

Former Clinicians from Gender Identity Clinic Speak Out

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The Times recently reported on the resignation of several clinicians from the Gender Identity Service, with claims that the clinic was essentially experimenting on vulnerable children by pushing them into 'gender transitioning'. Carys Moseley argues that while the debate on the ethics of gender reassignment is opening up, not enough is being done to get to the real truth of the matter.

Five clinicians who resigned from the Gender Identity Development Service – the only gender identity clinic for children and adolescents in the United Kingdom – have spoken out again in the press recently¹. According to *The Times*, as many as 18 clinicians have resigned over the past three years.

Although this story was first covered a few weeks ago, the clinicians have become more vocal, though still behind a veil of anonymity. What they chose to say and not say, and perhaps what the press chose to report, says a lot about how the debate on teenage gender problems is going round in circles. These clinicians have been very brave and risked professional opprobrium in following their consciences to reveal the doubts and misgivings that they had about the clinic's work with teenagers. At the same time, whilst we can agree with them on many issues, there are important differences of worldview between Christians and unbelievers regarding the problems raised. Below, I shall follow the underlying logic and show that the problems have been inherent all along in the work of gender clinics for children and adolescents.

Transgender charities criticised

The Times reported:

"All five said they believed that transgender charities such as Mermaids were having a 'harmful' effect by allegedly promoting transition as a cure-all solution for confused adolescents. The charities deny the allegation."

In another article published in *The Times* on the same day, the former clinicians are quoted criticising transgender campaign groups working with children and families – Mermaids, Gendered Intelligence and GIRES. One

clinician even said that these three groups "all act as if [GIDS] is their service."

There is, of course, a reason why this could be the case – a paper written by Domenico Di Ceglie, one of the earliest clinicians involved, reveals that Mermaids was founded not long after GIDS came into existence². These transgender charities' responses were also quoted in *The Times*. They denied pushing for physiological treatment alone.

Failure to provide treatment is 'psychological torture'

The most sinister answer was that by Bernard Reed who founded GIRES. He told *The Times* that "in the medical literature...failure to provide timely treatment is described as 'psychological torture'". This does not sound like mainstream medical literature; more like transgender propaganda of the kind favoured by international LGBT umbrella groups such as ILGA. The argument is made, by contrast, that requiring gender reassignment surgery for transgender people to be recognised legally as members of their chosen gender amounts to 'torture'.

This kind of emotional manipulation is ironic given the claim that therapy for unwanted same-sex attraction also amounts to 'torture', an argument endorsed by the current UN Special Expert on LGBT rights³. In all three cases, LGBT rights activists are effectively accusing those who deny that either transgender identification or same-sex attraction are innate, and who on that basis advocate psychological treatment for these conditions, of advocating 'torture' of clients. This is really only a step further than what the Memorandum of Understanding on Conversion Therapy in the UK⁴ says about psychological treatments. People need to understand this in order to understand why clinicians and journalists are sticking to a particular script when discussing the 'trans teen' controversy.

Homophobic bullying is a cause of gender transition – or is it?

The Times deliberately made much of the claim by some clinicians that homophobia was a factor⁵ in the surge of teenagers wanting to change gender, without providing any data to support this. The tacit reasoning behind this claim – a claim which is often made – is that teenagers who develop same-sex attraction

and who are unhappy with it gravitate towards adopting a transgender identity. The reason imputed to them is that adopting a transgender identity enables them not to feel bad about having sexual fantasies about members of the same sex, because in their minds adopting a transgender identity means being a 'heterosexual' member of the opposite sex.

The problem with this claim is that there isn't a single causal factor for transgender self-identification in adolescence. Whilst there is an overlap between transgenderism and homosexuality, this theory rationalises transgenderism far too much, and it is far from accounting for all cases. Also, estimates over time suggest that all bullying, including homophobic bullying, has declined in recent years⁶. This suggests that it is unlikely to be the main cause, or indeed a major cause, of problems leading to referral to GIDS. Either that or there is something far more complicated going on.

