

**LGB Alliance response to  
Health and Social Care Committee's call for evidence on The Impact of Body  
Image on Physical and Mental Health  
22 Jan 2022**

LGB Alliance welcomes the opportunity to respond to the Health and Social Care Committee's call for evidence on The Impact of Body Image on Physical and Mental Health and hopes this submission is of interest. If you have any questions regarding our response, please contact [kate.harris@lgballiance.org.uk](mailto:kate.harris@lgballiance.org.uk)

**About LGB Alliance**

LGB Alliance is a charity that represents the interests of a rapidly growing number of lesbian, gay and bisexual people – LGB people who have grave concerns about the loss of our rights. Specifically, we are concerned by moves to replace, in law and elsewhere, the category of “sex” with “gender identity”, “gender expression” or “sex characteristics”.

Many of us are long-time gay and lesbian activists who fought for many years to defend and promote the rights of people with same-sex sexual orientation. These hard-won rights are now under serious threat.

**Our interest in The Impact of Body Image on Physical and Mental Health**

Our main areas of interest are the human rights of LGB people, fact-based relationship and sex education for children and young people, and the creation of a positive environment for all "gender non-conforming" people in the UK. LGB Alliance believes that “gender identity theory” reinforces outdated and regressive stereotypes. We would like to see a world where any boy or girl, man or woman, can dress and be whoever they would like to be as long as they respect the rights of others. In line with these views, we challenge the central tenet of gender identity theory: the notion that everyone has a “gender identity”, which may differ from, and must take precedence over, biological sex.

Young gender non-conforming people are vulnerable to bullying at school. This has been the case for a very long time, but the pressure has intensified due to the impact of social media – especially YouTube and TikTok. Material suggesting that a wide range of problems mean that a person is “trans”, and that these problems can be solved by puberty blockers, cross-sex hormones, and surgery, is watched by billions of viewers, many of them children. <https://www.dailymail.co.uk/news/article-10344445/Children-brainwashed-TikTok-videos-cool-trans-surgery.html>

*More than a quarter of British TikTok users are aged between 15 and 25, and children aged between four and 15 who sign up spend an average of 69 minutes on the app each day, according to TikTok's own data.*

*Analysis by The Mail on Sunday shows that videos with the hashtag #Trans have been seen more than 26 billion times.*

Influencers with many millions of followers explain that changing your body is a simple and life-enhancing experience. In fact, this treatment results in a lifelong reliance on medication – and eventually infertility – and has been linked in some cases to a range of health risks including incontinence, fistulas and other complications arising from surgery, as well as absence of sexual feeling, osteoporosis, and increased susceptibility to some forms of cancer.

<https://www.endocrinologynetwork.com/view/transgender-men-receiving-testosterone-at-greater-risk-of-blood-clots>;

<https://www.phallo.net/risks-complications/>;

<https://news.cancerresearchuk.org/2019/05/16/transgender-women-have-increased-risk-of-breast-cancer-compared-to-cisgender-men/>

LGB Alliance recommends that the Committee consider the huge impact of social media in driving those most likely to be concerned about body image to undertake irreversible damage to their bodies.

LGB Alliance is a new charity currently without official funding, but our business plan includes the production of online content to promote positive images of gay, lesbian and bisexual people. We believe this will be crucial in turning the tide against the dangerous propaganda which encourages young LGB people to mistake their concerns for being “trans”.

Most young people being referred to gender identity services describe themselves as being attracted to others of the same sex.

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the-evidence/76A3DC54F3BD91E8D631B93397698B1A#>

This could be the result of many different pressures, but clearly must be investigated further – particularly as former clinicians at the Tavistock youth gender clinic GIDS report a lack of safeguarding - <https://www.bbc.com/news/uk-58453250>. One of those who resigned from the service accused it of “institutional homophobia”, and other former clinicians at the service say that prescribing puberty blockers is “transing away the gay”.

Legislative proposals currently under consideration to ban “conversion therapy” contain elements that have nothing to do with conversion therapy as generally understood by the public. These pose a direct threat to the provision of full, neutral therapy for young people who report gender dysphoria. Clinicians, therapists, parents, detransitioners, faith leaders and others are horrified that well-meaning MPs do not understand the implications of these proposals. The Bill as envisaged at present would outlaw sensible treatment and create an atmosphere of fear for anyone wishing to challenge the reasons why a young person might believe they are “born in the wrong body”. LGB Alliance is lobbying politicians to

understand that gender dysphoria – unlike sexual orientation – is a *medical* issue, which must be addressed by the Department of Health after the Cass Review publishes its report, expected later this year: <https://cass.independent-review.uk/about-the-review/>

*What is the relationship between people's perception of their body image and their physical and mental health?*

Those who perceive their body as being in some way “faulty” or “wrong” or “unattractive” will inevitably be distressed, particularly if they feel they are being judged by their peers. It is also true that those who have a history of psychological trauma, or other forms of distress, may somatise that trauma/distress, and perceive their body as being at fault. That is why it is so crucial that those who think there is something wrong with their body are provided with long-term, neutral, exploratory psychotherapy, so that any trauma or mental health issues are recognised and worked through, ensuring that a physical “remedy” is not adopted for what is actually a psychological issue.

