights/3952739-The-effect-of-lockdown-on-transitioning-teen-girls

[6] The reader can consult the Stonewall glossary for more gobbledegook about the meaning of the term 'ace' (https://www.stonewall.org.uk/list-lgbtq-terms)

nauseam, as though repetition will get the message across in the absence of argument, evidence or even common sense. And it works. Educational authorities everywhere, at least in the Anglophone world, have succumbed to the transgender message, purveying it to children in the name of 'anti-bullying' and 'respect'. That supporting someone in a lie or a delusion is to *dis*respect them and not respect them at all, appears not to have occurred to those authorities in charge of educating the young.

I use the situation in the UK to illustrate the transgender influence on schools and education authorities, both because of the vast amount of information available there, and because the situation elsewhere is similar. In Australia it varies somewhat from state to state, although all education departments have accepted the piggybacking, acronym strategy of making no distinction between the 'LGB' and the 'T+'. Generalisations about lesbians and gays are automatically assumed to be about 'trans students' too, while trans demands are assumed to be about lesbians and gays. In the US, the states with the more 'progressive' Party in power have welcomed 'gender diversity' into their schools, while the Republican states are resisting it.

For the situation in Aotearoa/New Zealand, see: Gerlich, 2018; López, 2022.[7]

Trans in UK schools

UK schools have been enthusiastic recipients of the transgender message. I have come across no information on just how many UK schools have embraced that message, but a 2015 article in the *Daily Mail* (Manning, 2015) said up to 20 primary schools had been paying for 'classes' with the trans lobby group, Gendered Intelligence. A later blog (Cowen, 2020) said that 40 schools in 2017-19 had had 'training' by Mermaids, funded by the Department for Education. A pro-transgender source said that Mermaids had had a grant of £35,000 from the Department for Education to deliver 'training' to 35 schools, and that schools were 'supporting increasing numbers of transgender students, using a variety of guidance from the teaching unions and charities such as Mermaids' (Thomas, 2018).

Neither have I come across any information on schools that have resisted allowing their children to be proselytised by the trans lobby. There is certainly resistance, from such sites as 'Transgender Trend', 'Women are Human', and other resources. But although these sources are certainly concerned about what is being taught to children, they are not directly involved in education.

Stonewall is the main source of numerous policy recommendations for the UK Department for Education, school inspectors (Office for Standards in Education—Ofsted), and the local authorities that are responsible for some aspects of education in the UK. (Stonewall's approach to dealing with the most vulnerable (SEND) children is discussed in the 'Transgendering the young 1: Harm' chapter). With blatant hubris, Stonewall recommend that 'LGBT awareness' be included in Relationships, Sex and Health Education units in all UK schools, and 'as a golden thread running throughout the whole curriculum' (Stonewall, 2020: 61). Since the transgender message is a lie, it hardly qualifies as 'a golden thread'. Nonetheless, hubristic falsehood notwithstanding, Stonewall's 'golden thread' has been incorporated into the Department for Education's official policy. Schools, they say, 'should ensure that this [LGBT] content is fully integrated into their programmes of study for this

[7] https://www.resistgendereducation.nz/

[Relationships and Sex Education] area of the curriculum rather than delivered as a stand-alone unit or lesson' (UK DfE, 2021: 15, para.37).

In 2020, Transgender Trend published a critical analysis of ten of Stonewall's 'schools guidance' publications produced since 2015 (Transgender Trend, 2020a: 4). The authors identified a number of problematic aspects of those publications while giving extensive detailed quotations illustrating each criticism. Unsurprisingly, they found that all the publications purveyed to children the message that 'their inner feelings override their biological sex and that being a boy or a girl is a matter of personal choice', thus lying about the most obvious of biological facts. For example, a 2020 Stonewall publication repeats the trans mantra: "When they are born, babies are labelled as a boy or a girl. When some people get older, they realise that the label they were given was wrong" (Transgender Trend, 2020a: 6, 25, quoting Stonewall, 2020).

But whatever people might realise about their sex when they get older, it cannot possibly be that they are the wrong sex. This is so obviously a falsehood that it is difficult to believe that anyone could accept it. But accept it they do: schools, primary and secondary; departments of education; local authorities; any institution responsible for educating the young at any level.

Transgender Trend (2020a) also noted that the Stonewall publications contained legal inaccuracies, mostly around the provision of single-sex facilities for girls. Organisations are allowed to provide these under the exemptions of the 2010 *Equality Act*. Most of Stonewall's publications ignore these exemptions, e.g. "A trans young person may wish to use the toilets and changing rooms of their self-identified gender rather than of their assigned sex. Schools should make sure that a trans student is supported to do so and be aware that this is a legal requirement under the Equality Act" (Transgender Trend, 2020a: 7, quoting a 2015 Stonewall publication).

This is another falsehood. The *Equality Act* does not specify 'self-identified gender' (or 'gender identity') as a ground of discrimination—it's 'gender reassignment'. Hence, allowing boys 'identifying' as 'girls' access to the girls' toilets, etc., is *not* a legal requirement under the *Equality Act*. Moreover, as Transgender Trend said, 'schools may lawfully restrict admissions to one sex only under [the Act's] exemptions' (Transgender Trend, 2020a: 7). By 2020, Stonewall had caught up with the exemptions provision of the Act: 'Under the Equality Act 2010, a trans child or young person is … able to attend a single-sex school, college or setting that matches their gender identity (unless the school, college or setting demonstrates that denying them access is a "proportionate means to achieve a legitimate aim"' Stonewall go on to say, however, that that is "a high legal bar to clear" (Stonewall, 2020: 47; Transgender Trend, 2020a: 7). In other words, it's difficult to demonstrate that preventing boys from using girls' toilets is 'a proportionate means of achieving a legitimate aim'. But whether or not that is true depends on whether or not the school in question has been captured by trans ideology. If it has, then nothing will count as 'a legitimate aim', including protecting girls from male predation.

Transgender Trend (2020a) also discussed the Stonewall publications' recommendations for secrecy, that information about children's 'transgender' status be withheld from their parents, and that their actual sex be kept a secret from the other children at the school. Transgender Trend pointed out that schools were legally obliged to work with parents, and that the insistence on keeping secrets from the child's parents raised serious safeguarding concerns. 'The first rule of safeguarding,'

said Transgender Trend, 'is never to promise confidentiality to a child, or "keep secrets"', and noted that following this advice could be 'professionally dangerous' (p.16), not to mention just dangerous.

The upshot of Stonewall's 'advice' is, in Transgender Trend's words, to 'establish a "self-ID of sex" system applied to children in schools', despite the fact that '[t]here is no such system in wider society'. That 'guidance' is not, as it claims, promoting laudable aims such as anti-bullying policy. Rather, it is recommending teaching children 'a controversial political idea', namely that 'transwomen are women' (even though they're men), that 'transmen are men' (even though they're women), and that 'you are the sex you say you are' (even though the child remains the same sex they ever were). Transgender Trend notes that political indoctrination is specifically forbidden under the 1996 *Education Act* (Transgender Trend, 2020a: 3). But by presenting itself as the champion of 'inclusion' (of a 'vulnerable' category of persons), transgenderism has managed to evade that legislative requirement.

For another detailed critique of the transgender resources introduced into UK schools, see: Davies-Arai and Matthews, 2019.

Another trans lobby group, Gendered Intelligence (an oxymoron and a misnomer if ever there was one) has also been allowed into British schools to purvey the trans message to children. It offers, they say, 'trans training [sic] packages for staff in schools, colleges, universities and youth services … consultancy for educational institutions … one-to-one mentoring for young trans, non-binary and gender questioning young people … [and] educational [sic] workshops, lectures and assemblies for students to learn about gender diversity'.[8] And schools take up these offers. An article in the *Daily Mail* in 2015 (Manning, 2015) said that Gendered Intelligence had been operating in primary schools since 2008. The author said that children as young as four were being given 'transgender' lessons, mostly by GI's founder, Jay Stewart, a woman who claims to be a 'man'.

It seems that Stewart has been allowed into the schools to give the 'classes' personally, and they are not free. Schools pay for them, although how much they cost appears to be a secret. GI also produces videos for teachers to use, for which they need to pay £20. The journalist cited one of the videos, which showed 'Mr Stewart' saying to Year Six boys at a primary school in Newcastle, "When I was assigned at birth, I was assigned female when I was born. So I am transgendered" (Manning, 2015). She said the same thing to the pupils at another primary school, also in Newcastle, although the head teacher had told her not to. However, the teacher subsequently changed her mind, saying that she believed that 'Mr [sic] Stewart telling the children about his [sic] transgender status was right'. Stewart was quoted saying that GI 'work[s] closely with the senior leadership teams of each of the schools we work with'.

That is obviously true. GI would not be able to get into the schools unless the 'leadership teams' allowed them to. Once again, the big question arises: why have GI been allowed into primary schools to indoctrinate small children with a lie? As 4th Wave Now asked, 'What is a "campaigner's organisation" (aka "trans activist group") doing in UK schools?' (4th Wave Now, 2015). Heather Brunskell-Evans expressed the

[8] https://genderedintelligence.co.uk/professionals/education.html

hope that 'Gendered Intelligence's day of moral reckoning is drawing ever closer', given the new NHS 'interim service specification' and GIDS' closure as a result of the findings of the Cass report (Brunskell-Evans, 2022). But GI is still free to offer its 'training packages', and schools are still free to accept the offer.

For transgender 'guidance' for schools emanating from the Brighton & Hove City Council, called the 'Trans Inclusion Schools Toolkit', see: Clare and Austin, 2021;

for a detailed critique of earlier versions of this 'toolkit', called the 'Allsorts Brighton Trans Inclusion Schools Toolkit' and the 'Allsorts East Sussex Trans Inclusion Schools Toolkit', see: Saxby, 2021;

for the Oxfordshire Trans Inclusion Toolkit, see: Oxfordshire County Council, 2019;

for a critique of this latter 'toolkit' and an attempt to raise funds to challenge its use in schools, see: Edwards, 2020.

The UK Department for Education

No matter how many policy documents the trans lobby produces, it is all wasted effort if the education authorities take no notice. But they do take notice. All the problems identified by Transgender Trend and other critics of the transgender agenda should have raised red flags for education authorities. But no. No amount of well-founded criticism can make any inroads into the education system's devotion to the transgender cause. When criticism is acknowledged, it has no effect on current policies and procedures. It is simply a form of words that have no implications for the presentation of 'LGBT' content to children.

The answer to one of the UK Department for Education's 'frequently asked questions' says

> Pupils should receive teaching on LGBT content during their school years. Teaching children about the society that we live in and the different types of loving, healthy relationships that exist can be done in a way that respects everyone. Primary schools are strongly encouraged and enabled to cover LGBT content when teaching about different types of families.[9]

This is the piggybacking strategy in operation. (See the 'Piggybacking' chapter). 'Families', the Department says, 'can include … single parent families, LGBT parents, families headed by grandparents, adoptive parents, foster parents/carers amongst other structures' (UK DfE, 2021: 19, para.59). The acronym mandate requires that approval for lesbian and gay parenting include approval for 'trans' parenting (whatever that might be). And what does the 'B' (bisexual) mean in this context? What does bisexual parenting have to do with 'loving, healthy relationships'? What does it even mean? Surely the Department is not suggesting that children be made aware of parental sexual activity, the only way to tell whether a parent is bisexual (and, not incidentally, non-monogamous or, to use the old terminology, 'unfaithful').

This is yet another example of the absurdity of the acronym. The 'B' is no more belongs there than the 'L' or the 'G'. That the LGBT acronym is indeed only about *trans* content is indicated in *Annex B Suggested resources* of the Department's *Statutory*

[9] https://www.gov.uk/government/news/relationships-education-relationships-and-sex-education-rse-and-health-education-faqs

Guidance for 'Relationships Education' (for primary schools) and 'Relationships and Sex Education' (for secondary schools) (UK DfE, 2021: 46). Here, the *only* resource for 'LGBT inclusivity' is Stonewall's 'lesson plans and materials for primary and secondary'. This 'relationships' component of the curriculum was made compulsory in September 2020.

