

**Witness Statement of Dr Belinda Mary Riddall Bell
On behalf of the Appellant
Date: 31 January 2022
Exhibit: BB1**

Appeal number: CA.2021.0013

**FIRST-TIER TRIBUNAL
GENERAL REGULATORY CHAMBER
(CHARITY)**

MERMAIDS

Appellant

and

THE CHARITY COMMISSION FOR ENGLAND AND WALES

First Respondent

THE TRUSTEES OF LGB ALLIANCE

Second Respondents

WITNESS STATEMENT OF DR BELINDA MARY RIDDALL BELL

I, Dr Belinda Bell, Chair of Trustees of Mermaids, Tarn House, 77 High Street, Yeadon, Leeds, LS19 7SP shall say as follows:

1. I have been the Chair of Trustees at Mermaids, the Appellant, since May 2019. My background is in social entrepreneurship and academia. I hold a professional Doctorate by public works, a Masters Degree in Community Enterprise and a Bachelors Degree in Social Anthropology. I am a Fellow of Social Innovation at Cambridge Judge Business School at the University of Cambridge and I designed and led the University's support programmes for social enterprise.
2. I make this statement in support of Mermaids' appeal against the decision of the Charity Commission (the "Commission") (the First Respondent) to register LGB Alliance (an organisation run by the Second Respondents) as a charity in April 2021.

The statement was drafted with the assistance of Mermaids' solicitors following discussions with them.

3. In the course of making this statement, I shall refer to a bundle of documents, which is now shown to me marked '[BB1]'. References take the form '[BB1/X]', where 'X' is the exhibit page number.
4. Matters within this witness statement are within my own knowledge unless I state otherwise, in which case I give the source of my knowledge and belief. Where matters are within my own knowledge, they are true. Where matters are not within my own knowledge, they are true to the best of my knowledge and belief.
5. The focus of this statement is on the effect that LGB Alliance's registration has had, and continues to have, on Mermaids. In this statement I will address (1) Mermaids' objects and main areas of work; (2) LGB Alliance's approach towards trans children and young people; (3) LGB Alliance's attacks on Mermaids; and (4) what LGB Alliance has done with its charitable status.

(1) Mermaids

6. Mermaids has been supporting transgender, non-binary and gender-diverse children and young people, and their families, since 1995. By way of explanation, "*gender-diverse*" is an umbrella term that is used to describe gender identities that do not fall within a cisgender/binary framework; it includes (but is not limited to) non-binary identities and transgender identities. I exhibit at [BB1/2-5] a glossary from Mermaids' website which gives a number of useful definitions of these and other terms that are used in this area.
7. Our Objects are: "*To relieve the mental and emotional stress of all persons aged 19 years and under who are in any manner affected by gender identity issues, and their families, and to advance public education in the same.*" One of the most important of these issues is gender dysphoria, which refers to the discomfort experienced by someone whose gender does not match the one they were given at birth.

8. Mermaids was founded in 1995 by a small group of concerned parents sitting around the kitchen table, coming together to share experiences, find answers and look for ways to keep their children safe and happy. Today, Mermaids has evolved into one of the UK's leading LGBT+ charities. We help thousands of children and young people up to the age of 20, as well as their families. We offer secure online communities, local community groups, helpline services, web resources, events and residential weekends. We seek to educate and inform wider society on gender identity by helping professionals to accommodate and reassure gender-diverse young people. We also have a legal and policy department which works to support people in relation to the legal aspects of transition (for example, name changes), as well as commissioning research and working with public bodies to ensure that the voices of trans people are heard by policy makers.

9. We aim to:
 - a. reduce isolation and loneliness for transgender, non-binary and gender-diverse children, young people and their families;
 - b. provide families and young people with the tools they need to negotiate education and health services;
 - c. help young people to cope better with mental and emotional distress, and equip their parents with what they need to offer individual support;
 - d. improve the self-esteem and social skills of children and young people;
 - e. improve awareness, understanding and practices of teachers, GPs, Child and Adolescent Mental Health Services ("CAMHS"), Social Services, and other professionals, including by providing training. Our work on this front is relatively limited; since April 2021, for example, we have delivered a total of 353 training sessions, 162 of which were in schools.

9. We also have commercial and/or collaborative partnerships with a range of organisations. We work with corporates in various ways, including (a) staff training

and volunteering opportunities, (b) charity of the year partnerships, (c) commercial partnerships, and (d) trans inclusion policy reviews.

10. We do not give healthcare advice. We provide general information on NHS clinical pathways, but we are not involved in the provision of medical care or in advising around whether a medical pathway is appropriate for an individual. Like other voluntary organisations, we can make referrals to the Gender Identity Development Service (“GIDS”), but we think it is better for referrals to come from GPs or CAMHS where possible and rarely do so – our last referral was made in April 2020. This is one of a number of misrepresentations made by LGB Alliance about us which I will discuss in more detail below.

(2) LGB Alliance’s approach towards children and young people

LGB Alliance’s claims about trans children and young people

11. In this section, I set out the claims made by LGB Alliance about children and young people who are affected by gender identity issues, i.e. the groups that Mermaids is established to help. (I understand that LGB Alliance’s wider beliefs will be addressed in other evidence filed on behalf of Mermaids.)
12. LGB Alliance’s views can be found in its publications, on its Twitter account, and in communications by Beverley Jackson, Ann Sinnott, Katharine Harris and Malcolm Clark (the four founding directors of LGB Alliance) as well as Allison Bailey, who has acted as a co-founder and remains one of its main public-facing figures (she is credited by LGB Alliance for having “helped us set up” [BB1/7] and gave the keynote speech at its October 2021 conference).
13. Mermaids has always understood that LGB Alliance was formed as a part of the wider “gender critical” movement. My understanding of the expression “gender-critical” is that it refers to a belief that sex is biologically immutable, and that people cannot genuinely transition, with the result that (for example) a trans woman is not a woman and is not entitled to be treated as a woman.