At present, LGB Alliance considers that those most at risk from this inappropriate treatment are teenagers and young adults who are being referred to gender clinics – three-quarters of whom are girls or young women. Those suffering from gender dysphoria become convinced that they “are transgender” and seek medical and surgical changes to their bodies to relieve feelings of profound distress. We view this as an extreme version of the link between the perception of body image and physical and mental health.

In girls this often starts with the decision to constrain the breasts by wearing a “binder”. Social media is awash with positive messages and images about binders, which can cause harm to body tissues and lead to bruised or even cracked ribs as well as respiratory problems. There is something seriously wrong with a society that celebrates this form of self-harm as “gender-affirmative care”. A girl who develops an aversion to her breasts needs therapy to establish the causes of her negative body image and to help her to feel more at ease in her body. This was once obvious. Yet in today's world, she can say instead to her doctor or therapist that she “is a boy”, and this lie will be affirmed. LGB Alliance believes that lying to children about the truth of their bodies, or indeed about anything else, is the opposite of ethical care and in the long term is very unlikely to address the body image problems that caused the desire to self-harm in the first place.

The particular issues for those children and adolescents whose body image issues lead them to adopt a transgender identity have been examined in detail by the group Transgender Trend: <https://www.transgendertrend.com/current-evidence/>

There is often a deep, personal and intense relationship between people's perception of their body and their physical and mental health. Low self-esteem can frequently trigger, or be a contributing factor to, other psychological problems such as OCD, anorexia, bulimia and compulsive eating as well as body dysmorphia. Self-harm, eating disorders, depression

and anxiety are some of the mental health issues that are more common amongst women, and particularly among lesbians.

Lesbians are especially liable to suffer psychologically from the pressure and abusive language and behaviour aimed at them. Some of this focuses on the perception of their bodies and appearance in general as being supposedly “wrong”, in line with the sexist stereotypes that are embedded in our social systems.

Multiple factors combine to place extra pressure on girls in particular. These include the sexual objectification of their developing bodies, society’s obsession with the “perfect female form”, advertising, social media with its emphasis on attractive “selfies”, and pornography. These factors have been linked to the higher prevalence of eating disorders among girls, as well as to general dissatisfaction with their bodies overall. These issues are sometimes extreme enough to be labelled “Body Dysmorphic Disorder”, which affects girls at a higher rate than boys.

<https://www.verywellmind.com/body-image-and-eating-disorders-4149424>

*To what extent does people’s perception of their body image, and stigma around particular body images, hinder them from accessing NHS services and what could be done to address this?*

If a young person who is attracted to others of the same sex experiences confusion or distress related to this sexual orientation and has few helpful adults or role models in the surroundings to present a positive image of being gay or lesbian, he or she may conclude that their body is “wrong” in some way. Having reached this conclusion, they seek a referral to a gender clinic instead of mainstream mental health services. Such cases have been reported in the two Newsnight documentaries covering the Tavistock youth gender clinic GIDS. These young people are misinterpreting the kind of service they need and seeking inappropriate solutions. Worse still, GPs agree to refer the young person to a gender clinic. This is partly because the GMC advises GPs (as we have learned from GPs who have contacted us in confidence, and who were worried about the sudden influx of girls saying they are boys) that any girl saying she is a boy *must* be referred to a gender clinic.

In addition, a person who is embarrassed or nervous about their body image, especially in combination with unease about their sexual orientation, might be particularly reluctant to access an NHS service if there is no guarantee they will be seen (and possibly examined) by someone of the same sex. Such guarantees are important: they are valued particularly highly by women. At present, it is not always clear that requesting a medical practitioner of the same sex is permissible.

*What training is needed about body image for frontline public health staff?*

Gender dysphoria, a form of body dysmorphia in which the person feels that their discomfort with their sexed body would be relieved if they were to undergo “transition” to the opposite sex, should not be automatically treated with “affirmation” of the stated belief of “being trans”. Currently, such affirmation is all too often understood as the only right

approach, and it is essential that frontline public health staff recognise the need for exploration of the background and context of such presentation. Many young people may in fact be lesbian, gay or bisexual and subjected to homophobic attitudes and comments which they hope to escape by transitioning; for some on the autism spectrum, their social discomfort and difficulties may lead them to believe, partly as a result of long-term exposure to influencers on TikTok and YouTube, that the problem lies in their “gender”.