At one point it did appear that the Department had somewhat qualified its commitment to the transgender agenda (Gibbons, 2020; Malvern, 2020). Its guidance for schools released in September 2020 (and updated in February 2022), explicitly mentioned many of the transgender demands and prohibited teachers from complying with them:

> You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear … Materials which suggest that non-conformity to gender stereotypes should be seen as synonymous with having a different gender identity should not be used and you should not work with external agencies or organisations that produce such material … teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of changing (UK DfE, 2022).

Although the trans lobby organisations (Mermaids GIRES, Gendered Intelligence and Stonewall) weren't specifically mentioned, Mermaids at least believed it was one of the 'external agencies or organisations' being referred to in the new guidance. On the day it appeared, they tweeted that they agreed with the Department, including with the statement that 'No child is born in the wrong body' (Cowen, 2020).

Transgender's critics saw this as a positive sign that transgender's influence was waning, one critic referring to Mermaids' tweeted statements as 'back-pedalling' (Cowen, 2020). Safe Schools Alliance, who had been campaigning for years against transgender-influenced materials in schools, said that they welcomed the emphasis on the importance of consulting with parents and the advice on carefully vetting outside agencies, and that they found the above-quoted directives reassuring (SSA, 2020).

But while this might look as though the Department is disentangling itself from the transgender clutches, that is far from being the case. The new guidance still contains a link to the Department's earlier *Statutory Guidance* (UK DfE, 2021), with its link to Stonewall as *the* 'LGBT resource'; and although the Department seems to have picked up on some of the more nefarious of transgender's demands, it still insists that 'All pupils should receive teaching on lesbian, gay, bisexual and transgender (LGBT) relationships'.

There is no recognition that such 'teaching' *depends upon* all those 'should nots' listed in the new guidance. As long as LGBT remains dominated by the T, it isn't possible to 'teach LGBT relationships' without appealing to every one of the 'should nots'. This puts teachers in a double bind. Obeying the 'should nots' means they can't identify any 'trans kids', and identifying 'trans kids' means they can't obey the 'should nots' (because stereotypes, etc., are the way in which 'trans kids' are identified). As the Safe Schools Alliance commented, 'There is much regulatory capture still to be undone' (SSA, 2020). This is especially the case, given that the Department's 'should nots' re 'harmful stereotypes', etc., appear to have had no influence on what schools

actually do about transgender's 'LGBT relationships'. The caveats are ignored and the double bind is resolved in transgender's favour.

This is not surprising. At one point it seemed that schools, and even individual teachers and students, could be subject to legal action if they failed to comply with trans demands. In January 2020, a LGBT+ Bullying and Hate Crime Schools Project was announced.[10] Developed by the Crown Prosecution Service, the National Police Chiefs' Council and the national Teachers' Union (in obeisance to the 'advice' of Stonewall and Gendered Intelligence), its professed aim was to 'encourage' teachers and pupils to report 'identity based bullying' (Fair Cop, 2020a).

Since 'identity based bullying' includes refusing to 'affirm' someone's 'gender identity' (which depends on gendered stereotypes), teachers, pupils and schools who comply with the Department's 'should nots' could have found themselves in trouble with the law. The Safe Schools Alliance were quoted saying, "Girls may be left in fear of criminal charges if they object to female toilets becoming open to male-bodied people". At the very least, the Project interpreted such 'exclusionary' objections as "indirect discrimination", at most, as "homophobic and transphobic abuse" and "hate crime" (Turner and Somerville, 2020). However, the Project was withdrawn in April 2020 when a 14-year-old girl applied for a judicial review of the Project (Fair Cop, 2020b). Nonetheless, the transgender influence in schools continues.

Many schools still participate in the Rainbow Flag Award scheme and continue to use the Allsorts Toolkit. As Shelley Charlesworth, writing in Transgender Trend, has argued, much of the content of these two 'LGBT' resources is in breach of the 'should nots' in the 2020 guidance (Charlesworth, 2021). Schools are still using booklets such as *Alien Nation*, which tells children that people exist according to sex-role stereotypes not biological sex, and *Sexuality aGender v2*, which uses the 'Genderbread' diagram. The latter also contains a 'dice game' which involves two inflatable dice with a word on each of the six sides. When the dice are rolled, the children are expected to discuss which sexual activity is possible using the two words that face up, e.g. 'vulva'/'object', 'penis'/'mouth'. Charlesworth said that the illustrations were 'ugly and disembodied', and that teachers were told to ask the children if they might have seen such images in pornography (Charlesworth, 2021). But while the transgender mind might be quite comfortable being coupled with pornography, is the UK Department for Education?

Given how prevalent the transgender presence in the nation's schools still is, something more is needed than the 2020/2022 guidance. Perhaps outright prohibition, backed up by severe sanctions for non-compliance?

For the situation in Scotland, see: Kearns, 2018; Sinclair, 2019;

for Ireland, see: Neary and Cross, 2018;

for Northern Ireland, see: Meredith, 2019;

for Wales, see: Linehan, 2022; SSA, 2022;

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[10] Downloading the publication giving details of the Project requires giving the UK CPS my email address. Since I am reluctant to do this, I haven't seen the publication, and hence I'm dependent on secondary sources for what it contains – https://www.nasuwt.org.uk/advice/equalities/equalities-advice/hate-crime/lgbt-bullying-and-hate-crime.html

for the US, see: Dansereau, 2022;

for Stonewall's response to the Department's 2021 *Statutory Guidance*, with no mention of its 2022 update and the 'should nots' mentioned above, see: Stonewall, 2022;

for an overview of social contagion and peer pressure, see: GHQ, no date, Topic 10D.

Conclusion

Whatever the explanation for the increase, the transgendering of the young should never have happened. It should have been stopped as soon as it was noticed, especially because no one seemed to know why it was happening. "That's the point we should have stopped because we didn't know what we were doing", said one of the five ex-GIDS staff members interviewed by *The Times* (Bannerman, 2019a). The Tavistock replied briefly to this article (plus another one that appeared at the same time—Bannerman, 2019b). They 'strongly reject[ed] the claims made in the articles', and insisted that GIDS was 'safe' and 'always place[d] a young person's wellbeing at the centre', and that they were independent of 'outside lobby groups on all sides of the debate'. But failing to challenge a lie is not independence, and those who do challenge it are not a 'lobby group'. They also said that there was 'growing evidence internationally on the outcomes of pubertal suppression and sex hormones in adolescents' and that there was 'little reported evidence of harm' (Tavistock, 2019). Well, they would say that, wouldn't they? But simple denial unsupported by corroborating evidence is not convincing.

ROGD is not so much an *explanation* for the sudden increase in the numbers of trans-identifying young, it's a *name* for it. There are many factors—pre-existing mental disorders, trauma, troubled family environments, homophobia, social media influence and peer group pressure, social contagion—that play some part in the desire of children and young people to 'change' sex. But it's something else that brings these factors to bear on that desire, and it's not an up-welling of some inherent and previously unrecognised essence of the opposite sex.

That 'something else' involves transgender publicity campaigns, together with its embrace by prestigious institutions everywhere, that have convinced so many of the young that the demolition of the category of 'sex' is perfectly acceptable, even a solution to life's problems. Just as the transgender agenda has been phenomenally successful in penetrating so many institutions throughout society, so too has it affected the young, particularly those in distress. It would be surprising if it hadn't, given how many adults it's affected, including the medical professionals willing to aid the young in their pursuit of transgender-inspired redemption.

The fact that the increase is recent is proof of the success of the transgender message that 'you can change sex'—social contagion, yes, but contagion of *that* particular message passed around among the young as a socially acceptable solution to whatever is troubling them. Young people are no more immune to this message than the adults managing society's public institutions. If that message can be believed by journalists, newspaper editors, social media pundits, law court judges, employers, not to mention legislatures, government departments, human rights organisations and the United Nations, it is hardly surprising that the young believe it too.

For public media suborned to support the trans narrative, see: Hancock, 2018 (the ABC); Harvey and Smedley, 2015 (the BBC).

Detransition

The increases in the numbers of children and young people presenting to 'gender' clinics could be leading to increases in the rates of 'detransition', the decision to stop the 'gender transition' and withdraw from the 'gender affirming' procedures, often because the young people regret having involved themselves in those procedures. This is especially the case if the embrace of 'gender transition' is a result of a socially contagious publicity campaign deliberately designed to ensnare the young and those responsible for their welfare.

Strictly speaking, the term 'detransition' is not entirely accurate as a designation of what is discussed here. It implies that 'transition' *did* happen whereas in fact it didn't because no one can change sex. Moreover, the notion of 'transition', of crossing from one sex to the other, is part of the transgender agenda. It wouldn't even be a word in this sense if it weren't for that agenda, and hence using it, even prefixed with 'de', implies that there's something to come back from. However, in the absence of any alternative I feel obliged to use it because it's in common usage and is easily understood by anyone who knows what is happening.

<u>The trans lobby</u>

WPATH's 2022 update, Version 8 of their 'standards of care' (Coleman et al, 2022), doesn't ignore the phenomenon of detransition. (There's no mention of it in the earlier version—Coleman et al, 2012). They even admit that there could be 'an increase in the absolute number of people seeking to halt or reverse a transition', but only because of 'an overall increase in the number of adults who identify as TGD' (transgender and gender diverse) (p.S41). In their discussion of detransition, in 'Chapter 5 Assessment of Adults', WPATH are only talking about adults, presumably because, by the time people detransition, most are already adults. There is later a brief discussion of adolescents: 'detransitioning may occur in young transgender adolescents' (p.S47). But whether adults or adolescents, rates of regret reported in the studies cited 'are low', they say. But while that might be the conclusions drawn in the studies they cite, those studies are too unreliable to be valid indicators of anything. (See the 'Evidence' chapter).

The important point for WPATH is that 'the *percentage* of people seeking to halt or reverse permanent physical changes should [in future] remain static and low' (emphasis added), even though the numbers might be increasing. Hence they deny that the rate of detransition could be increasing. Anyway, for WPATH it's no big deal. '[I]f a TGD adult has undergone permanent physical changes', WPATH assure us, they can 'seek… to undo them' (Coleman et al, 2022: S42). They appear not to have noticed that 'permanent' means they can't be undone.

Strictly speaking, that's not exactly what WPATH said. The full sentence reads: 'if a TGD adult has undergone permanent physical changes and seeks to undo them, the assessing [health care provider] should be a member of a comprehensive multidisciplinary assessment team'. By burying the 'seeks to undo … permanent physical changes' in a conditional clause rather then stating it outright, WPATH fudge the question of whether or not the 'changes' can be undone. They thus evade any need to address the fact that it is *not* possible to 'undo' a man's loss of his genitals, a

woman's loss of her breasts, or a young person's irreparable loss of bone density, fertility or sexual function.

WPATH do not, of course, accept that detransitioning might be challenging the transgender narrative, much less that it is pointing to something that is 'looking increasingly like a medical scandal' (Wheater and Pasternack, 2020). It was just another aspect of the transgender condition. Detransition wasn't due to 'changes in gender identity', Version 8 said. It was part of a 'process of identity exploration', and it 'should not necessarily be equated with regret, confusion, or poor decision-making because a TGD adult's gender identity may change without devaluing previous transition decisions' (Coleman et al, 2022: S41). As in the case of the co-morbidities brought by the young to the 'gender' clinics, it was 'external factors' that led people to detransition, not transgender process itself. But not everything WPATH list is external. While 'stigma and lack of social support … oppression, violence, and social/relational conflict … [and] a lack of resources' can be interpreted as 'external', 'surgical complications, health concerns, physical contraindications … [and] dissatisfaction with the results' are intrinsic to the transgender process (Coleman et al, 2022: S41). Thus does WPATH both acknowledge the reality of detransition and deny it at the same time.

For the same 'external factors' argument, see: Turban et al, 2021;

for a detailed criticism of Turban's work, especially Turban, 2022, see: Sapir, 2022;

for a small Canadian study—20 respondents, only one of whom was male—that also supposedly concluded that detransition was just part of the transgender experience, see: Sansfaçon et al, 2022.