14. One of the reasons Mermaids has been especially concerned by LGB Alliance is that, since its foundation, it has repeatedly focused its efforts on children. As far as I can tell, LGB Alliance appears to accept that adult trans people exist and that they should be allowed to access gender affirming healthcare (though it seeks to deny them various legal protections and refers to trans men as *“female-bodied people”* and trans women as *“male-bodied people”* regardless). However, based on its public communications, LGB Alliance appears to take the view that trans children do not exist, or that they cannot know they are trans before adulthood. (A letter sent on LGB Alliance’s behalf to the Commission by its solicitors on 18 June 2020 said that *“LGB Alliance does not dispute that for some young people transition and gender reassignment will be the right path”* [2.2.4] **[BB1/11]**, but I have seen no evidence elsewhere to suggest that that is its position.)
15. LGB Alliance’s original Mission Statement (which was archived on 2 February 2020 and is exhibited at **[BB1/15-16]**) included as one of LGB Alliance’s four *“Aims”*: *“3. To protect children and young people from being taught unscientific gender doctrines, particularly the idea that they may have been born in the wrong body, which may lead to life-changing and potentially harmful medical procedures.”* It stated: *“In our view, current gender ideologies... are confusing and dangerous to children”*.
16. One of LGB Alliance’s major activities is its *“Schools Campaign”*. I exhibit the relevant pages from LGB Alliance’s website at **[BB1/17-32]**. In summary, it is a campaign against the teaching of gender identity issues as a part of relationships and sex education in schools. There are numerous inaccuracies on this page, but (in summary) it seems to be arguing that children should not be educated about the existence of trans people or the possibility that they might have gender dysphoria. It includes:
- a. Repeated claims that education on trans issues is harmful because it will *“encourage children to think about whether they should change “gender” instead of staying exactly as they are”* **[BB1/29]**;
 - b. a claim that trans children are only *“pretending to be the opposite sex”*, in the same way as *“[a]ll children like dressing to be animals, space creatures, fictional characters”* **[BB1/28]**;

- c. a claim that *“lessons on gender identity that are taught in schools”* have been designed to prepare the ground for a *“worrying trend”* of persuading young lesbian girls that they are, in fact, trans boys (a supposed conspiracy that is described as *“transing away the gay”*) [BB1/30];
 - d. reference to *“growing numbers of detransitioners (people who regret “transitioning” and try to revert to their birth sex)”* as evidence that children are inappropriately encouraged to transition [BB1/30];
 - e. recommendations for readers to consider materials produced by Safe Schools Alliance and Transgender Trend, organisations which promote similar views (the name of Transgender Trend refers to the view that being transgender is no more than a *“trend”*) [BB1/32]; and
 - f. prominent identification of a *“gender identity lobby”*, including Mermaids, as playing a significant role in these problems, with Mermaids potentially being engaged in *“child abuse”* (see below) [BB1/23].
17. On 23 November 2020 Beverley Jackson was quoted by the BBC as saying: *“We don't think children should be allowed to self-diagnose any medical condition... We need to take a step back and ask why are so many young people presenting at the clinic for a gender treatment?”* [BB1/35] This gives the misleading impression that gender dysphoria can currently be *“self-diagnosed”* when, in fact, it requires a medical professional. It is not possible to self-refer to GIDS. It appears to reflect LGB Alliance's belief that children who express gender identity issues should not be believed.
18. Such claims have been made most starkly on social media. Much of LGB Alliance's campaigning on this (and all) issues is conducted through social media, and in particular Twitter, where it currently has over 48,000 followers. I will refer to tweets throughout this statement, but it is worth noting that this is where LGB Alliance has been most frank that it does not accept the existence of trans children:

- a. On 7 October 2020 LGB Alliance tweeted: *“If a child cannot be born in the wrong body, as was generally agreed last week, how can there possibly be a trans child? Doesn’t compute really does it?”* [BB1/37]
- b. On 3 December 2020 Ms Bailey tweeted: *“There are no ‘trans kids’, just children suffering from gender dysphoria who deserve high quality psychiatric & psychological treatment.”* [BB1/37]

19. Based on its published materials, therefore, LGB Alliance has claimed:

- a. that transition is not genuine, but used as a way of *“transing”* children into being heterosexual when they would otherwise grow up lesbian, gay or bisexual (*“LGB”*);
- b. that gender non-conforming or LGB children are encouraged to believe they must be trans and given rapid access to treatment, resulting in huge numbers of young people being inappropriately given puberty blockers, hormones and surgery; and
- c. that many such young people are not actually trans, and come to regret medical interventions or *“detransition”*.

Campaigning activities relating to children and young people

20. LGB Alliance has not only made such statements, but has sought to act on them in a number of ways.

21. First, LGB Alliance’s Schools Campaign urges supporters to write to their children’s schools, as well as MPs and other politicians, to oppose education on gender identity issues. It provided a template letter which asks the MP *“to delay the rollout”* of new relationships and sex education, and points the MP towards LGB Alliance, Transgender Trend and Safe Schools Alliance [BB1/31-32].

22. Second, LGB Alliance has campaigned to influence legislation and policy in this area.

23. I have mentioned campaigning on social media already, but it also engages in extensive political lobbying and advertising.
24. In November 2020, it submitted evidence to the House of Commons Women and Equalities Select Committee claiming that “[m]any young girls and boys are now taught at school that if they are “gender non-conforming” they may have been born in the wrong body. This dangerous indoctrination is continuing...” (paragraph 11); and that “many” LGB groups now “include detransitioners in their ranks” who “regret their decision to “transition”, either because of poor surgical outcomes or because the physical interventions they underwent did not resolve the distress of gender dysphoria. LGB Alliance has written to Mental Health Minister Nadine Dorries with an urgent request drawn up by senior psychiatrists for the NHS to set up a specialist unit to provide care for detransitioners.” (paragraph 20) [BB1/38-42].
25. In March 2021, it wrote to all MPs arguing against a proposed ban on conversion therapy, saying that “affirming a gender non-conforming child as trans, who would otherwise grow up to be lesbian, gay or bisexual, is itself a form of conversion therapy” [BB1/43-45].
26. On 13 January 2022, LGB Alliance sent a van around London with the slogan “Gay Teens Aren’t Sick: Most young people who are prescribed puberty blockers say they are attracted to people of the same sex”, which is apparently to be its “biggest campaign of the year 2022” [BB1/46].
27. Third, LGB Alliance lobbies on issues relating to trans children behind the scenes. I do not know the full extent of this, but materials disclosed by the Department for International Trade under the Freedom of Information Act [BB1/47-71] reveal that representatives of LGB Alliance, for example, met Kemi Badenoch (the Minister for Equalities) on 13 July 2020 and gave her “information” about the “schools campaign” [BB1/69]; they also met the Strategic Policy Adviser to Liz Truss on 12 October 2020 to discuss, among other things, gender identity in “schools, universities etc.” (with reference to Stonewall) [BB1/47].

The accuracy of LGB Alliance's claims

28. I will now explain why the claims which I have summarised at paragraph 19 above, which LGB Alliance has sought to promote through its political activities, are false and harmful, in particular to children and young people experiencing gender identity issues.

(a) The claim that transition is used as a way of "transing" children into being heterosexual when they would otherwise grow up LGB

29. As explained above, LGB Alliance claims that homophobic parents, in collusion with the "gender identity lobby" (including Mermaids), encourage gay and lesbian children to transition as a means of "transing the gay away". (The use of this phrase echoes a common description of Christian conversion therapies, now generally recognised as abusive, as "praying the gay away"; LGB Alliance often seeks to draw a parallel between that practice and the provision of gender-affirming healthcare.)