Part of the problem, however, is that bullying is not rational, and can work in different ways. Homophobic bullying may be targeted at young people who actually exhibit same-sex attraction and in particular those who identify as LGB – but not always. In fact survey evidence suggests that far more teenagers have had the word 'gay' or 'lesbian' used as an insult than would be expected to identify as LGB.⁷

Testimonies from ex-gays and former lesbians often report homophobic bullying in adolescence – but victims quite often perceive that as having functioned to convince them that they must be gay or lesbian by nature. We must ask if the bullying was not, in reality, intended to push them into a gay or lesbian identity.

Is 'born that way' theory holding back the debate?

One suspects part of the reason why the debate goes round in circles is precisely that those critics that have the ear of the press are overemphasising the prevalence of homosexuality among teenagers referred. They seem to be doing this as a way of proving their own moral righteousness. However, most of the public is ignoring this debate. Specifically, people are likely to conclude that if parents of gay or lesbian teens are affected, that is their business alone. This is not because most people actually believe the 'born that way' theory – most do not⁸. It is because this is what we are all meant to believe on pain of social ostracism.

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The truth is that the public at large will only rise up against the moral wrong of gender transition for children and adolescents if they realise that the desire for gender transition can arise in a heterosexual or bisexual young person as well. The precise reason is that neither transgender identification nor same-sex sexual orientation are innate and, as such, young people – whatever their sexual attraction – could be at risk.

Former clinicians don't understand heterosexuality

Not once have the secular critics of GIDS said publicly that gender transition is wrong because it prevents these children growing up to be heterosexual. This in itself speaks volumes about the level of basic understanding of human sexuality and human nature among these clinicians. One former clinician is even quoted in *The Times* making the following complaint:⁹

"It is converting people into heterosexuals...We had so many families who would talk about not wanting their daughters to be lesbians."

This judgment is exactly wrong. Gender transition does NOT change a teenage boy with same-sex attraction into a heterosexual woman, or a teenage girl with same-sex attraction into a heterosexual man. What it does is mutilate their sexual characteristics and damage their natural fertility. These people can only legally, not biologically, become members of the opposite sex. As such, if they enter into relationships with people of the opposite legal sex (but of the same biological sex), these relationships are legally (but not biologically) heterosexual. Is it too much to ask professional psychotherapists working for the NHS to observe this distinction?

Clinicians refuse to accept teenage same-sex attraction can be unwanted

The clinician quoted above claimed that young people 'repeatedly' shared a sense of 'disgust' that they might be gay. For social progressives, this is obviously social heresy, not to mention social and career suicide. Yet what it is is very simple – unwanted same-sex attraction. The real problem here is that the clinicians – even those who resigned from GIDS – are arrogant enough to refuse to give these young people the space to work this through properly.

The Times actually carried a headline using a quote from one of the clinicians, saying that putting teens through gender transition was “*like gay conversion therapy*.” Tellingly, given that these clinicians were whistleblowers who are characterised as having seen through the GIDS system and transgender ideology, none of them seemed to have the faintest idea that ‘conversion therapy’ is a fake and dishonest concept¹⁰, invented by a gay activist to discredit voluntary psychotherapy for **unwanted** same-sex attraction.

These clinicians do not question same-sex attraction in any way. They do not see that the ‘born that way’ propaganda for normalising homosexuality has led to the NHS capitulating to the very same kind of propaganda when it comes to transgenderism. Either that, or they see it all too clearly and are now desperately trying to defend homosexuality as innate (without actually making that argument). For, make no mistake about it, to deny this really is career suicide today.

Most teens with gender problems are attracted to the opposite sex

This in turn helps explain the complete silence on the part of clinicians, campaigners and the press about what the recently publicised interviews with parents of teens with Rapid Onset Gender Dysphoria ¹¹actually found. Table 2 of Lisa Littman’s research shows that most parents reported that their teenage children, of both sexes, were attracted to the opposite sex to some degree. A majority of the boys (56%) were exclusively heterosexual. Whilst a majority of the girls were attracted to the opposite sex, they were split between being heterosexual (35.4%) and bisexual (36.8%). In addition, 9.3% of the boys and 8.5% of the girls were asexual. Gay or lesbian teenagers were in the minority, at 27.4% of the girls and 11.4% of the boys. Curiously, a quarter of teens (25% of boys and 26.9% of girls) did not express a sexual orientation at all.