For WPATH, detransition isn't a sign that the medicalising of 'gender identities' was ill-conceived from the beginning. Detransitioners can be treated *within* the transgender 'health care' system. All that is needed is the above mentioned 'comprehensive multidisciplinary assessment team' that includes 'additional viewpoints from experienced health care professionals in transgender health' (Coleman et al, 2022: S32).

Thus is one of the potentially most scandalous of implications of transgender 'medicine' incorporated into the transgender worldview as just another aspect of 'treatment'. The transgender capacity to interpret the facts to suit themselves would appear to be limitless.

WPATH's Version 7 (Coleman et al, 2012) didn't mention detransition, and they only mentioned regret to say that it was 'extremely rare'. But another pro-transgender source writing at the same time, the American Psychiatric Association's 'gender identity disorder' task force (Byne et al, 2012), did discuss regret and 'reversion to the original gender role', giving a number of reasons ('several correlates of regret') why people might regret their 'treatment interventions'. At one point they list those 'correlates' as: 'major co-existing psychiatric issues such as psychosis or alcohol dependency; an absence of, or a disappointing, real-life experience; and disappointing cosmetic or functional surgical results', citing 10 references (p.766). Later, they add: 'misdiagnosis … and poor family support', citing the same 10 references (p.782).

Like all faithful trans acolytes, they asserted that the rate of regret was 'relatively low', and moreover, it was declining. They gave a number of reasons for the decline. There

was 'a relaxation of prevailing biases regarding gender and sexual orientation'; there was 'a greater commitment to patient autonomy'; and there was 'the emergence of transgender and gender variant persons as a recognizable political group with reasonable claims to civil rights and responsibilities, rather than a population regarded primarily as patients and clients' (Byne et al, 2012: 780). It didn't occur to these stalwart defenders of the faith to wonder why a 'political group' should have any influence at all on decisions about medical procedures. Still, it is clear that, at least by 2012, the transgender agenda was gearing up to deal with the detransition issue.

Another transgender reaction to the reality of detransition is to argue that not all those who detransition cease identifying as 'transgender', and that there are two kinds of detransition: 'core or primary' where 'the likelihood of future retransitioning' is 'low'; and 'non-core' where the person continues to identify as 'transgender' (Expósito-Campos, 2021: 272-3). But if someone continues to identify as some form of 'transgender', e.g. 'non-binary', they haven't detransitioned at all, even if they did stop short of the ultimate step. Most of the men who claim they're 'women' don't go through the castrating surgery, but they can hardly be said to have detransitioned. The term 'detransition' should be reserved for those who will have nothing more to do with transgender, and especially for those who deeply regret their transgender experience and are bravely learning to live with the consequences.

Desistance

Despite the oft-repeated trans line that detransition is rare (and despite the media reports regurgitating it), there is little research into the extent of detransitioning. As Lisa Marchiano said, 'we actually have no idea how widespread the phenomenon is—and we need more research to find out' (Marchiano, 2020).

There is some research into what the transgender medical agenda calls 'desistance' (usually combined with discussions of 'persistence') (Drummond et al, 2008; Singh et al, 2021; Steensma et al, 2011; Wallien et al, 2008). There is a difference between 'desistance' and 'detransition': 'desistance' refers to stopping the process before undergoing any medical interventions, while 'detransition' refers to stopping the process *after* having gone through some or all of the medical procedures (Expósito-Campos, 2021: 273; Jongeling and Vandenbussche, 2021: 8).

The research into desistance has found that rates are very high. In other words, as discussed in the 'Transgendering the young 1' chapter, most pre-pubescent children grow out of it if they are not encouraged to interpret their situation in transgender terms. A research project investigating 10 studies that together reported on 317 'gender non-conforming' children who were followed-up in adolescence or early adulthood, found high desistance rates among those studied. The authors concluded from these studies that for the majority of these children (85.2% or 270 out of 317) their 'gender dysphoria' vanished around or after puberty, and that it was 'strongly associated with a lesbian, gay, or bisexual outcome' (Ristori and Steensma, 2016: 15). If this research is any indication, transgender-affected youth can come to terms with their changing bodies around 10 and 13 years of age, as they reach puberty and become aware of their own feelings of sexual attraction (Steensma et al, 2013).

For a discussion attempting to undermine the rates of desistance reported in this research, see: Temple Newhook et al, 2018;

for criticism of this article, see: Zucker, 2018.

Detransitioners speak out

There are those who have suggested that 'detransitioners' are indeed a growing population, while expressing concern that there was so little research and no resources to help them (Butler and Hutchinson, 2020). Levine and his colleagues (Levine et al, 2022: 6-7) cited a number of studies whose findings indicated that it was not just the numbers that appeared to be accelerating, but also the *rate* of detransition, whatever WPATH might like us to believe. It seemed that larger and larger proportions of 'gender non-conforming' people were withdrawing from the transgender project, certainly larger proportions than those usually quoted in the policy-captured mass media (e.g. Perkins, 2015).

One survey, which ran for two weeks in August 2016 and attracted just over 200 usable responses,[11] found that the reasons transgender gives for detransition/regret are not the reasons given by detransitioners themselves. The most common reasons given for detransition by the respondents to this survey were 'political/ideological concerns' (62.9%) and 'found alternative ways to cope with dysphoria' (59.4%). Some of the 'external factors' the trans lobby gives as reasons for detransition—financial concerns, lack of social support, and institutional discrimination—were among the least likely reasons given by the survey respondents (at 17.8%, 16.8%, and 7.4% respectively). In fact, institutional discrimination was the overall least likely reason.

For accounts of this survey, see: Davies-Arai, 2019b: 33; Wheater and Pasternack, 2020.

A leading 'gender' specialist criticised the survey on the grounds that the sample was skewed. '[T]he participants may have learned of the study', he said, 'from websites that have a strong ideological view against transition' (4th Wave Now, 2016). Indeed they did, not actually from websites, but rather from the keywords defining the research—'Detransition', 'FTM', 'Trans Man', 'Transgender' and 'Radical Feminism'—disseminated through Tumblr, Facebook, and on the 4th Wave Now blog. As in the case of Lisa Littman's work, that skew was necessary to set the parameters of the research. The survey was indeed designed to elicit 'views against transition', just as pro-transgender surveys are designed to elicit views supportive of the transgender message. This same expert also compared detransitioners to those who rejected their own homosexuality on religious grounds. This was his interpretation of the 'political/ideological concerns' most of the women gave as a reason for their detransition. The ingenuity of transgender apologists never cease to astonish.

Most of the reasons given to Lisa Littman by her 100 respondents in her research into detransition, 69 of whom were female, also differed from those given by transgender apologists (Littman, 2021). The most common reason, given by 60 respondents, was 'becoming more comfortable identifying as their natal sex'. Other reasons were: realising that their 'gender dysphoria' was the result of 'trauma, abuse, or a mental health condition' (38); and 'accepting themselves as lesbian, gay, or bisexual' (23). The majority (55) felt that they hadn't been adequately evaluated before starting transition,

[11] https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey

and fewer than a quarter (24) had told their health professional that they had detransitioned.

Some of her respondents did give reasons similar to transgender's. 'Experiencing discrimination' (23) is similar to WPATH's 'stigma', and there were respondents who 'only detransitioned because they were pressured to do so by people in their lives [or] society' (Littman, 2021: 12/17). But the transgender agenda isn't above a bit of pressure itself. There were 'several participants' who said they felt they were pressured into *transitioning* by their doctor and therapists (p.14/17). Another reason similar to WPATH's is 'having concerns about potential medical complications from transitioning' (49) is similar to 'surgical complications', etc. But while WPATH included the latter in their 'external factors' list, such 'complications' are an intrinsic aspect of the 'transition' process, and not something outside that process. What transgender medical procedures do to human bodies is not a 'complication'. Loss of sexual function, fertility, bone mass and genitalia is a known consequence of those procedures.

Of course, both these research studies are small-scale, and hence they are not definitive. But they are suggestive, and what they suggest is that there *is* dissatisfaction with the transgender process on the part of those who have gone through it, sometimes amounting to intense regret. These studies cannot tell us how extensive that dissatisfaction and regret are, but they do indicate where to look to find a very different narrative to transgender's unalloyed 'affirmation', and 'gender' clinics are not that place (nor are pro-trans surveys). As Littman commented,

> clinic rates of detransition are likely to be underestimated and gender transition specialists may be unaware of how many of their own patients have detransitioned, particularly for patients who are no longer under their care (Littman, 2021: 12/17).

If there is no official, academic research into the size of the detransitioned population, nor into whether or not it's increasing, there is a plethora of anecdotal and other (non-'peer-reviewed') evidence that suggests there is a sizeable population of people who have gone through the transgender process and subsequently repudiated it.

There is a 'r/reddit|Detransition Subreddit' site for detransitioners,[12] created in November 2017 with over 42,000 members (in December 2022, up from 37,700 in August 2022, and presumably worldwide). It is possible that not all these members are detransitioners, but the site moderators do expect members to be 'detransitioners/desisters and self-questioners' who 'self-identify [their] detrans status'. They say that 'this isn't a debate space for persons without personal experience in detransition', and they are strict about excluding such 'outsiders', who 'will be banned if seen giving advice or suggestions'. They also list eleven other detransition-related support groups, most with no specific geographical location, but one each in Germany, Canada, Sweden and Australia (in Sydney—this website was not operational at the time of writing, although there was an email address).[13]

Jane Galloway referred to 'the increasing number of detransitioner voices that are emerging in droves in the UK and US', and gave as examples the Pique Resilience

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[12] https://www.reddit.com/r/detrans/

[13] https://www.reddit.com/r/detrans/wiki/support/

Project, the Detransition Advocacy Network, and Post Trans (Galloway, 2022: 65). The latter two are also listed on the 'r/reddit|Detransition Subreddit' site. The Pique Resilience Project was started by four young women who had identified as 'trans men' when they were younger but who had subsequently detransitioned/desisted. Their goal was 'sharing our stories and providing information on detransition, as well as support for those who may be questioning their gender or identity'.[14] Post Trans was started in June 2019 by two female detransitioners, one in Belgium and the other in Germany. It is 'a collection of detrans stories from female detransitioners and desisters',[15] and contains 42 personal stories, some of them in eight European languages other than English. The two women have also published a booklet that can be downloaded in pdf format from the Post Trans website (Jongeling and Vandenbussche, 2021. See also: Vandenbussche, 2022).

The Detransition Advocacy Network was launched in November 2019 by Charlie Evans at the first-ever conference devoted to the theme of detransition, held in Manchester (Brunskell-Evans, 2020b; McLean, 2019). Its stated aim was 'work[ing] with local chapters through its core leadership to support those who desist from gender transition, and to lobby institutions for the destigmatisation of detransition and expansion of detransitioners' healthcare and legal options'.[16] Their logo, which looks like a lizard or a gecko, is actually a salamander, an animal that can regenerate lost limbs and other damaged parts of the body—not that detransitioners have any hope of literal regeneration, but it is a symbol of psychic healing. It would seem, however, that the Network very soon became non-operational. Although the website still exists with links to some resources, it is dated 2020 and there is nothing after November 2020. On the 24 April 2020, Evans tweeted that she had taken a job which would mean her 'dramatic exit from the gender wars' (Transiness Admin, 2021). A couple of transgender acolytes (Stone, 2021; Transiness Admin, 2021) gleefully interpreted this as failure: 'I'm not surprised this has failed in the slightest' (Stone, 2021).

However, whatever the situation with the Detransition Advocacy Network, it is not an isolated example of detransition resistance to the transgender agenda. As well as the groups mentioned above, another example is Our Duty, an online group formed by parents worried about their children's involvement in what they call 'gender ideology'.[17] 'Our duty', they say, 'is to bring our children to adulthood healthy in body and mind', and 'adopting an identity that is rooted in what we shall call "gender ideology" is neither natural nor healthy'. And on 12 March 2022 at 8:00 pm UK time, Genspect hosted a webinar for Detrans Awareness Day with 11 panellists.[18] While there is no information about how many people attended, it had had over 10,000 views by 16 March.