30. This is a severe, and in my view dangerous, distortion of reality. It should go without saying, but as Chair of Trustees at Mermaids, I confirm that "transing the gay away" has never been any part of Mermaids' goals. As explained below, Mermaids does not encourage gender-questioning young people to transition, full stop. Our sole focus is on supporting children to find the right path for them, and some of the young people we support conclude that they are cisgender.

31. Further, Mermaids is, and always has been, entirely supportive of LGB young people, including those who are not trans, and currently supports many young trans people who are also LGB. I am not aware of any efforts by other mainstream LGBT+ organisations or healthcare professionals to tell LGB children that they should instead identify as trans, or to place pressure on them to do so; the suggestion that this happens is, in my view, absurd and offensive.

32. Not only is the claim not supported by evidence, it makes no sense:

- a. It is not plausible that homophobic parents (or teachers or healthcare professionals) are likely to be happier with the idea of children being trans than being gay. Adults who are homophobic might be expected to have less tolerance for trans children, not more.
- b. Transition would not be an effective strategy for homophobic parents who wanted to make their children straight. The Government's National LGBT Survey in 2018 found that just 9.4% of trans people identify as straight; 73.1% said they were bisexual, gay, lesbian, pansexual or queer [BB1/72-74]. In other words, many trans people are attracted to people of the gender to which they have transitioned, many others have more complex sexual identities, but very few consider themselves straight. In any case it is not clear to me how it would be possible to "trans" someone out of being bisexual – following transition they would still likely be bisexual.

(b) The claim that children are pushed into medical treatment which is available with minimal safeguards

33. As explained above, LGB Alliance claims that the "gender identity lobby" (including Mermaids) and the medical establishment are involved in pushing children towards believing that they are trans, and that those children are given easy access to serious medical treatment with minimal safeguards.
34. I have already stated that Mermaids is not directly involved in medical treatment of children with gender dysphoria, nor do we recommend medical treatment, though we do support children and families who are navigating the process. Our view, in short, is that the medical intervention of puberty blockers (the only form of intervention available to someone under 16) will be the best option for some children with gender dysphoria; for many they will not be. That is a question to be determined on a case-by-case basis by the young person, their doctors and their primary carers. It is not a decision that should, or can, be taken lightly. Our role is to support all gender-diverse children and young people to find the path that is right for them, whatever it may be. In my experience, other LGBT+ organisations in this country tend to take a broadly similar view.

35. Many of LGB Alliance’s attacks have been directed towards treatment at the Tavistock and Portman NHS Foundation Trust (the “Tavistock”), which operates Great Britain’s only GIDS for patients up to the age of 18 experiencing gender dysphoria. The Tavistock’s approach towards ensuring children give informed consent was reviewed and upheld by the Court of Appeal in September 2021 (*Quincy Bell & Anor v The Tavistock and Portman NHS Foundation Trust* [2021] EWCA Civ 1363).
36. As will be clear from the *Bell* judgment, a range of psychological and medical treatments may be available at different ages. The only medical intervention available to under-16s is puberty blockers, which are not prescribed lightly – indeed there is a 2-year waiting list to be clinically assessed for them (*Bell*, [5]). In appropriate cases, cross-sex hormones may be prescribed after the age of 16. Importantly, however, gender reassignment surgery is only available to over-18s (*Bell*, [18]).
37. There is no ‘one size fits all’ approach and, at each stage, extensive assessment is required. Those assessments will involve careful exploration of the young person’s concerns, with no predetermined outcome.
38. This is a hugely complex area in which the evidence base is constantly evolving. The view of the NHS, which Mermaids shares, is that medical interventions will not be required for all young people referred for gender dysphoria issues; in some cases other treatment options will be more appropriate and/or the risks will not outweigh the likely benefit. For some children with gender dysphoria, however, the risks of medical interventions will be outweighed by the benefits, which can be very significant. The BBC reported in 2019 that fewer than half of patients referred to the Tavistock have any medical interventions at all [BB1/76]. A recent study published by the Tavistock, “*Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK*”, recorded that 43 of 44 young people prescribed puberty blockers went on to the next stage of treatment, cross-sex hormones, and benefited from that treatment [BB1/78-79]. This suggests that the screening and information sharing process before puberty blockers are prescribed is indeed sufficiently robust and capable of identifying young people who will benefit from medical intervention.

39. Our experience is that children with gender dysphoria can develop an in-depth understanding of their own condition and can become very well informed at an early age, but this is unique to each individual; some individuals do not realise they are trans until later on in life. If they gain this understanding during childhood/adolescence, we think it is right that they are able to make informed decisions about their care with the support of their families and medical professionals. Having said this, the decision to start medical treatment is not one that should (or can) be taken lightly. Children who are referred to GIDS are currently subject to extremely long waiting times for a first appointment, after which they go through an extremely lengthy process. Our view is that the current waiting times (up to two years) are too long, and that distressed children should be seen in a timely fashion, in line with the specified NHS target of 18 weeks – but it is absolutely right that once the process is underway, it is rigorous and involves comprehensive assessment and support, as one would expect in any area of healthcare.
40. LGB Alliance frequently cites the fact that there has been an increase in referrals of children to the Tavistock in recent years, from 138 in 2010-11 to 2,563 in 2017-18 (although it has since levelled off) [BB1/80-82]. The reasons for that increase are not fully understood, but the greater awareness and understanding of gender identity / gender dysphoria in society as a whole is likely to be a significant factor.
41. A parallel could be drawn with the increase in people identifying as LGB as social attitudes have changed – for example, the percentage of the population who identified as LGB increased from 1.6% to 2.2% between 2014 and 2018 alone, with 4.4% of 16-24 year olds identifying as LGB [BB1/83-84]. As most people now accept, that increase has occurred because LGB people have become more visible and accepted, and people feel more able to be their authentic selves. In the 1980s, however, fears that children were being “indoctrinated” and “turned gay” by the “gay lobby” were widespread; they led to Section 28 of the Local Government Act 1988, the infamous provision which stated that local authorities were not allowed to “*promote homosexuality*” or “*promote the teaching in any maintained school of homosexuality as a pretended family relationship*”. Many LGB people who grew up under that regime still bear the scars of the culture of silence and denial it created.

(c) *The claim that many such young people are not actually trans, and come to regret medical interventions or “detransition”.*

42. LGB Alliance claims that a substantial proportion of young people who transition subsequently regret it. As Allison Bailey put it on 29 November 2020: *“Many of the young women concerned have bitter regrets. Please read the stories of these detransitioners, for instance at @post_trans. We support adults who experience the need for hormones and surgery to relieve their suffering. Children are too young to make such decisions.”* LGB Alliance tweeted similarly on 14 October 2020: *“Puberty is for many a distressing, confusing time. Many will grasp at a solution presented to them, especially if it’s dressed up in attractive YouTube videos and praised as “progressive”. We know now how many teens, largely LGB, are being led down that path and later regret it”* [BB1/85]. I have mentioned at paragraph 24 above a submission to a Parliamentary committee to similar effect. The suggestion that children are choosing (or could choose) to have hormones and surgery is, as explained elsewhere, incorrect; so is the suggestion that trans adults commonly regret transitioning.