It is important that frontline public health staff carry on promoting healthy diets and a variety of sports/physical exercise and meditation to children of both sexes. However, they also need to understand the importance of preserving and expanding single-sex sports provision for girls, to nurture self-esteem as well as growth and independence.

Such staff would benefit from the training available from grassroots feminist groups, and from groups aligned with such work but focusing on boys (e.g. <https://menatworkcic.org/>) to obtain help in devising strategies to prevent and tackle misogyny and sex-based stereotypes. These strategies can help all adults and all children, girls and boys alike, to be themselves. This applies especially to LGB teens and young adults, who may be experiencing difficulty reconciling their body image and overall appearance, as well as their sexual orientation, with the demands of a stereotype-ridden society.

We strongly recommend increased investment in mental health support services for children and young people. These should include professionals trained to cater for specific needs, such as those of LGB youth, with care and consideration.

#### *How best can public health campaigns tackle negative perceptions of body image?*

It is essential to change the perception that a girl/woman who doesn't conform to sexist stereotypes, in terms of body shape, clothing, make-up etc, is somehow “wrong” or even “in the wrong body”. A short-haired girl, a woman whose breasts are small, a girl who prefers trousers and sweatshirts to dresses or tight tops, a woman who is athletic, are all just females. A boy who is narrow-shouldered, a man who moves gracefully, a boy who likes his hair long, a man who knits or embroiders, are all just males. The acceptability of all shapes, sizes and styles must be communicated, to reduce bullying, and to enable the acceptability of all the different ways of being male or female, outside the stereotypes. As we have said, if a girl likes playing football, she needs football boots, not puberty blockers.

Public health campaigns should reject sexist stereotypes such as those promoted by the ubiquitous “Genderbread” poster and diagrams suggesting that everyone has a “gender” on the “spectrum” from “Barbie” to “GI Joe”. These simplistic and regressive images reduce vibrant, quirky, individual personalities of interesting girls and boys to a series of labels. In our view they are profoundly harmful to children's body image, self-esteem, and mental health. Furthermore, they lead teenagers to confuse their emerging sexual orientation – which leans outward, to forming relationships with others – with an “identity” that turns inward and is self-absorbed.

*To what extent are people who have a negative body image drawn to cosmetic procedures, and how do cosmetic procedures affect their body image?*

“Cosmetic” procedures refer to operations or invasive procedures elected for cosmetic rather than medical reasons. In the view of LGB Alliance, this includes the removal of healthy breasts by young women seeking to redefine themselves as boys. The breasts are healthy, so there is no *medical* reason for their removal.

It is deeply concerning that young women who have become convinced that their “gender identity” requires surgery may seek and obtain a double mastectomy at an early opportunity (which in the UK can be from age 18). Brain maturity is not reached until approximately 25 years of age. Sadly, many of these young women realise many years later, in their twenties, that they made a mistake. Their self-diagnosis, affirmed by gender specialists, was wrong: many realise they are actually lesbian and had struggled to accept it. They then decide to “detransition”, but much of their treatment is irreversible. Amputated breasts cannot be restored (silicone implants bear little resemblance to natural breasts, lacking sensitivity or the potential for breast-feeding). For too many, the amputation of a natural part of the body is, in the long term, a matter of deep regret, and leads to a new form of negative body image.

Sinead Watson, a detransitioner, discusses these “cosmetic” procedures as an almost automatic result of transgender identification. In her case, she sought these procedures because she had a very difficult relationship to her body, resulting from trauma.

<https://www.youtube.com/watch?v=oyMbTdIcrgs> Further useful aspects of this issue are explored in the article linked here:

<https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479> .

Many boys and men who transition make no body modification, and while many do take hormonal medication to “feminise” their bodies, these changes are largely reversible if they decide to stop. The same is not true for women and girls – the lowered voice and facial and body hair growth do not change when the hormones are stopped. Clearly, this is highly problematic for those for whom the process does not alleviate their discomfort with their body, and the “cosmetic surgery” may in fact be a cause of further or greater problems regarding their body image.

*Is there sufficient support and advice for people who are considering cosmetic procedures?*

We cannot answer for all cosmetic procedures, but those relating to transitioning – breast amputation, “sex reassignment” surgery, facial feminisation – most definitely should never be undertaken without long-term neutral exploratory psychotherapy. It is important to note that those currently promoting a ban on “transgender conversion therapy” do not accept that a young person who asserts that they are the opposite “gender” requires exploratory psychotherapy before being prescribed drugs and surgery to change their bodies. Yet this psychotherapy is a vital step enabling the individual to ensure that they are still sure they

wish to undergo such treatment when all the factors causing distress have been thoroughly explored and addressed.

There is a danger that therapists wanting to provide this form of care will find their work criminalised. This is profoundly dangerous and, as stated above, we strongly oppose these proposals.