[14] http://www.piqueresproject.com/

[15] https://post-trans.com/

[16] https://thedetransitionadv.wixsite.com/detransadnet/

[17] https://ourduty.group/information/

[18] https://www.youtube.com/watch?v=AnvZvqwIR7o

There are also a number of personal accounts, mostly from women,[19] of their experiences of the transgender process and of their pain and regret about what was done to them. One woman looking back on her 'transition' experience, Max Robinson, summed up the consequences for her of excising healthy breasts.

> "My double mastectomy was severely traumatizing … I did this because I believed it would heal all of the emotional issues I was blaming on my female body. It didn't work. Now I'm still all fucked up and I'm missing body parts, too … I was off hormones for months before I admitted to myself that I deeply, deeply regretted this surgery … I have lost my breasts and I have lost the chance to reconcile with my breasts … Now the work before me … is reconciling with what I've done and with the chest I have now—flat, scarred, asymmetrical, and nerve-damaged" (quoted in Marchiano, 2017b: 354).

Robinson has said that she doesn't represent all 'detransitioned' women: 'Individual detransitioned women are frequently expected to speak for all detransitioned women. I can't do that', she said (Robinson, 2021: 174). But she also said that part of what she learned is that 'transition, both the medical and personal practice, is not ethically sound' (p.169), i.e. not for anyone; and her experience is not unique.

Sue Donym has said that the phenomenon of detransition 'raises *huge red flags*' (Donym, 2022—original emphasis). But the biggest red flag of all is the fact that the transgender agenda is based on a lie. No one can be turned into the opposite sex, everyone is either female or male. Once that lie has been accepted, no amount of evidence, rational argument or just plain common sense can be heard. There is some heeding of the warning signs (see below). But nowhere in official circles (including the medical profession) is there any acknowledgement that the transgender phenomenon was ill-advised from the start because it is based on a lie.

For a substantial trans-critical literature on detransitioning (as well as the references cited above), not all of which acknowledge the part social contagion plays, nor the role of trans activism, see: Bewley et al, 2019; D'Angelo et al, 2020; Davies-Arai, 2019a, b; Davies-Arai et al, 2016; Entwistle, 2021; Evans, 2019; Five Anonymous Moms, 2019; Galloway, 2019, 2022; Higgins, 2018; Lane, 2019a, b, 2020c; Levine, 2018; Levine et al, 2022; Lewis, 2019; Marchiano, 2019; Yardley, 2017;

for further trans-critical accounts of detransitioning, see: Lane, 2023; SEGM, 2023;

for more stories of detransition from women, see: Bell, 2021 (for Keira Bell's story); MFC, 2019: 27-8; the Post Trans website; https://www.reddit.com/r/detrans/;

for a detailed account of detransition and regret, both examining the research studies and quoting detransitioners themselves, see: GHQ, no date, Topic 8;

for a number of academic studies on desistance and detransition, see: https://segm.org/studies;

for an extensive list of detransition resources, including academic and media articles, websites and support groups, broadcasts, podcasts and videos, see: https://www.transgendertrend.com/detransition/;

[19] For stories from men, see: Horváth, 2018—'At 12, I believed I would grow up to be a woman. I was mistaken'; Tulip Rose, 2022; https://waltheyer.com.

for a letter to the US Attorney General from seven detransitioners, who 'have chosen to speak out publicly about the harm that "gender affirming care" has caused us', see: Cole et al, 2022;

for an article criticising the *New York Times* for depicting detransition as 'a few stories of regret', see: Cole, 2023;

for a litigation-focused firm, Eckland and Blando's Detransition Network, claiming legal redress for those harmed by the 'gender affirming' process, see: https://www.detransitionnetwork.com/;

for an account of one Australian woman's medical negligence court case suing the psychiatrist who recommended she undergo every step of the 'transition' process without sufficient psychiatric evaluation, see: Szego, 2022.

Hopeful signs?

As mentioned above, there is some heeding of warning signs on the part of institutions involved in the transgender medicalising of the young. While none of the medical institutions involved are recommending that it cease altogether, there is at least some recognition that all is not well, e.g. in the closure of GIDS. Those institutions still tend to use transgender's linguistic inanities. To quote from the Finnish recommendations: 'Gender variance refers to a spectrum of gender experience anywhere on the male-female identity continuum or outside it, and is not exclusively confined to the dichotomized male/female conception of gender'; and perhaps most foolish of all: 'In trans girls, early pubertal suppression inhibits penile growth' (COHERE, 2020a: 4, 6). Still, the medical system in Finland, as well as those in Sweden and France, has begun to show more caution.

In June 2020, the Finnish health authority released guidelines recommending caution in transgender 'medical treatment methods' for minors. (There were also two other sets of guidelines, one for 'gender dysphoria, i.e. anxiety, related to a non-binary gender identity in adults', and one for 'gender dysphoria, i.e. anxiety, caused by a transgender identity').[20] The Society for Evidence-based Gender Medicine has produced an unofficial English translation of the guidelines for minors (COHERE, 2020a). (There is also an official summary—COHERE, 2020b).

The guidelines state quite clearly that, because of the uncertainty of the research findings, 'no decisions should be made that can permanently alter a still-maturing minor's mental and physical development', and that any interventions should be postponed until adulthood (COHERE, 2020a: 7/14). They say that 'psychosocial support' is the 'first-line treatment for gender dysphoria', as well as 'psychotherapy and treatment of possible comorbid psychiatric disorders', if necessary. They remind the medical authorities that it is the law that all medical interventions concerned with 'the gender identity of minors' must start with a consultation visit to the research clinics at Helsinki University Central Hospital or Tampere University Hospital. These medical research centres are responsible for diagnosing the 'gender identity variation' of each child, assessing the need for medical treatments, and planning their implementation, if any. The actual medical treatments are carried out by local services, but only after the child has been assessed at the hospital research centre.

[20] https://palveluvalikoima.fi/en/recommendations#genderidentity

Children with 'gender-related anxiety' who also have symptoms of psychological illness must have those problems addressed before any decision is made about the 'gender-related anxiety', because 'no conclusions can be drawn on the stability of gender identity' as long as those symptoms persist. Surgery on minors is forbidden, and hormonal treatments must be approved by the research centres which continue to monitor the progress of the treatment (COHERE, 2020b). Although it is still possible for under 18-year-olds to 'transition', the guidelines acknowledge that its benefits are 'unclear'. They also advise caution about providing anyone under 25 with irreversible 'gender-affirming' interventions (SEGM, 2021).

In March 2021, the Astrid Lindgren Children's Hospital at Karolinska in Sweden also issued a statement about policy changes 'regarding hormonal treatment of minors with gender dysphoria' (Gauffin and Norgen, 2021). There were two main changes: hormonal treatments (whether puberty blockers or cross-sex hormones) were no longer to be given to children under the age of 16; and for those between 16 and 18, they were only to be given within clinical trial settings, and only if the research is approved by Sweden's Ethical Review Board. The changes were to become effective on 1 April 2021. Children under the age of 18 would still be eligible for 'continued psychological and psychiatric care'.

This advice was updated in February 2022. A summary of the update (the text of the whole report is in Swedish) said that the reason for the changes was that the relevant authorities 'deem… that the risks of … hormonal treatment currently outweigh the possible benefits'. 'This judgement', the Swedish authorities said, 'is based mainly on three factors': the lack of reliable scientific evidence; the phenomenon of detransition (citing Littman, 2021); and the 'unexplained increase' in young people presenting to 'gender' clinics, especially 'adolescents registered [sic] as females at birth'. They recommend that 'gender dysphoria [i.e. distress] rather than gender identity should determine access to care and treatment'; and they are aware that detransition has serious implications for the way the young have been treated in 'gender' clinics to date. 'Although the prevalence of detransition is still unknown', they say, 'the knowledge that it occurs and that gender confirming treatment thus may lead to … harm … is important for the overall judgement and recommendation' (Swedish Socialstyrelsen, 2022).

There is not, of course, any realisation that the only 'judgement and recommendation' that is likely to mend matters is to cease altogether treating the young in transgender terms; and the fact that they had to qualify the word 'females' with 'registered at birth' indicates a continuing commitment to the transgender narrative. Nevertheless, this move to more caution on the part of the Swedish medical authorities is a hopeful sign, given the refusal to accept 'gender identity' as a reason for dosing the young with exogenous hormones, together with the emphasis on 'continued psychological and psychiatric care'. This will mean, the authorities say, that 'a larger proportion than before' of adolescents presenting to 'gender' clinics 'will need to be offered other care than hormonal treatments' (Swedish Socialstyrelsen, 2022). Perhaps that 'proportion' might reach 100% some day, and the reign of the transgender absurdity will be over. (See also: Ashton, 2022; Galloway, 2022; SEGM, 2022a, b).

In February 2022, the French National Academy of Medicine distributed a press release on 'medicine and gender transidentity in children and adolescents' (French National Academy of Medicine, 2022). The Academy advised 'great medical caution'

in the treatment of this population, 'given [their] vulnerability, particularly psychological … and the many undesirable effects, and even serious complications, that some of the available therapies can cause' (p.1/3).

So the transgender medical profession are hearing the critics. All of the above guidelines acknowledge the weakness of the evidence for transgender medical 'treatments' and recognise that they can be dangerous, all acknowledge the phenomena of social contagion and detransition, and all recommend psychological support as the first intervention before, or even instead of, any medical procedures. The French recommend that the psychological support should continue for 'as long as possible', and recommend it for the parents too (French National Academy of Medicine, 2022: 2/3).

However, if the response in the UK to the closure of GIDS is any indication, the message has been inadequately assimilated, not surprisingly, given the continuing commitment to belief in 'trans people'. In order to find out how the recommendations of the Cass interim review were being carried out, Kathleen Stock spoke to a number of people directly involved—'clinicians, other NHS professionals, and parents of dysphoric young people'—and found that

> NHS systems are still influenced by activist thinking; in particular, by the idea that a sex-incongruent gender identity is something to be "affirmed", either as a matter of social justice or as personal liberation (Stock, 2023).

Moreover, GIDS was still operating in October 2023 20 months after the release of Cass' interim report recommending its closure, treating 1,000 young people, some of them on puberty blockers. But it was not clear that things were going to be much better at the new hubs being developed as GIDS' successors, staffed as they are by the 'gender experts' who have been working in the field all along. This has been referred to as 'cock-up rather than conspiracy' by 'NHS sources'. Staff were recruited by managers who didn't know the area, and who were impressed by lots of mentions of 'gender' on applicants' CVs (Stock, 2023).

As well, trans activism is already well-entrenched in the NHS Trusts where the new hubs are being set up. Great Ormond Street Hospital, for example, has a 'Privacy and Dignity Policy' that requires staff to 'address… and accommodate… [t]rans and gender variant young people … according to their self-defined gender or presentation e.g. the way they dress, and the name and pronouns that they currently use' (Stock, 2023). Another example is the South London and Maudsley NHS Foundation Trust. It has Stonewall Diversity Champion branding on all its job adverts, participates in the NHS Rainbow Badge scheme, and harbours a belligerently active 'LGBTQ+ Staff Network' that demanded that 'a lesbian feminist speaker' be ejected from a meeting if she dared to voice her 'gender-critical and sex-realist views' (Stock, 2023).

As for the recommendation that any subsequent 'treatment' with puberty blockers be confined to research, as recommended by the Cass review and by the Finnish and Swedish guidelines, there are (not surprising) indications that that's not going to work either. A NHS research trial manager Stock spoke to said that a clinical trial for puberty blockers could ever meet the statutory requirements for Good Clinical Practice. Children are vulnerable, she said,

> "They need to have very special protections, and the rationale is just not there. The possible impacts [of blockers] on a child are so high that the

> moment that this was recognised, the study would be shut down. If you had a healthy child, and you recognised that medication could confirm sterility issues, or fertility issues, or bone density issues, the trial would be stopped at that point" (Stock, 2023).