43. In reality there is a wealth of evidence to show that such experiences are rare. This does not mean that regret does not exist, however, as it does for many kinds of medical interventions/treatments. One 2019 report found that of 3,398 trans patients who had accessed NHS support, 16 (under 1%) expressed regret, and only 3 made a long-term detransition: *“Study findings are consistent with previous research showing low rates of detransition. Detransition was most often prompted by social difficulties rather than changes in gender identity or physical complications and was most often temporary”* [BB1/86].¹ In Sweden, research covering the period 1960-2010 found that about 2.2% of patients experienced regret, and that it declined significantly over time [BB1/87-98]. In the USA, a 2021 metaanalysis of 27 studies, pooling 7,928 transgender patients who had undergone gender-affirmative surgeries, found that around 1% regretted doing so [BB1/99-116].

44. LGB Alliance appears to accept that there is no evidence for its claim that regretting transition is a widespread problem. It has sought to defend this by arguing that *“Building up reliable statistics on detransitioners and others who regret their decision is very*

¹ <https://epath.eu/wp-content/uploads/2019/04/Boof-of-abstracts-EPATH2019.pdf>

difficult. Partly because research on this subject is discouraged and partly because those concerned often stay in the shadows, reluctant to return to clinics that treated them". Beverley Jackson has claimed that *"those who try to conduct academic studies on detransition find their paths blocked"* [BB1/117]. In fact, as I have explained, studies have been conducted on this topic and have not supported LGB Alliance's claims.

45. Those wishing to "detransition" are deserving of respect, support and dignity and Mermaids is here to support them, without judgement. As explained above, our role is to support each individual young person to find the right path for them, whatever it may be. We have worked with young people who initially identify as a binary gender, but subsequently go on to identify as non-binary; we have also supported some young people who decide to transition back to the sex/gender they were assigned as birth. This can be more of an evolutionary process than the kind of regression/reversal the phrase "detransition" suggests, and it happens for many reasons. The fact that the UK is a very difficult place to live as a trans person – indeed the Parliamentary Assembly of the Council of Europe recently ranked it as one of the worst in Europe, saying it *"condemns with particular force the extensive and often virulent attacks on the rights of LGBTI people that have been occurring for several years in, amongst other countries, Hungary, Poland, the Russian Federation, Turkey and the United Kingdom"* [A3] [BB1/118] – can in our experience be a factor in people deciding to "detransition", though it is of course not the only one.

46. We have always continued to support young people who transition back to the sex/gender they were assigned at birth, and have listened carefully to their experiences and insights. It is also important, however, to make sure that their experiences are not cited as a reason to not provide the appropriate treatment for those trans people who need it.

47. By making false claims about "detransition", LGB Alliance is causing real harm to the people who we work with. They create widespread confusion and suspicion about transition, which makes it harder for young people with gender dysphoria to be believed and to access appropriate support. They encourage the idea that young people who are sure that transition is the right path for them should try to fight against

it. For some people this will lead to their transition being delayed – in some cases for many years – which can itself be a source of bitter regret.

48. I also think it harms some “detransitioners” themselves, by removing their autonomy in relation to their previous decision – LGB Alliance’s narrative encourages them to believe that they were completely wrong about themselves, and were tricked and/or misled.

(3) LGB Alliance’s campaign against Mermaids

49. A central goal of LGB Alliance is seeking to undermine the work of a wide variety of organisations which it says have promoted trans rights to the detriment of women, children, and LGB people. After Stonewall, Mermaids has been the second biggest target of its efforts, and we have been relentlessly subjected to some of its worst treatment.

50. The campaign against Mermaids has two aspects which I will go on to describe:

- a. spreading misinformation about Mermaids and its work; and
- b. encouraging organisations not to support or work with Mermaids.

Spreading of misinformation about Mermaids and our work

51. I have already discussed how LGB Alliance has repeatedly stated in public forums that Mermaids seeks to inappropriately push LGB children into identifying as trans. Such allegations are false and harmful to Mermaids’ ongoing work.

52. Alongside this, LGB Alliance regularly makes other false statements about Mermaids (sometimes by name, and sometimes with allusions to the “gender identity lobby”):

- a. It accuses Mermaids of homophobia (in fact, as explained, Mermaids proudly welcomes all LGB+ people):

- i. On 5 May 2020, LGB Alliance tweeted *“Many groups/programmes are involved in the gender propaganda targeting children: Stonewall, Mermaids, Gendered Intelligence, No Outsiders, GIRES, Educate and Celebrate. There is profound homophobia at the heart of gender identity theory.”* [BB1/130]
 - ii. On 31 May 2020 Malcolm Clark tweeted that the *“gender identity lobby”* was *“steeped in homophobic contempt... and wants to medicalise young lesbians and gays.”* [BB1/131]
 - iii. On 23 March 2020 LGB Alliance tweeted that the *“drive to medicalise gender non-conforming children”* was *“motivated by homophobia and funded by self-serving individuals, companies and organizations.”* [BB1/131]
 - iv. In October 2021 LGB Alliance wrote to Taiwo Owatemi (Labour’s Shadow Minister for Women and Equalities) that *“all the LGBTQ+ groups around the country”* were *“essentially now homophobic”* [BB1/134].
 - v. On 14 January 2022 Allison Bailey tweeted: *“We must never forget that transgenderism is considered a solution to homosexuality by many within the trans movement. The implications of this couldn’t be more obvious or chilling.”* [BB1/132]
- b. LGB Alliance accuses Mermaids of promoting gender reassignment surgery for children (this is demonstrably false: as I have said at paragraph 36 above, such surgery is not provided at all to under-18s) and, occasionally, of child abuse:
- i. Its Schools Campaign webpage prominently displays Mermaids’ name and logo, falsely claiming that Mermaids *“lobbies hard for the lowering of age limits for children seeking untested puberty blocking medication at the Gender Identity Service, Tavistock Clinic”* and adding: *“Some see Mermaids’ promotion of drug treatment and surgery for “gender diverse” children as a form of child abuse”* [BB1/23].