Why is the heterosexual attraction of these teenagers not of interest in the public debate? Is it an embarrassment? For the fact is that human fertility requires heterosexual behaviour, and therefore heterosexual attraction. The hidden truth about this sudden surge in gender dysphoria is that it is possible that a higher proportion of teenage girls who have gender problems are attracted to the opposite sex than ever before. Historically, most had a history of same-sex attraction.

Then consider the fact that an unusually high percentage of both girls and boys reported here have no sexual attraction at all or do not report it. This is abnormal for teens who have undergone puberty. What does this suggest? The entire controversy over whether to allow teenagers to ‘change gender’ is really about whether it is permissible for their sexual characteristics to be destroyed at the very age when they develop heterosexual potential and become fertile. This is not being spelt out in the press, nor are clinicians who are whistleblowers prepared to say it out loud. What is the point of blowing the whistle on the GIDS if this is not said?

The good news that God created us male and female

Secular critics will never win the battle against the trend in teenagers being led to transition to live as members of the opposite gender. This is because they have normalised and quite deliberately privileged homosexuality, as is the natural consequence of rejecting God as our Creator (Romans 1). However, the fact that some people have blown the whistle suggests there is still conscientious objection at work, but its grounds have been much weakened.

Although the Royal College of Psychiatrists is now said to be looking at drafting new guidelines¹² on treatment for teenagers with gender problems, it is very doubtful if these will really go to the heart of the problem. For the heart of the problem is spiritual. The real root of this problem, referral of more and more children and teenagers to GIDS, is the rise of atheism and the turn against God as our Creator in the last few decades.

The real solution then is to understand the huge need for people in this country to learn about how God has created us with a purpose, to live for Him and serve Him, and all because He loves us as His creatures. All things were created in and through Christ in the beginning, and He is the first-born of the new creation. Jesus Christ told the Pharisees that God made us male and female from the beginning. Here is no ‘born that way’ theory. Gender clinics themselves will never generate a real solution to the problems of their patients. They have no coherent vision for health and healing of the human mind. They have no stable acceptance of the human body as male or female, and its God-given purpose. It is Christians who bear the responsibility to make these known. For that, Christians working in mental healthcare, and also church pastoral ministry, need freedom of speech and freedom of belief to be allowed to tell the truth about the biological

nature of male and female, and to show that neither transgenderism nor homosexuality are innate, unchangeable or compulsory. This means that for there to be real improvement in the lives of these teenagers, the Memorandum of Understanding on Conversion Therapy in the UK ¹³ must be rescinded without delay.

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- ¹ <https://www.thetimes.co.uk/article/c4343502-5981-11e9-b371-613f81256d20>
 - ² https://www.researchgate.net/publication/310334449_Castaway's_Corner
 - ³ <https://christianconcern.com/comment/why-christians-must-defeat-the-global-attack-on-conversion-therapy-for-homosexuality/>
 - ⁴ https://www.psychotherapy.org.uk/media/cptnc5qm/mou2-reva_0421_web.pdf
 - ⁵ <https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvsckdvq2>
 - ⁶ <https://www.gov.uk/government/news/bullying-in-school-plummets>
 - ⁷ <https://www.survation.com/over-a-third-35-of-young-people-have-been-called-gay-or-lesbian-as-an-insult-in-school/>
 - ⁸ <https://archive.christianconcern.com/our-issues/freedom-of-speech/why-the-ex-gay-movement-provokes-rage-and-censorship>
 - ⁹ <https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvsckdvq2>
 - ¹⁰ <https://christianconcern.com/comment/why-christians-must-defeat-the-global-attack-on-conversion-therapy-for-homosexuality/>
 - ¹¹ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>
 - ¹² <https://www.thetimes.co.uk/article/psychiatrists-to-draw-up-new-rules-for-child-transgender-treatment-knl3b0g7c>
 - ¹³ https://www.psychotherapy.org.uk/media/cptnc5qm/mou2-reva_0421_web.pdf