So disturbed was the research trial manager at the thought of dosing children with puberty blockers at all, that she concluded that it would be "completely insane" to do so for any reason whatsoever.

For criticism of the details of some attempts by US States to legally prohibit 'trans-affirming care', while still agreeing that it should be prohibited, see: Sapir and Wright, 2023.

What is to be done?

What is to be done to stop the medical interventions on the healthy bodies of the young? The answer to that question is simple: abolish the transgender agenda including the absurd terminology that invents meanings where none exist. Putting that answer into practice, however, faces enormous difficulties arising from the fact that transgender has insinuated itself into so many aspects of society, involving so many institutions, professions and careers, that there is too much at stake to abolish it quickly. Nonetheless, it is possible that the newly awakened cautious approach to the transgendering of the young might start to surreptitiously dismantle the transgender edifice.

Stephanie Davies-Arai, director of Transgender Trend (whose witness statement was accepted by the High Court in the Bell case), called for a direct approach. The government, she said, needs to remove all transgender resources from schools and social services departments; the Health Secretary needs to curb the influence of the trans lobby groups on medical practice; all public bodies need to cancel their membership of the Stonewall Diversity Champions scheme; and the UK Council for Psychotherapy needs to remove 'gender identity' from its Memorandum of Understanding on Conversion Therapy (Transgender Trend, 2020b).

But while this is sound advice, the trans lobby is too powerful to be challenged so directly. Because there is no rational basis from which to argue their case, they and their fellow travellers resort to wilful ignorance, censorship, bullying, verbal abuse and threats of outright violence. These have proved very effective mechanisms for silencing any opposition to date, and there's no reason to suppose the trans lobby will stop using them to maintain the dominance of their worldview. Moreover, the transgender agenda has, bizarrely, become part of the world-taken-for-granted. What is bizarre is that something as meretricious as the transgender agenda should have become so entrenched that questioning it has become unintelligible. Reasons why that might have happened are discussed elsewhere (in the 'Explaining transgender' chapter).

(In parenthesis, I should note that I was tempted not to use the word 'meretricious' because of its origin in one of the vilest of male supremacist institutions. It is derived from the Latin word for 'prostitute', 'meretrix'. Feminism has exposed the male supremacist purposes behind the word 'prostitute', how it makes women responsible for what is actually men's evil desire, namely, to use other human beings (women) as objects of consumption in the service of the valorised penis. Feminism's preferred terminology is 'prostituted women' to indicate that women are not responsible for

prostitution. This doesn't actually name the originators as men, but it is preferable to a word that implies that women are responsible for something that is demanded by men. Note that there is no equivalent word for the actual perpetrators, the men who prostitute women. But 'meretricious' was such an apt description of the trans phenomenon—'superficial', 'pretentious', 'tawdry and falsely attractive', 'alluring by false show'—that I couldn't resist. This has nothing to do with prostituted women, except in the minds of men imbued with the ethos of male supremacy).

But if challenging transgender overtly is not feasible at present, the more cautious approach being introduced by the medical profession might eventually undermine the transgender hegemony, at least insofar as the medicalising of the young is concerned. All those who advocate this approach recommend some form of psychotherapeutic intervention for the troubled young. Davies-Arai, for example, said that the young should receive counselling via 'proper therapeutic pathways … developed within a psychoanalytical model', instead of being treated 'as political mascots for an ideology' (Transgender Trend, 2020b. See also: Laidlaw, 2020).

Marcus Evans called this 'exploratory therapy', the goal of which

> should be to understand the meaning behind a patient's presentation in order to help them develop an understanding of themselves, including the desires and conflicts that drive their identity and choices (Evans, 2020).

He said that a proper assessment would involve two parts: 'an extended psychotherapeutic approach' that included an understanding not only of the family, but also of the 'social context' (which I call 'male supremacy' although of course Evans does not); and 'the issue of informed consent'. In the case of the latter he implied that, if young people reacted with indifference to the information they were given about the effects of the medical procedures, that was not a sign that they consented. Rather, it was 'a symptom that needs to be investigated'.

Two clinicians who have both worked at GIDS said that exploring the child's past and current developments, in order to help them make sense of their distressing feelings and influence them in a healthy direction, is 'the only sane and morally congruent way to alleviate the distress' (Hutchinson and Midgen, 2020). They said that this kind of therapy should be mandatory, as that is the way distress is usually treated. Intervening at the level of the physical body 'would be unethical', they said, as there was nothing wrong with their bodies, which were perfectly healthy. But whatever the details of the psychotherapeutic interventions, all critics are agreed that the troubled young need some kind of talking cure to find out what is really going on.

Introducing some form of psychotherapy as the first intervention for every child or young person who presents to a 'gender' clinic is no easy task. The team at Westmead Hospital for Children in Sydney said that their attempts to introduce their 'biopsychosocial perspective' to the children and their parents 'very often … fell on deaf ears'. Many of the children and their families arrived at the clinic with their belief in the transgender agenda thoroughly entrenched, and with no interest in any further exploration (Kozlowska et al, 2021: 84). The families, the team said, didn't seem to understand that there might be a connection between what happened in the family, 'sometimes across generations', and the child's distress, anxiety, depression and 'gender dysphoria'. They tended to attribute the child's distress solely to gender dysphoria as an isolated phenomenon and as a medical problem, and they were reluctant to do the work necessary to explore any psychological, family, or loss or

trauma difficulties that might be contributing to the clinical picture (p.85). The authors attributed this reluctance to engage in therapy to the influence of 'the dominant sociopolitical discourse—the gender affirmative model that prioritizes the medical treatment pathway' (p.92). The team said they had also found that many of the children didn't have the cognitive, psychological or emotional abilities to understand the decisions they were having to make (p.84).

Jane Galloway also mentioned difficulties with access to psychotherapeutic work, especially for the autistic young people who are disproportionately represented among those presenting to 'gender' clinics. '[I]n the current climate', she said,

> there simply aren't enough resources to provide the level of psychotherapeutic work that is needed to potentially unpick the basis for a trans identity in an autistic young person, and assess properly whether any gender dysphoria is rooted in other factors, such as autistic difficulties with puberty, sensory issues or theory of mind, mental health diagnoses, sexual abuse or the rejection of—or confusion around—sex based stereotypes (Galloway, 2022: 52).

The mental illness industry, to the extent that it is publicly funded, is not fond of talking cures. They take too long and cost the public purse too much. Dosing with pharmaceuticals is much faster, much cheaper, and has the added benefit of swelling the coffers of the pharmaceutical industry. It might be possible to disabuse the young of the notion they can change sex within a fairly short time, but the institutions themselves would have to be disabused first. And as long as the prospect of medical interventions remains a possibility, no amount of psychotherapy will convince the most intransigent that they can't change sex.

For other recommendations of some form of psychological intervention as the first, if not the only, intervention for young people who feel distressed about the sex they are, see: Byne et al, 2012; Churcher Clarke and Spiliadis, 2019; D'Angelo et al, 2020; Hruz, 2017; Littman, 2021; Marchiano, 2016, 2017a, b; Morris, 2021.

But however children and young people are treated within the medical system, the bottom line *must* be that they can't change sex because, as Genevieve Gluck said,

> [t]he abuse of children to rationalize a destructive and dangerous form of sadomasochistic fetishism is evil. It is *evil* to mutilate and castrate children in the service of disappearing male sexual practices and politics. It is evil to instill anxiety, distress, and self-loathing, whether through homophobia or strict stereotypes, only to sell the "cure" for body dysmorphia in the form of sterilizing pharmaceuticals and mutilating surgeries (Gluck, 2021).

References

4th Wave Now (2015) 'UK's "Gendered Intelligence" has been indoctrinating students for the last 7 years, *Daily Mail* "can reveal"' *4th Wave Now* 3 November – https://4thwavenow.com/2015/11/03/uks-gendered-intelligence-has-been-indoctrinating-students-for-the-last-7-years-daily-mail-can-reveal/

4th Wave Now (2016) 'Top gender doc dismisses 203 detransitioned women as "not regretters per se"' *4th Wave Now* 3 September – https://4thwavenow.com/tag/cari-stella/

4th Wave Now (2017) '"I just gave him the language": top gender doc uses pop tart analogy to persuade 8-year-old girl she's really a boy' *4th Wave Now* 23 July – https://4thwavenow.com/2017/07/23/i-just-gave-him-the-language-top-gender-doc-uses-pop-tart-analogy-to-persuade-8-year-old-girl-shes-really-a-boy/

Aitken, Madison et al (20 co-authors) (2015) 'Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria' *Journal of Sexual Medicine* 12(3): 756-63

Anderson, Erica (2022) 'Opinion: When it comes to trans youth, we're in danger of losing our way' *San Francisco Examiner* 3 January – https://www.sfexaminer.com/archives/opinion-when-it-comes-to-trans-youth-we-re-in-danger-of-losing-our-way/article_833f674f-3d88-5edf-900c-7142ef691f1a.html

Ashley, Florence and Alexandre Baril (2018) 'Why "rapid-onset gender dysphoria" is bad science' *The Conversation* 23 March – https://theconversation.com/why-rapid-onset-gender-dysphoria-is-bad-science-92742

Ashton, Mia (2022) 'Sweden cuts ties with leading trans health group over guidelines for child sex changes' *The Post Millennial* 20 December – https://thepostmillennial.com/sweden-cuts-ties-with-leading-trans-health-group-over-guidelines-for-child-sex-changes

Bailey, J. Michael and Ray Blanchard (2017) 'Gender dysphoria is not one thing' *4th Wave Now* 7 December – https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/

Bannerman, Lucy (2019a) 'It feels like conversion therapy for gay children, say clinicians' *The Times* 8 April

Bannerman, Lucy (2019b) 'Calls to end transgender "experiment on children": staff quit NHS clinic over ethics and safety fears' *The Times* 8 April

Bauer, Greta R., Margaret L. Lawson and Daniel L. Metzger, for the Trans Youth CAN! Research Team (2022) 'Do clinical data from transgender adolescents support the phenomenon of "rapid onset gender dysphoria"? *The Journal of Pediatrics* 243: 224-7 – https://www.jpeds.com/action/showPdf?pii=S0022-3476(21)01085-4&fbclid=IwAR1I4dbNbiBlactbSqV1oCoEOBNBevak_2ngPFiLqsLn9P631BsagpuGyMc

Bell, David (2019) 'Foreword', in Brunskell-Evans and Moore, eds, pp.xiv-xvii

Bell, Keira (2021) 'My story' *Persuasion* 7 April – https://www.persuasion.community/p/keira-bell-my-story

Bewley, Susan, Damian Clifford, Margaret McCartney and Richard Byng (2019) 'Gender incongruence in children, adolescents, and adults' *British Journal of General Practice* April, 69(681): 170-71

Biggs, Michael (2022) 'The Dutch Protocol for juvenile transsexuals: origins and evidence' *Journal of Sex & Marital Therapy* – https://doi.org/10.1080/0092623x.2022.2121238

Birkhold, Matthew H. (2019) 'A lost piece of trans history' *The Paris* Review 15 January – https://www.theparisreview.org/blog/2019/01/15/a-lost-piece-of-trans-history/

Brunskell-Evans, Heather (2020a) *Transgender Body Politics* North Geelong, Victoria: Spinifex Press

Brunskell-Evans, Heather (2020b) 'Investigating the Tavistock: who can we trust?' *Savage Minds* 27 September – https://savageminds.substack.com/p/the-care-quality-commission

Brunskell-Evans, Heather (2022) 'Britain's Gendered Intelligence' *Savage Minds* 17 November – https://savageminds.substack.com/p/britains-gendered-intelligence

Brunskell-Evans, Heather and Michele Moore, eds (2019) *Inventing Transgender Children and Young People* Newcastle upon Tyne: Cambridge Scholars Publishing

Butler, Catherine and Anna Hutchinson (2020) 'Debate: The pressing need for research and services for gender desisters/detransitioners' *Child and Adolescent Mental Health* 25(1): 45-7 – https://gendercriticalwoman.files.wordpress.com/2021/12/butler2020.pdf