- ii. On 15 September 2019 Allison Bailey tweeted a link to a Times article about Mermaids, adding a comment suggesting Mermaids was engaging in “child abuse” and “chemically castrating [children]” **[BB1/139]**

- iii. On 3 July 2020 2020 LGB Alliance shared on Twitter an article by one of their supporters, Jo Bartosch, which claimed that the trans daughter of our CEO, Susie Green, was simply a homosexual boy who she had encouraged to transition, and that *“having set her child on the trans path, Green is personally invested in defending juvenile cross-sex transition.”* **[BB1/139]**

- iv. On 29 August 2020 Allison Bailey criticised Nigella Lawson for sharing an article about a trans teenager, saying: *“A 14-year-old child is not ‘trans’ they’re experiencing gender dysphoria that they’ll likely grow out of. There’s nothing honourable or romantic about adults celebrating a life of medicalisation & surgery of a healthy young female body. Children are not a political project.”* **[BB1/140]**

- v. On 30 March 2021 Malcolm Clark tweeted: *“What’s the best care for young people who think they’re trans? A noisy lobby insists we must affirm their gender identity, give puberty blockers to under 16s and surgery as soon as they want it. To do otherwise is “hateful””* **[BB1/140]**

- vi. On 8 September 2021 Beverley Jackson tweeted: *“I am furious that rampant homophobia is leading children, especially girls, to seek and obtain hormones and surgery to be their “true selves”. Including sterilisation FFS. With the full collaboration of the medics who are either profiting or spineless.”* **[BB1/141]**

- vii. On 16 October 2020 LGB Alliance stated (in response to a tweet from LGBT Foundation) that it was *“[not] ethical to give children untested drugs & hormone treatment, nor to give girls double mastectomies”* **[BB1/141]**

viii. At LGB Alliance's October 2021 conference, Allison Bailey suggested (in her keynote speech) that: *"Up and down the country, and around the world, girls are removing breasts that have never known a lover's caress."*²

- c. It regularly accuses Mermaids of deceit and criminality, typically in a bid to persuade our supporters from distancing themselves from us. I discuss this in more detail below.

Attacks on individuals and organisations who support or work with Mermaids

53. As well as mischaracterising our activities, LGB Alliance and its trustees have specifically targeted individuals and organisations who have raised funds for us, supported us or worked with us (for example by receiving training from us).

54. This has been a theme from the start, particularly (but not exclusively) in connection with the National Lottery. By way of background, before the formation of LGB Alliance, in 2018-19, "gender critical" groups had mounted a major campaign to have the National Lottery rescind funding to Mermaids worth £500,000. That campaign ultimately failed but it caused significant inconvenience and uncertainty to Mermaids. Against that background, LGB Alliance's complaints about Lottery funding are particularly concerning.

55. This has been a focus for LGB Alliance since its foundation. On 16 June 2019, not long before she established LGB Alliance, Beverley Jackson tweeted a link to an article about Mermaids, saying: *"Big Lottery funding should be suspended immediately pending the results of a proper inquiry. Action needs to be taken now and to this end, as a matter of urgency, we call...for an immediate moratorium on all scientifically questionable 'gender identity' teaching within schools"* [BB1/142]. The National Lottery funding is now mentioned prominently on LGB Alliance's Schools Campaign webpage [BB1/23].

56. More broadly LGB Alliance spends a great deal of effort on social media attacking those who publicly support or work with us:

² LGB Alliance conference 21 October 2021: <https://www.youtube.com/watch?v=Otbfv45TRK0>

- a. On 6 March 2020 (responding, I believe, to Starbucks stocking a Mermaid biscuit to raise money for us), Malcolm Clark tweeted a photo of a Café Nero coffee with the words: “...Time for great coffee from a company that doesn't fund the medical abuse of children (or mermaids)” **[BB1/142]**
- b. On 23 April 2020 LGB Alliance shared a tweet arguing that Mermaids “*rasin d’etre is over*” saying: “*Excellent thread. Time to review the Lottery funding of a group which actively promotes transitioning of children under 18?*” **[BB1/143]**
- c. On 10 June 2020 LGB Alliance publicly criticised the actor Emma Watson for donating to Mermaids: “*How embarrassing*” **[BB1/143]**
- d. On 19 June 2020 LGB Alliance tweeted about a BBC Newsnight segment about GIDS saying: “*These are the groups that refer kids to GIDS. How many people know that last year e.g. @Mermaids_gender received £500,000 from Nat. Lottery and @LGBTFoundation received £2.1 million in funds, including funds from Manchester & Salford City Council, DeptofHealth & @NHSuk [...] Most people have no idea this is going on. We urgently need to publicise this issue. Please donate to our fundraiser for an ad in a national newspaper. It's really expensive. Thank you!*” **[BB1/144]**
- e. On 13 August 2020 LGB Alliance tweeted: “*We hope you are taking note, @lottery_uk, @Starbucks and all others who pledge support to #Mermaids. There is a scandal brewing here: “transing away the gay” is happening right now in our society and its happening to kids. #LGBIssue? You bet*” **[BB1/145]**
- f. On 16 October 2020 LGB Alliance tweeted: “*Why are @metpoliceuk [the Metropolitan Police] & @NationalHCAW [National Hate Crime Awareness Week] hosting Susie Green from @Mermaids_Gender on hate crime seminar? Grossly irresponsible. Mermaids has been thoroughly discredited for its active promotion of untested drugs on children, yet the police applaud Green's efforts. #FactNotFiction*” **[BB1/145]**

- g. On 2 December 2020, Allison Bailey commented on a supportive tweet about Mermaids from LGBT Foundation, calling to *“Cut their funding immediately.”* Malcolm Clark shared her post, describing Mermaids as *“monsters”* and adding: *“Cut their funding.”* [BB1/146]

57. LGB Alliance have also repeatedly campaigned for the organisations that we work with, including Government and public bodies, to cut their ties with us. This is often combined with suggestions that we exert some sort of sinister power over those bodies, and that we are part of a powerful, wealthy *“gender identity lobby” “operating in the shadows”* and *“below the radar”* [BB1/147-148], with echoes of the way in which the supposedly all-powerful *“gay lobby”* used to be discussed in the 1980s. For example:

- a. On 21 June 2020 LGB Alliance shared a letter to the Times which argued that: *“The government must now pledge to remove lobby groups such as... Mermaids from children’s healthcare and education”* [BB1/149]
- b. Its website states: *“Publicly funded organisations like... Mermaids... have been spreading disinformation for a decade or more.”* [BB1/154]
- c. On 4 July 2020 LGB Alliance tweeted: *“It is bad enough that @Mermaids_Gender continue to promote their trans affirmation model for kids with gender dysphoria, despite the @BBCNewsnight expose revealing that this often comes down to ‘transing away the gay’ [...] What is much worse, and quite frightening, is that @UKGOV jumps at their demands. Why is this? @10DowningStreet take action. #ListenToOtherVoices”* [BB1/150]
- d. On 4 July 2020, LGB Alliance tweeted: *“Mermaids is welcomed as an expert by govt departments. It is a consistent lobbying presence at Tavistock Clinic. In a @BBCNewsnight report of 18 June, the clinic’s policy towards gender non-conforming kids is described by former GIDS clinicians as “transing away the gay” [...] It is time for a full parliamentary investigation into the influence of Mermaids on the NHS-funded work of the Tavistock GIDS Clinic, and of the leadership of the clinic where so many young LGB lives are being destroyed.”* [BB1/151]

- e. On 30 July 2020 LGB Alliance tweeted: *“We are pleased that the BBC has dropped Mermaids and other trans groups from its advice line: ‘Mermaids advises schools, the police and social workers but has been accused of promoting gender reassignment for children”* [BB1/151]
- f. On 1 December 2020 it criticised the BBC for interviewing our CEO Susie Green about anti-trans discrimination (alleging that she *“has a record of spreading disinformation”*) [BB1/152]
- g. On 30 December 2021 Malcolm Clark claimed that Mermaids was *“one of the most insidious organisations in Britain. With luck... one day soon everyone who played a prominent role will be behind bars. The good news is some rats seem to be gathering their case files as water floods the ship.”* [BB1/152]

(4) What LGB Alliance has done with its charitable status

58. I have been asked to comment on the effect of LGB Alliance’s registration as a charity on Mermaids. I wish to emphasise that nothing in this passage should be taken as a criticism of the Commission. While Mermaids has been harmed by the registration decision, I do not believe the Commission intended this. I am setting out the effects of the decision to explain why we have brought this appeal, and because I am told it is relevant to the question of standing.

59. An (undated) email sent by LGB Alliance’s solicitors to the Commission requesting expedition of its application explained how crucial it considered securing charitable status (emphasis added):

The Charity was launched in November 2019, making it a new organisation. Although the Charity has secured initial funding through a JustGiving campaign, ticket fees for events and donations from attendees to these events, the Charity is finding it increasingly difficult to obtain funding from other sources whilst it awaits confirmation of registered charity status. The Charity urgently needs to be able to accept more donations as it is currently relying on a loan from an individual who initially wished to make a donation in order to honour its financial commitments. The

Charity has two prospective donors who are keen to support its work. However, it is unable to continue conversations with these potential donors until it obtains registered charity status as these donors require the Charity to first register with the Charity Commission. This funding is vital to continue operating the Charity. These prospects include the potential donors listed below, from whom the Charity expects to raise a minimum of £25,000 following its registration [...]

The Charity is planning a major public event...The Charity intends to give its supporters the opportunity to make a donation to the Charity when purchasing tickets to the event, and it would be hugely advantageous to the Charity to be able to claim gift aid on these donations in order to best use the opportunity presented by the event for the benefit of the Charity. At the October event, the Charity also intends to seek donations from a number of individuals and requires registered charity status in order to garner greater support and publicity for its programmes and in order to claim Gift Aid on the donations. As a result of the event being postponed, the Charity is also facing a significant gap in the its [sic] fundraising plan before the planned event can take place and have to rely on trusts and other grant making bodies to receive funding. The grant funding options available to the Charity are also restricted while the Charity waits to be registered and, as mentioned above, the Charity is unable to continue conversations with potential donors until it obtains registered charity status.

[BB1/156-157]

60. After charitable status was granted on 20 April 2021, LGB Alliance tweeted “Message to supporters: charity status changes everything” and “To all those asking how to donate now we’re a charity – please be patient! We’re working through various tasks & as soon as gift aid is enabled we’ll let you know!” **[BB1/158]** Since registration it has been registered for Gift Aid and soliciting Gift Aided donations **[BB1/159]**. By 18 August 2021 it had registered with “Amazon Smile”, which allows shoppers to nominate a charity to receive 0.5% of the cost of their purchases **[BB1/158]**.

61. Charitable status is therefore allowing LGB Alliance to increase its funding, expand its reach, and pursue its activities more effectively. Given that one of its primary activities is (as described above) seeking to stop Mermaids’ work and destroy its reputation and sources of funding, that has a direct impact on us.

62. Perhaps more significantly, charities are rightly held in high regard in the UK and are known to be expected to comply with certain standards. I assume that this is part of why LGB Alliance concluded, as its solicitors put it in the letter referred to above, that it “*require[d] registered charity status in order to garner greater support and publicity for its programmes*”. Since obtaining it, LGB Alliance has used its charitable status to reassure people that its activities are acceptable and its views should be listened to. For example, in a section on its website addressing various “*Myths*”, LGB Alliance writes: “*We are a charity registered with the Charity Commission of England and Wales (number 1194148) and would not be able to be registered if we were a hate group*” **[BB1/162]**.
63. An article written by an LGB Alliance supporter, Jo Bartosch (on the website Lesbian and Gay News) on 21 April 2021 – “*LGB Alliance is granted charitable status: Jo Bartosch reports on how the Charity Commission have rejected ‘sinister hate group’ claims by MPs*” – is a good example of how LGB Alliance and its allies have sought to frame the registration “*victory*” as negating all previous criticisms of the group and obliging MPs to now give them a seat at the table: “*The Charity Commission ‘concluded that the purposes of LGB Alliance, as properly construed in accordance with the legal framework, are charitable and beneficial.’ This is at odds with the ‘sinister’ ‘hate group’ described by John Nicolson MP, a politician who alongside Baroness Barker urged the BBC not to offer a platform to the LGB Alliance. Nicolson and Barker are not the only politicians sheltering behind parliamentary privilege, Kirsty Blackman MP and Jamie Stone MP have also smeared the LGB Alliance as hateful and transphobic.... Presumably, the public figures who smeared the LGB Alliance as transphobic are now drafting apologies.*” **[BB1/165-168]**
64. Jo Bartosch wrote a similar article in Spiked on the same day, “*A victory for the LGB Alliance*”, which again made clear that the “*victory*” was against people who supported trans rights: “*Yesterday, there was a collective stomping of feet and a whine of ‘it’s not fair’ from transgender activists across the British Isles. This followed the granting of charitable status to the LGB Alliance [...] The granting of charitable status to the LGB Alliance threatens to derail the identity-politics gravy train [...] A reckoning is coming, when hard questions will be asked of those who have silenced critics with shouts of ‘transphobia’.*” **[BB1/169-172]**

65. The group's supporters across social media have adopted that framing enthusiastically. For example, on the day of the decision, one tweet to SNP MP Kirsty Blackman read *"Now @ALLIANCELGB are a registered charity - & I am sure you know hate groups cannot become registered charities in any part of the UK - are you going to apologise for your smears? Especially important since the Scottish Govt should be engaging with them re LGB policies very soon"*; another asked the Labour MP Rosena Allin-Khan *"Please will you congratulate @ALLIANCELGB on becoming a registered charity and apologize for having called them a "transphobic organisation" and a "hate group" [BB1/174].*
66. Since the Commission's registration decision, LGB Alliance has stepped up its activities, suggesting that it has been emboldened by the veneer of credibility the decision has given it:
- a. In October 2021, it managed to get a stall at the Conservative Party conference - the first time it has attended a major party conference.
 - b. On 21 October 2021, six months after the Commission's decision, it held its own conference at the prestigious QEII centre in Westminster. Following complaints, the QEII centre stated that it had only permitted LGB Alliance to attend because it was *"a government registered charity" [BB1/177].* I understand that a wide variety of supporters attended the conference including three Members of Parliament. I do not know their motivations in attending, although it would be reasonable to assume that charitable status played a part. Indeed one of them - Joanna Cherry MP - tweeted during the conference criticising Mike Freer (Minister for Equalities) for refusing *"to meet with the only #LGB rights charity in the country" [BB1/180].*
 - c. Various criticisms were made of the conference; a trans bisexual woman who attended reported having been subjected to harassment, with attendees calling her a *"homophobic nonce"* and a *"mentally ill pervert"* (see [BB1/181-184]). Beverley Jackson responded to criticisms, however, by relying on LGB Alliance's charitable status: *"We had a wonderful day yesterday at our LGB Alliance conference. I noticed various odd accusations floating around. LGB Alliance is a*

charity. Our conference was open to everyone. That includes people who disagree with each other on a range of issues.” [BB1/180]