Byne, William, Susan J. Bradley, Eli Coleman, A. Evan Eyler, Richard Green, Edgardo J. Menvielle, Heino F. L. Meyer-Bahlburg, Richard R. Pleak and D. Andrew Tompkins (2012) 'Report of the American Psychiatric Association Task Force on treatment of gender identity disorder' *Archives of Sexual Behavior* 41: 759-96 – https://www.researchgate.net/publication/228071071_Report_of_the_American_Psychiatric_Association_Task_Force_on_Treatment_of_Gender_Identity_Disorder

Canadian Gender Report (2020) 'The Swedish u-turn on gender transitioning for children' *Canadian Gender Report* 12 November – https://genderreport.ca/the-swedish-u-turn-on-gender-transitioning/

Charlesworth, Shelley (2021) 'The Rainbow Flag Award' *Transgender Trend* 18 July – https://www.transgendertrend.com/rainbow-flag-award/

Churcher Clarke, Anna and Anastassis Spiliadis (2019) '"Taking the lid off the box": the value of extended clinical assessment for adolescents presenting with gender identity difficulties' *Clinical Child Psychology and Psychiatry* 00(0): 1-15 – https://www.docdroid.net/57t8V1q/clarke-2019-extened-clinical-assessment.pdf#page=13

Clare, Hannah and Deb Austin (2021) *Trans Inclusion Schools Toolkit 2021: A Guide to Supporting Trans Children and Young People in Education Settings, Version 4* Brighton & Hove City Council – https://www.brighton-hove.gov.uk/sites/default/files/2021-09/BHCC_Trans%20Inclusion%20Schools%20Toolkit%20_Version4_Sept21.pdf

COHERE (2020a) 'Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland): medical treatment methods for dysphoria related to gender variance in minors' unofficial translation, *Council for Choices in Health Care in Finland/Society for Evidence Based Gender Medicine* – https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf

COHERE (2020b) 'Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation' *Council for Choices in Health Care in Finland* 11 June – https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+(1).pdf/fa2054c5-8c35-8492-59d6-b3de1c00de49/Summary_minors_en+(1).pdf?t=1631773838474

Cole, Chloe, Helena Kerschner, Cat Cattinson, Sinéad Watson, Grace Lidinsky-Smith, Ritchie and Prisha Mosley (2022) 'Detransitioners respond: a letter to Attorney General Garland' *Reality's Last Stand* 7 October – https://www.realityslaststand.com/p/detransitioners-respond-a-letter

Coleman, E. et al (33 other authors) (2012) *Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7* World Professional Association for Transgender Health – https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf

Coleman, E. et al (118 other authors) (2022) 'Standards of Care for the Health of Transgender and Gender Diverse People, Version 8' *International Journal of Transgender Health* 23: sup1, S1-S259 – https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

Cowen, Tiffany (2020) 'Mermaids backpedals on "wrong body" narrative after UK government issues schools guidance' *Women Are Human* 25 September – https://www.womenarehuman.com/mermaids-backpedals-on-wrong-body-narrative-after-uk-government-issues-schools-guidance/

D'Angelo, Roberto, Ema Syrulnik, Sasha Ayad, Lisa Marchiano, Dianna Theadora Kenny and Patrick Clarke (2020) 'One size does not fit all: in support of psychotherapy for gender dysphoria' *Archives of Sexual Behavior* (published 21 October) – https://rdcu.be/b8WhD

Dansereau, Carol (2022) 'The anti-science disaster of gender ideology in the schools: scientists must join the resistance' *Carol Dansereau's Substack* 12 December – https://caroldansereau.substack.com/p/the-anti-science-disaster-of-gender

Davies-Arai, Stephanie (2019a) '"Gender identity": the rise of ideology in the treatment and education of children and young people', in Brunskell-Evans and Moore, eds, pp.134-49

Davies-Arai, Stephanie (2019b) 'Is "affirmation" an appropriate approach to childhood gender dysphoria', in Young and Davies-Arai, pp.21-34

Davies-Arai, Stephanie, Lisa Marchiano and Lane Anderson (2016) 'Suicidality in trans-identified youth & the question of media ethics: a roundtable discussion' *4thWaveNow* 17 October – https://4thwavenow.com/2016/10/17/suicidality-in-trans-identified-youth-the-question-of-media-ethics-a-roundtable-discussion/

Davies-Arai, Stephanie and Susan Matthews (2019) 'Queering the curriculum: creating gendered subjectivity in resources for schools', in Brunskell-Evans and Moore, Chapter Thirteen, pp.199-217

Deeming, Moira (2020) 'The cultural juggernaut of transgender ideology: not kids' stuff' *The Spectator* 20 August

Deterling, Justine (2016) 'Do youth transgender diagnoses put would be gay, lesbian, and bisexual adults at risk for unnecessary medical intervention?' *The Homoarchy* 30 December – https://www.thehomoarchy.com/blog/do-youth-transgender-diagnoses-put-would-be-gay-lesbian-bisexual-adults-at-risk-for-unnecessary-medical-intervention

Donym, Sue (2022) 'A tale of two studies—draft' *Pseudonymous Reporting* 16 May – https://suedonym.substack.com/p/a-tale-of-two-studies

Drummond, Kelley D., Susan J. Bradley, Michele Peterson-Badali and Kenneth J. Zucker (2008) 'A follow-up study of girls with gender identity disorder' *Developmental Psychology* 44(1): 34-45 –

https://www.researchgate.net/profile/Kenneth-Zucker/publication/5657572_A_Follow-Up_Study_of_Girls_With_Gender_Identity_Disorder/

Duck-Chong, Liz (2018) '"Rapid-onset gender dysphoria" is a poisonous lie used to discredit trans people' *The Guardian* 22 October – https://www.theguardian.com/commentisfree/2018/oct/22/rapid-onset-gender-dysphoria-is-a-poisonous-lie-used-to-discredit-trans-people

Edwards, Victoria (2020) 'Help me challenge damaging Transgender schools guidance in Oxfordshire' *crowdjustice* 5 February – https://www.crowdjustice.com/case/challenging-occ-transgender-schools-guidance/

Entwistle, Kirsty (2021) 'Debate: Reality check—detransitioner's testimonies require us to rethink gender dysphoria' *Child and Adolescent Mental Health* 26(1): 15-16

Evans, Marcus (2020) 'Why I resigned from Tavistock: trans-identified children need therapy, not just "affirmation" and drugs' *Quillette* 17 January – https://quillette.com/2020/01/17/why-i-resigned-from-tavistock-trans-identified-children-need-therapy-not-just-affirmation-and-drugs/

Evans, Susan (2019) 'Legal case to protect children from harmful experimental medical treatment' *crowdjustice* 12 October – https://www.crowdjustice.com/case/protect-children/

Expósito-Campos, Pablo (2021) 'A typology of gender detransition and its implications for healthcare providers' *Journal of Sex & Marital Therapy* 47(3): 270-80

Fair Cop (2020a) 'Police must not patrol trans discussion in schools' *Fair Cop* 25 January – https://www.faircop.org.uk/post/police-must-not-patrol-trans-discussion-in-schools

Fair Cop (2020b) 'CPS withdraws schools LGBT Hate Crime Guidance following schoolgirl's legal action' *Fair Cop* 30 April – https://www.faircop.org.uk/cps-withdraws-schools-lgbt-hate-crime-guidance-following-schoolgirls-legal-action/

Five Anonymous Moms (2019) 'In their own words: parents of kids who think they are trans speak out' *Public Discourse* 26 February 26 – https://www.thepublicdiscourse.com/2019/02/49686/

French National Academy of Medicine (2022) 'Medicine and gender transidentity in children and adolescents' *Académie Nationale de Médecine* 25 February – https://www.academie-medecine.fr/wp-content/uploads/2022/03/22.2.25-Communique-PCRA-19-Gender-identity-ENG.pdf

Galloway, Jane (2019) 'Autistic girls: gender's silent frontier' *Transgender Trend* 29 September – https://www.transgendertrend.com/autistic-girls-gender-silent-frontier/

Galloway, Jane (2022) *Autism and Gender Identity* Transgender Trend – https://www.transgendertrend.com/product/autism-gender-identity/

Gauffin, Fredrika and Svante Norgen (2021) 'Policy change regarding hormonal treatment of minors with gender dysphoria at Tema Barn—Astrid Lindgren Children's Hospital' *Society for Evidence based Gender Medicine* March – https://segm.org/sites/default/files/Karolinska%20Policy%20Change%20K2021-3343%20March%202021%20%28English%2C%20unofficial%20translation%29.pdf

Gerlich, Renée (2018) 'New Zealand is green-lighting gender identity ideology and policy without considering the consequences' *Feminist Current* 30 October – https://www.feministcurrent.com/2018/10/30/new-zealand-green-lighting-gender-identity-ideology-policy-without-considering-consequences/

GHQ (no date) 'Topic 8: Regret rates and long-term mental health' *Gender Health Query* – https://www.genderhq.org/trans-youth-regret-rates-long-term-mental-health

GHQ (no date) 'Topic 10D: Social contagion and peer pressure' *Gender Health Query* – https://www.genderhq.org/trans-nature-vs-nurture-innate-gender-identity-culture-part2

GHQ (no date) 'Topic 11: Why are so many females coming out as trans/non-binary?' *Gender Health Query* – https://www.genderhq.org/increase-trans-females-nonbinary-dysphoria

GHQ (2019) 'Swedish documentary highlights mental health issues & transgender transition regret' *Gender Health Query* 1 May – https://www.genderhq.org/blog/2019/4/13/transgender-regret-youth-sweden

Gibbons, Amy (2020) 'Don't label pupils' gender identity, teachers told' *Times Educational Supplement* 24th September – https://www.tes.com/news/dont-label-pupils-gender-identity-teachers-told

GIDS (2018) 'GIDS referrals increase in 2017/18' *Gender Identity Development Service* 17 May – https://tavistockandportman.nhs.uk/about-us/news/stories/gids-referrals-increase-201718/

GIDS (2019) 'Referrals to GIDS, 2014-2015 to 2018-2019' *Gender Identity Development Service* 25 June – http://gids.nhs.uk/number-referrals

Gilligan, Andrew (2019) 'Surge in girls switching gender' *The Sunday Times* 29 June

Gluck, Genevieve (2021) 'Castrating children in the service of male sexuality' *Women's Voices* 3 December – https://genevievegluck.substack.com/p/castrating-children-in-the-service

Gosling, Matilda and Stella O'Malley (2022) *Teenagers and Gender Identity: The Evidence Base: Part 1: Why Might Teenagers Question Their Gender?* Sex Matters, October – https://sex-matters.org/posts/updates/teenagers-and-gender-identity/

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman and Mara Keisling (2011) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force – https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

Hancock, James (2018) 'Childhood demand for gender transition treatment surges to record high' *ABC News Breakfast* 4 October – https://www.abc.net.au/news/2018-09-20/childhood-demand-for-biological-sex-change-surges-to-record/10240480

Harvey, Declan and Liam Smedley (2015) 'Referrals for young transgender people increase' *BBC Newsbeat* 5 February – http://www.bbc.co.uk/newsbeat/article/31120152/referrals-for-young-transgender-people-increase

Heber, Joerg (2019) 'Correcting the scientific record on gender incongruence – and an apology' *PLOS Blogs EveryONE* 19 March –

https://everyone.plos.org/2019/03/19/correcting-the-scientific-record-and-an-apology/

Higgins, Laurie (2018) '55 members of American Academy of Pediatrics devise destructive "trans" policy' *Illinois Family Institute* 1 October – https://illinoisfamily.org/homosexuality/55-members-of-american-academy-of-pediatrics-devise-destructive-trans-policy/

Horváth, Hacsi (2018) 'The theatre of the body: a detransitioned epidemiologist examines suicidality, affirmation, and transgender identity' *4thWaveNow* 19 December – https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/

Hruz, Paul W. (2017) 'The use of cross-sex steroids in the treatment of gender dysphoria' *The National Catholic Bioethics Quarterly* 17(4): 661-71 – https://www.pdcnet.org/ncbq/content/ncbq_2017_0017_0004_0661_0671

Hutchinson, Anna and Melissa Midgen (2020) 'The "natal" female question' *Woman's Place UK* 17 February – https://womansplaceuk.org/2020/02/17/the-natal-female-question/

Indremo, Malin, Anna Clara Jodensvi, Hans Arinell, Johan Isaksson and Fotios C. Papadopoulos (2022) 'Association of media coverage on transgender health with referrals to child and adolescent gender identity clinics in Sweden' *JAMA Network Open* 5(2), 1 February – https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788580

Jeffreys, Sheila (1997) 'Transgender activism' *Journal of Lesbian Studies* 1(3): 55-74

Jeffreys, Sheila (2006) 'Judicial child abuse: The family court of Australia, gender identity disorder, and the "Alex" case' *Women's Studies International Forum* 29(1): 1-12

Jeffreys, Sheila (2014) *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism* London and New York: Routledge – https://www.docdroid.net/MCIzEYO/gender-hurts-sheila-jeffreys-pdf#page=3

Jongeling, Nele Peer and Elie Vandenbussche (2021) *Gender Detransition: A Path towards Self-Acceptance* – https://files.cargocollective.com/c523136/01_Post-Trans_Booklet_EN.pdf

Kearns, Madeleine (2018) 'How parents are being shut out of the transgender debate' *The Spectator* 6 October

Kay, Jonathan (2019) 'An interview with Lisa Littman, who coined the term "rapid onset gender dysphoria"' *Quillette* 19 March

Kenny, Dianna (2019) 'Children and young people seeking and obtaining treatment for gender dysphoria in Australia: trends by state over time (2014-2018)' A Paper presented at the Forum on transgender children and adolescents at the Parliament of NSW, 2 July – https://diannakenny.com.au/k-blog/item/12-children-and-young-people-seeking-and-obtaining-treatment-for-gender-dysphoria-in-australia-trends-by-state-over-time-2014-2018.html

Kenny, Dianna (2020a) *Gender Dysphoria in Children and Young People. Collected Papers on the Psychology, Sociology and Ethics of Gender Transition* Research Gate, February – https://www.researchgate.net/publication/339897920

Kenny, Dianna (2020b) 'Children and young people seeking and obtaining treatment for gender dysphoria in Australia: trends by state over time (2014-2019): update' *diannakenny.com.au* 15 July – https://www.diannakenny.com.au/k-

blog/item/15-children-and-young-people-seeking-and-obtaining-treatment-for-gender-dysphoria-in-australia-trends-by-state-over-time-2014-2019-update.html

Kozlowska, Kasia, Georgia McClure, Catherine Chudleigh, Ann M. Maguire, Danielle Gessler, Stephen Scher and Geoffrey R. Ambler (2021) 'Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service' *Human Systems: Therapy, Culture and Attachments* 1(1): 70-95 – https://journals.sagepub.com/doi/pdf/10.1177/26344041211010777

Laidlaw, Michael K. 2020) 'The Pediatric Endocrine Society's statement on puberty blockers isn't just deceptive. It's dangerous' *Public Discourse* 13 January – https://www.thepublicdiscourse.com/2020/01/59422/

Lane, Bernard (2019a) 'Warnings over surge in youth transgender cases' *The Australian* 10 August

Lane, Bernard (2019b) 'Inquiry to assess sex change concerns' *The Australian* 17 August

Lane, Bernard (2019c) 'Transgender clinic's bid to operate on girls under 17' *The Australian* 4 December

Lane, Bernard (2020a) 'Health chiefs can't ignore "global epidemic" of transgender teens' *The Australian* 14 February

Lane, Bernard (2020b) '*Four Corners* story linked to $6m grant for Australia's busiest kids' gender clinic' *The Australian* 2 March

Lane, Bernard (2020c) 'Gender identity caught up on the autism spectrum' *The Australian* 6 June

Lane, Bernard (2020d) 'Gender clinics on watch for rise in regret over transgender treatment' *The Australian* 2 August

Lane, Bernard (2022) 'Fall of the Tavistock' *Gender Clinic News* 31 July – https://genderclinicnews.substack.com/p/fall-of-the-tavistock

Lane, Bernard (2023) 'Off the trans train' *Gender Clinic News* 13 June – https://genderclinicnews.substack.com/p/off-the-trans-train

Levine, Stephen B. (2018) 'Ethical concerns about emerging treatment paradigms for gender dysphoria' *Journal of Sex & Marital Therapy* 44(1): 29-44

Levine, Stephen B., E. Abbruzzese and Julia M. Mason (2022) 'Reconsidering informed consent for trans-identified children, adolescents and young adults' *Journal of Sex & Marital Therapy* [ahead of print] – https://www.tandfonline.com/doi/pdf/10.1080/0092623X.2022.2046221

Lewis, Elin (2019) 'Transmission of transition via YouTube', in Brunskell-Evans and Moore, eds, pp.180-98

Linehan, Graham (2022) 'The Welsh Government's murder of childhood innocence' *The Glinner Update* 11 November – https://grahamlinehan.substack.com/p/the-welsh-governments-murder-of-childhood

Littman, Lisa (2018) 'Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria' *PLoS ONE* 13(8) – https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330

Littman, Lisa (2019) 'Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria' *PloS ONE* 14(3) –

https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0214157

Littman, Lisa (2020) 'The use of methodologies in Littman (2018) is consistent with the use of methodologies in other studies contributing to the field of gender dysphoria research: response to Restar (2019)' *Archives of Sexual Behavior* (2020) 49: 67-77

Littman, Lisa (2021) 'Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: a survey of 100 detransitioners' *Archives of Sexual Behavior* 19 October – https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf

López, Laura (2022) 'What schools are teaching your kids about "gender"' *Reality's Last Stand* 9 September – https://www.realityslaststand.com/p/what-schools-are-teaching-your-kids

Malvern, Jack (2020) 'Let girls be tomboys, says gender guidance' *The Times* 28 September

Manning, Sanchez (2015) 'Children as young as FOUR being given transgender lessons which encourage them to explore their "gender identities"' *Daily Mail* 1 November – https://www.dailymail.co.uk/news/article-3298715/Children-young-FOUR-given-transgender-lessons-encourage-explore-gender-identities.html

Marchiano, Lisa (2016) 'Guidance for parents of teens with rapid onset gender dysphoria' *The Jung Soul* 27 October – http://thejungsoul.com/guidance-for-parents-of-teens-with-rapid-onset-gender-dysphoria/

Marchiano, Lisa (2017a) 'New guidance for rapid onset gender dysphoria' *The Jung Soul* 21 July – http://thejungsoul.com/new-guidance-for-rapid-onset-gender-dysphoria/

Marchiano, Lisa (2017b) 'Outbreak: on transgender teens and psychic epidemics' *Psychological Perspectives*, 60: 345-66 – https://www.tandfonline.com/doi/epdf/10.1080/00332925.2017.1350804

Marchiano, Lisa (2019) 'Response to comment on "Outbreak: on transgender teens and psychic epidemics"' *Psychological Perspectives* 62(2-3): 290-3

Marchiano, Lisa (2020) 'The ranks of gender detransitioners are growing. We need to understand why' *Quillette* 2 January – https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/

McLean, Dorothy Cummings (2019) 'At world's first gender "detransition" conference, women express regret over drugs, mutilation' *Lifesite News* 2 December – https://www.lifesitenews.com/news/at-worlds-first-gender-detransition-conference-women-express-regret-over-drugs-mutilation

Meredith, Robbie (2019) 'School transgender support guidelines published' *BBC News* 17 October – https://www.bbc.com/news/uk-northern-ireland-50076038

MFC (2019) *Responding to the Transgender Issue: Parent Resource Guide* Minnesota Family Council – https://genderresourceguide.com/wp-content/themes/genderresource/library/documents/NPRG_Full_Document_Links_V18.pdf

Milrod, Christine and Dan H. Karasic (2017) 'Age is just a number: WPATH-affiliated surgeons' experiences and attitudes toward vaginoplasty in transgender females under 18 years of age in the United States' *Journal of Sexual Medicine* 14: 624-34 –

https://www.transgendercounseling.com/temp/wp-content/uploads/2018/09/Milrod-Karasic-2017-FINAL.pdf

Morris, Philip (2021) 'Managing gender dysphoria/incongruence in young people: a guide for health practitioners' *National Association of Practising Psychiatrists* October – https://napp.org.au/wp-content/uploads/2021/10/Managing-Gender-Dysphoria_Incongruence-in-Young-People-A-Guide-for-Health-Practitioners-v13.10.21.pdf

Murphy, Megan (2018) 'How have we let scientific study become hate speech?' *Unherd* 28 December – https://unherd.com/2018/12/let-scientific-study-become-trans-speech-2/

Neary, Aoife and Catherine Cross (2018) *Exploring Gender Identity and Gender Norms in Primary Schools: The Perspectives of Educators and Parents of Transgender and Gender Variant Children* Limerick: University of Limerick and the Transgender Equality Network of Ireland – https://researchrepository.ul.ie/articles/report/Exploring_gender_identity_and_gender_norms_in_primary_schools_the_perspectives_of_educators_and_parents_of_transgender_and_gender_variant_children/19819453

NHS (2022) 'Interim service specification: specialist service for children and young people with gender dysphoria (phase 1 providers)' *NHS England* October – https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf

Nobre, Andreia (2020) 'Social media trends indicate rise in gender detransition during COVID-19 lockdown' *4w.pub*, 23 July – https://4w.pub/social-media-trends-indicate-rise-in-gender-detransition-during-covid-19-lockdown/

Olson-Kennedy, Johanna, Yee-Ming Chan, Stephen Rosenthal, Marco Hidalgo, Diane Chen, Leslie Clark, Diane Ehrensaft, Amy Tishelman and Robert Garofalo (2019) 'Creating the Trans Youth Research Network: a collaborative research endeavor' *Transgender Health* 4(12): 304-12 – https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6830532/pdf/trgh.2019.0024.pdf

Oxfordshire County Council (2019) *Trans Inclusion Toolkit* – http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/antibullying/policies/TransInclusionToolkitforSchools.pdf

Pang, Ken C., Nastasja M. de Graaf, Denise Chew, Monsurul Hoq, David R. Keith, Polly Carmichael and Thomas D. Steensma (2020) 'Association of media coverage of transgender and gender diverse issues with rates of referral of transgender children and adolescents to specialist gender clinics in the UK and Australia' *Journal of the American Medical Association* 3(7) – doi:10.1001/jamanetworkopen.2020.11161

Perkins, Miki (2015) 'Ollie's brave journey: gender clinic helps growing number of young transgender people' *The Age* 29 April – https://www.theage.com.au/national/victoria/ollies-brave-journey-gender-clinic-helps-growing-number-of-young-transgender-people-20150429-1mw5wd.html

Restar, Arjee Javellana (2020) 'Methodological critique of Littman's (2018) parental-respondents accounts of "rapid-onset gender dysphoria"' *Archives of Sexual Behavior* 49: 61-6 – https://link.springer.com/content/pdf/10.1007/s10508-019-1453-2.pdf

Ristori, Jiska and Thomas D. Steensma (2016) 'Gender dysphoria in childhood' *International Review of Psychiatry* 28(1): 13-20

Robinson, Max (2021) *Detransition: Beyond Before and After* North Geelong, Victoria: Spinifex Press

Román, Sven (2019) 'Psychiatrist: Gender dysphoria spreads like an epidemic online' *Kirjo* 21 September – https://www.ihmistenkirjo.net/blog/psychiatrist-gender-dysphoria-spreads-like-an-epidemic-online

Rudgard, Olivia (2018) 'Brown University in row with transgender activists over claims gender dysphoria spreading among children' *The Telegraph* 28 August – https://www.telegraph.co.uk/news/2018/08/28/ivy-league-college-deletes-link-study-claimed-peer-groups-can/

Sansfaçon, Annie Pullen, Denise Medico, Olivier Turbide, Mélanie Millette, Alexandre Baril and Françoise Susset (2022) 'Talking with youth who discontinue their transition' *Jeunes Trans Youth* April – https://jeunestransyouth.ca/wp-content/uploads/2022/04/Talking-with-youth-who-discontinue-their-transition-4.pdf