- d. LGB Alliance’s charitable status has plainly bolstered its lobbying activities. On 21 January 2022 LGB Alliance reported attending a meeting with “Mike Freer [Equalities Minister], Baroness Stedman-Scott [Women’s Minister] and the team working on the UK’s proposed conversion therapy ban” at which it seems to have regurgitated the various mistruths and misstatements that I have explained in this statement. The press release boasted about the recent growth of LGB Alliance’s influence: “We’ve come a long way in just over 2 years from a fearful meeting at the Conway Hall to representing the interests of LGB people, at the highest levels of government” [BB1/186-191].

67. In short, LGB Alliance now seem to be using the Commission’s decision as a rebuttal to any accusations that it has spread misinformation, that its tactics are unacceptable, or that it should not be listened to as an authority on LGBT issues.

68. An inevitable consequence of LGB Alliance’s charitable registration is that its false claims about Mermaids, as detailed above, are being taken more seriously, including by those in positions of power and by our potential supporters/partners. Its ability to damage our reputation by making false claims has increased materially, as has its ability to lobby against our work.

69. Even people who are sceptical about LGB Alliance’s claims might well think twice about publicly supporting us, working with us, or applying for jobs with us, given the climate LGB Alliance has created. We have been contacted prior to delivering training or corporate engagement talks on several occasions recently to be asked whether certain allegations detailed above are true; on each occasion it has taken up staff time explaining the true position. On most occasions we have been able to reassure them, but one recent event was recently pulled on the instruction of the organisation’s senior management. All of this takes us away from focusing on our core work – supporting children and their families to be happy and healthy.

70. Accordingly the registration of LGB Alliance as a charity has caused significant interference with our work, consequences for our reputation, and potential financial cost to us. As it is less than a year on from the registration decision it is hard to measure these effects precisely, but they are real, and I believe that they will become increasingly severe if its charitable status is upheld by the Tribunal.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

A handwritten signature in black ink, appearing to be 'Jlu' with a long horizontal flourish extending to the right.

Date: 31st January 2022

Witness Statement of Dr Belinda Mary Riddall Bell
On behalf of the Appellant
Date: 31 January 2022
Exhibit: BB1

Appeal number: CA.2021.0013

FIRST-TIER TRIBUNAL
GENERAL REGULATORY CHAMBER
(CHARITY)

MERMAIDS

Appellant

and

THE CHARITY COMMISSION FOR ENGLAND AND WALES

First Respondent

THE TRUSTEES OF LGB ALLIANCE

Second Respondents

EXHIBIT BB1



GLOSSARY

Ally: Someone who supports members of the LGBTIQ community. Typically heterosexual and/or cisgender.

Assigned gender/sex: The gender/sex assigned to someone at birth and recorded on one's birth certificate, based on their physical characteristics.

Assigned male or female at birth, also written amab or afab: refers to the sex/gender as categorised at birth and recorded on one's birth certificate.

Binding: used by some (but not all) trans masculine people to compress their chests and create a more conventionally masculine shape. Mermaids have a binder service available through our helpline. Mermaids advocates people to bind safely at all times, see [THIS](#) video from PinkNews for more information.

Biological Sex: can be used to indicate biological differences between people. .

Birth name: name given to someone at birth, used to distinguish from a 'chosen' or 'preferred' name that a trans or gender diverse person may choose to ensure their name aligns with their gender identity. You may also hear 'dead name' rather than 'birth name'.

Blockers, hormone blockers or puberty blockers: a type of medication which temporarily stops the production of the natural hormones which progress puberty. They are considered by the NHS

Gender Identity Development Service and a body of international research [your privacy](#) physically you can choose to [continue without tracking](#).

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Cis or cisgender: people who identify with the sex/gender they were assigned at birth.

Crossdresser, or transvestite: Someone who chooses to wear clothes not conventionally associated with their assigned sex/gender. "Cross dresser" is now used in preference to the term "transvestite", which is considered to be outdated and can cause offence. Someone who cross dresses is not necessarily transgender.

FTM or MTF: these stand for 'female-to-male' and 'male to female', respectively, to indicate people assigned female at birth who transition to be a man, and vice versa. Many trans people still use these terms to describe themselves, although these terms have also been criticised for implying that trans people 'change' from one sex into another.

Gender: often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender-diverse: anyone with a non-cis gender identity; an inclusive term covering non-binary as well as trans identities.

Gender dysphoria: medical term for the experience of discomfort or distress in your body, due to having a gender identity that does not align with your gender assigned at birth. Not to be confused with body dysmorphia, a mental health condition where people perceive flaws in their appearance.

Gender expression: How someone manifests their gender identity in society, typically through their appearance, dress, and behaviour. Gender expression is not necessarily connected to their gender identity. Also known as gender performance or gender presentation.

Gender identity: an individual's internal, innate sense of their own gender.

Gender Identity Clinics, or GIC: NHS clinics that provide support around gender identity to people over 18. (People may be referred from the age of 17.) They are able to provide speech and language therapy, counselling and hormones. They will also make referrals for some affirmative surgeries.

Gender Identity Development Service, or GIDS: also known as The Tavistock: NHS service in England and Wales that provides support around gender identity for people under 18. Run by psychotherapists, they explore a young person's gender, offer support for emotional and relationship difficulties and may refer young people on for affirmative healthcare. It is also referred to as 'the Tavistock' as the Tavistock and Portman NHS Foundation Trust are the providers of

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LGBTQ: acronym for 'lesbian, gay, bisexual, and/or transgender and queer'.

Medical or physical transition: physical medical pathway that may include changes (puberty blockers, hormones and/or surgery) which may be used to alleviate gender dysphoria. There are age and stage restrictions in relation to each option, for example one has to be 'around 16' to access cross hormone therapy. Not all trans people will medically transition.

Misgender, or mispronoun: use a pronoun or other language which is different to someone's way of describing themselves. Understood to mean someone's identity has not been recognised.

Non-binary (an umbrella term that includes genderfluid, genderqueer and other labels): not fitting neatly or exclusively into one of the binary gender categories. A non-binary person may have: a single fixed gender position other than male or female, no gender, a combination of male and female or other genders, or move between male, female and other genders – or they might not identify or agree with the concept of gender entirely.