Sapir, Leor (2022) 'The distortions in Jack Turban's *Psychology Today* article on "gender affirming care"' *Reality's Last Stand* 8 October – https://www.realityslaststand.com/p/the-distortions-in-jack-turbans-psychology

Sapir, Leor and Colin Wright (2023) 'How *not* to regulate pediatric gender medicine' *City Journal* 17 January – https://www.city-journal.org/how-not-to-regulate-pediatric-gender-medicine

Saxby, Helen (2021) *Children's Rights Impact Assessment: Allsorts Trans Inclusion Schools Toolkit* Transgender Trend – https://www.transgendertrend.com/product/childrens-rights-impact-assessment-allsorts-trans-inclusion-schools-toolkit/

SEGM (2021) 'One year since Finland broke with WPATH "Standards of Care"' *Society for Evidence-based Gender Medicine* 2 July – https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors

SEGM (2022a) 'Summary of Key Recommendations from the Swedish National Board of Health and Welfare (Socialstyrelsen/NBHW)' *Society for Evidence based Gender Medicine* February – https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth

SEGM (2022b) 'Sweden's Karolinska ends all use of puberty blockers and cross-sex hormones for minors outside of clinical studies' *Society for Evidence based Gender Medicine* 5 May – https://segm.org/Sweden_ends_use_of_Dutch_protocol

SEGM (2023) 'A new paper sheds light on transition regret and detransition' *Reality's Last Stand* 11 June – https://www.realityslaststand.com/p/a-new-paper-sheds-light-on-transition

Shrier, Abigail (2020) *Irreversible Damage: The Transgender Craze Seducing Our Daughters* Washington DC: Regnery Publishing

Sinclair, Susan (2019) 'School resource for young Lesbians (who have a penis)' *Scottish Women* June – https://scottish-women.com/2019/06/09/school-resource-for-young-lesbians-who-have-a-penis/amp/

Singh, Devita, Susan J. Bradley and Kenneth J. Zucker (2021) 'A follow-up study of boys with gender identity disorder' *Frontiers in Psychiatry* 29 March – https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full

SSA (2020) 'New DfE guidance on teaching of RSE in schools—SSA UK statement' *Safe Schools Alliance UK* – https://safeschoolsallianceuk.net/2020/09/27/teaching-of-relationship-sex-education-in-schools/

SSA (2022) 'A review of the Relationships and Sexuality Education curriculum in Wales' *Safe Schools Alliance UK* October – https://safeschoolsallianceuk.net/wp-content/uploads/2022/10/A_Review_of_the_Relationships_and_Sexuality_Education_Curriculum_in_Wales_-_October_2022.pdf

Steensma, Thomas D., Roeline Biemond, Fijgje de Boer and Peggy T. Cohen-Kettenis (2011) 'Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study' *Clinical Child Psychology and Psychiatry* 16(4): 499-516

Steensma, Thomas D., Jenifer K. McGuire, Baudewijntje P.C. Kreukels, Anneke J. Beekman, and Peggy T. Cohen-Kettenis (2013) Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study' *Journal of the American Academy of Child & Adolescent Psychiatry* 52(6): 582-90 – https://www.transgendertrend.com/wp-content/uploads/2017/10/Steensma-2013_desistance-rates.pdf

Stock, Kathleen (2023) 'What happened to Gids? The ideology in the new hubs: a new Wild West for patients' *UnHerd* 19 October – https://unherd.com/2023/10/inside-britains-new-trans-clinics/

Stone, Gemma (2021) 'Where is The Detransition Advocacy Network now?' *Medium* 23 April – https://medium.com/@notCursedE/where-is-the-detransition-advocacy-network-now-f01ec9c9682d

Stonewall (2020) *An Introduction to Supporting LGBT Children and Young People: A Guide for Schools, Colleges and Settings* London: Stonewall – https://www.stonewall.org.uk/resources/introduction-supporting-lgbt-children-and-young-people

Stonewall (2022) *LGBTQ+ Inclusive RSHE: Putting it into Practice* – https://www.stonewall.org.uk/system/files/rshe-march2022_-_final_edited_pdf.pdf

Swedish Socialstyrelsen (2022) 'Care of children and adolescents with gender dysphoria' *The National Board of Health and Welfare* – https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf

Szego, Julie (2022) '"Absolutely devastating": woman sues psychiatrist over gender transition' *The Sydney Morning Herald* 24 August

Tavistock (2019) 'Our Gender Identity Service in the *Times*' *Tavistock and Portman NHS Trust*, 8 April – https://tavistockandportman.nhs.uk/about-us/news/stories/gender-identity-service-times-8-april-2019/

Temple Newhook, Julie, Jake Pyne, Kelley Winters, Stephen Feder, Cindy Holmes, Jemma Tosh, Mari-Lynne Sinnott, Ally Jamieson and Sarah Picket (2018) 'A critical commentary on follow-up studies and "desistance" theories about transgender and gender non-conforming children' *International Journal of Transgenderism* 26 April – https://research.library.mun.ca/13342/1/201803temple-newhookfinala.pdf

Thomas, Kim (2018) 'Schools pulled into row over helping transgender children' *The Guardian* 15 May –

https://www.theguardian.com/education/2018/may/15/transgender-row-teachers-afraid-challenge-breast-binding

Tomazin, Farrah (2020) 'Gay conversion legislation puts Andrews on a collision course with churches' *The Age* 5 December – https://www.theage.com.au/politics/victoria/gay-conversion-legislation-puts-andrews-on-a-collision-course-with-churches-20201204-p56ks6.html

Transgender Trend (2016) 'Why do teenage girls not want to become women?' *Transgender Trend* 8 October – https://www.transgendertrend.com/why-do-teenage-girls-not-want-to-become-women/

Transgender Trend (2017) 'From adult males to teenage girls – the movement from etiology to ideology' *Transgender Trend* 29 June – https://www.transgendertrend.com/from-adult-males-to-teenage-girls-the-movement-from-etiology-to-ideology/

Transgender Trend (2019a) 'First do no harm: the ethics of transgender healthcare, House of Lords' *Transgender Trend* 22 May – https://www.transgendertrend.com/first-do-no-harm-ethics-transgender-healthcare-house-of-lords/

Transgender Trend (2019b) 'Lisa Littman study is republished by PLOS ONE' *Transgender Trend* 16 August – https://www.transgendertrend.com/lisa-littman-study-republished-plos-one/

Transgender Trend (2020a) *Stonewall Schools Guidance: A Critical Review* May – https://www.transgendertrend.com/wp-content/uploads/2020/05/Stonewall-Schools-Guidance-A-Critical-Review.pdf

Transgender Trend (2020b) 'Keira Bell: the High Court hands down a historic judgment to protect vulnerable children' *Transgender Trend* 1 December – https://www.transgendertrend.com/keira-bell-high-court-historic-judgment-protect-vulnerable-children/

Transgender Trend (2021) 'Big shake-up at the Tavistock after Care Quality Commission inspection rates the GIDS "inadequate"' *Transgender Trend* 27 January – https://www.transgendertrend.com/care-quality-commission-inspection-gids-inadequate/

Transiness Admin (2020) 'The media lies: "100's [sic] of detransitioners" scam EXPOSED' *Transiness* 12 May – https://www.transiness.com/post/the-media-lies-100-s-of-detransitioners-scam-exposed

Tulip Rose (2022) 'Lost boys: speaking up for detrains males' *TullipR—Detrans Man* 24 March – https://tullipr.substack.com/p/lost-boys

Turban, Jack (2022) 'The evidence for trans youth gender-affirming medical care' *Psychology Today* 24 January – https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care

Turban, Jack L., Stephanie S. Loo, Anthony N. Almazan and Alex S. Keuroghlian (2021) 'Factors leading to "detransition" among transgender and gender diverse people in the United States: a mixed-methods analysis' *LGBT Health* 8(4) – https://pubmed.ncbi.nlm.nih.gov/33794108/

Turner, Camilla and Ewan Somerville (2020) 'Schools warned that they could face legal action if they fail to allow trans pupils to use toilets of choice' *The Telegraph* 29 January –

https://www.telegraph.co.uk/news/2020/01/29/schools-warned-could-face-legal-action-fail-allow-trans-pupils/

UK Department of Health (2016) 'Clinical commissioning policy: prescribing of cross-sex hormones as part of the gender identity development service for children and adolescents' NHS England Specialised Services Clinical Reference Group for Paediatric Medicine, August – https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/clinical-com-pol-16046p.pdf

UK Department of Health (2019) *NHS Standard Contract for Gender Identity Development Service for Children and Adolescents* (adopted) NHS England, 30 December – https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf

UK DfE (2021) Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory Guidance for Governing Bodies, Proprietors, Head Teachers, Principals, Senior Leadership Teams, Teachers UK Department for Education, 13 September – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090195/Relationships_Education_RSE_and_Health_Education.pdf

UK DfE (2022[2020]) 'Guidance: plan your relationships, sex and health curriculum' *Department for Education* 24 September – https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum

Vandenbussche, Elie (2022) 'Detransition-related needs and support: a cross-sectional online survey' *Journal of Homosexuality* 69(9): 1602-20 – https://cogentoa.tandfonline.com/doi/pdf/10.1080/00918369.2021.1919479

Wallien, Madeleine S. C. and Peggy T. Cohen-Kettenis (2008) 'Psychosexual outcome of gender dysphoric children', in Wallien, ed. *Gender Dysphoric Children: Causes, Psychosocial Functioning and Consequences*, pp.155-79 — https://research.vumc.nl/ws/files/761623/8344.pdf#page=156

Wheater, Emily and Ellen Pasternack (2020) 'Transitioning to a medical scandal' *The Critic* November – https://thecritic.co.uk/issues/november-2020/transitioning-to-a-medical-scandal/

Wiepjes, Chantal M., Nienke Nota, Christel de Blok, Maartje Klaver et al (9 other authors) (2018) 'The Amsterdam cohort of gender dysphoria study (1972–2015): trends in prevalence, treatment, and regrets' *Journal of Sexual Medicine* 15(4) – https://stoptransingkids.files.wordpress.com/2019/03/wiepjes-2018.pdf

Williams, Joanna (2023) 'How trans ideology took over our schools' *The Spectator* 30 March – https://www.spectator.co.uk/article/how-trans-ideology-took-over-our-schools/

WPATH (2021) 'Proposed next version of adolescent guidelines for the Standards of Care' December – https://www.wpath.org/media/cms/Documents/SOC%20v8/SOC8%20Chapters%20for%20Public%20Comment/SOC8%20Chapter%20Draft%20for%20Public%20Comment%20-%20Adolescent.pdf

Wright, Colin (2022) 'The transgender umbrella casts its shadow over gender nonconformity: why are we pretending we don't know why kids think they're trans?' *Reality's Last Stand* 1 September – https://www.realityslaststand.com/p/the-transgender-umbrella-casts-its

Yardley, Miranda (2017) 'Common threads and narratives of transgender children and what this means for our lesbian and gay populations' *Miranda Yardley* 5 May – https://mirandayardley.com/en/common-threads-and-narratives-of-transgender-children-and-what-this-means-for-our-lesbian-and-gay-populations/

Young, Toby (2019) 'Why are so many schoolchildren coming out as trans?' in Young and Davies-Arai, pp.1-20

Young, Toby and Stephanie Davies-Arai (2019) *Transgender Children: A Discussion* November. London: Civitas – http://www.civitas.org.uk/content/files/2399-B-Transgender-Children-WEB.pdf

Zucker, Kenneth J. (2018) 'The myth of persistence: response to "A critical commentary on follow-up studies and desistance theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018)' *International Journal of Transgenderism* 19: 231-45 – https://www.researchgate.net/publication/325443416_The_myth_of_persistence_Response_to_A_critical_commentary_on_follow-up_studies_and_'desistance'_theories_about_transgender_and_gender_non-conforming_children_by_Temple_Newhook_et_al_2018

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