Out, or coming out: being open about one's LGBTQ identity.

Outing: to reveal someone's sexuality or gender identity without their consent.

Pronouns: how someone or something is described in the third person (eg she/her, it, he/his). May be gendered or gender-neutral, eg they/them, ze/hir. Self-declared pronouns indicate how someone identifies and how they want to be perceived.

QTIPOC: acronym for 'queer, transgender, intersex, person of colour', a specific ID that describes LGBTQ+ people who have heritages from Africa, Asia and Indigenous people of the Americas and Australia. Highlights the intersecting oppressions (on the basis of race, gender, sexuality and others) faced by people with these identities.

Queer: an umbrella term which can be applied to anyone who considers themselves non-cis or non-straight. Previously a slur, it has been reclaimed by LGBT+ communities since the 1980s. You shouldn't use this term about someone unless you know they identify as queer.

Social transition: the social changes that someone may choose as part of their transition; may include coming out, changing one's names and pronouns, using differently gendered facilities, changing one's gender performance and presentation. Does not include physical transition.

Trans or transgender: people who do not identify with the sex/gender they were assigned at birth.

Transition: the social, medical or legal process of changing one's gender performance and/or presentation. May also be referred to as gender reassignment, which is a protected characteristic under the Equality Act 2010.

Transphobia: The fear or dislike of someone based on the fact they are trans, including the denial or refusal to accept their gender identity.

This glossary is based on work by Andolie Marguerite (2019) 'Who do they think they are and what do they think they are doing: the construction and establishment of trans and non-binary or genderqueer identities in a trans youth group'. PhD Thesis. University of London, available at http://research.gold.ac.uk/26170/1/EDU_thesis_MargueriteA_2019.pdf; Purple Rain Collective <https://purpleraincollective.com/glossary/>; and Stonewall <https://www.stonewall.org.uk/help-advice/glossary-terms>.

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SAFEGUARDING
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#JusticeForAllison



Title

Allison Bailey is a barrister at Garden Court Chambers. She helped us set up LGB Alliance and publicised our launch with a [tweet on 22 October 2019](#).

Nine days later, Stonewall sent a complaint to her chambers citing a number of the views she had expressed on Twitter. She sent a detailed response in November. On 27 June 2020 she announced she was suing Stonewall to “stop them policing free speech”. She also sued her chambers. Both respondents tried to get the case dismissed.

In a preliminary hearing held on 11 and 12 February 2021, the Employment Tribunal heard arguments from both sides and decided Allison had “a good arguable case with more than reasonable prospects of success”. The case is listed for a full merits hearing (trial) from 1–10 June 2021.

To give the full background on this case, we’ve linked below to the relevant documents:

1. [The original complaint from Stonewall](#)
2. [Allison Bailey’s detailed response](#)
3. [The judgement of the Employment Tribunal in the preliminary hearing](#)

You can find out more about the case on Allison’s own website:

<https://allisonbailey.co.uk/>

██████████
Case Manager, Registration Division
Charity Commission

Direct Dial: ██████████
Email: ██████████

Our ref: MR/219442/0001/PK
Your ref: ME-5154625

18 June 2020

By email: registrationapplications@charitycommission.gov.uk

██████████

LGB Alliance application for charity registration

Thank you for your recent letter. LGB Alliance is aware of the change.org petition that you refer to and the kinds of comments that you highlight in your letter. LGB Alliance is grateful for the opportunity to respond to the allegations that have been made about it and to demonstrate to the Charity Commission that these allegations are untrue and do not accurately represent the objectives of LGB Alliance.

1. The Context of the LGB Alliance

- 1.1 LGB Alliance has been established with the intention of creating a credible organisation to advance and protect the rights of gay, lesbian and bisexual people and to raise awareness and educate the general public about the challenges faced by the LGB Community.
- 1.2 There are sectors of the LGBT press that have wrongly assumed that by seeking to represent the rights of LGB people LGB Alliance opposes the rights of the trans community. This is not the case at all. LGB Alliance recognises and supports the rights of trans people to live free from discrimination. However, it also recognises that what is in the best interests of the LGB community is not always aligned with the interests of the trans community and indeed other communities and groups within society, and so there is a need for an organisation which approaches the challenges that this can present from the perspective of the LGB community in order to protect their rights.
- 1.3 LBG Alliance is not a single issue organisation and it intends to carry out a broad range of activities to promote and advance the rights of the LGB community and to engage and educate the wider public. This includes engaging constructively with different groups and being a part of a respectful and open dialogue about the challenges faced by the LGB community. LGB Alliance has sought to engage constructively with press outlets that have written unfavourable and inaccurate articles about it and has sought to arrange meetings with the editors of these outlets in order that the true aims of our organisation can be understood and so that we can work together to promote equality and diversity. LGB Alliance believes that promoting understanding of the issues faced by the LGB community amongst all groups of people is in the best interest of its beneficiaries and in turn serves to achieve a more equal society for all people. LGB Alliance's attempts at engagement have not always been met with the same willingness to engage in constructive dialogue, but LGB Alliance remains committed to this approach.

219442/0001/001656386/Ver.01

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1.4 LGB Alliance would also like to note to the Charity Commission that it has raised a complaint with Change.org in relation to the petition referred to in your letter. As a result of this complaint change.org amended the wording of the petition on 24 April to remove the false statement that the LGB Alliance “promotes anti-trans views”. Although LGB Alliance is still unhappy with the way in which the wording of the petition mischaracterises its objectives and approach, Change.org had confirmed that it is unable to offer a further resolution without LGB Alliance obtaining a court order. LGB Alliance continues to try to engage constructively with Change.org to have this petition removed.

1.5 We have set out our responses to each of the specific allegations raised in your letter of 4 May 2020 and to your further questions in turn below.

2. Response to allegations

2.1 The LGB alliance is an organisation which actively promotes anti-trans views. Many in the LGBT+ community agree they are a transphobic hate group.

2.1.1 LGB Alliance does not promote anti-trans views. LGB Alliance promotes equality and diversity for the benefit of the public by raising awareness and advancing education in equality and diversity in respect of lesbian, gay and bisexual people. It does this by promoting the rights of lesbian, gay and bisexual people and by advocating for the sound administration of the law in order that the LGB community can be protected from unlawful discrimination.

2.1.2 LGB Alliance is not a transphobic hate group. There are some in the LGBT+ community that incorrectly believe that LGB Alliance has a transphobic agenda, but LGB Alliance must be judged by the message that it actually promotes and by its activities and not by what some people think.

2.1.3 LGB Alliance has also received a great deal of support from the LGB community and has so far raised £69,000 from a large number of private donors who support the organisation and who recognise that there is a role for an organisation that seeks to promote equality and diversity from the perspective of lesbian, gay and bisexual individuals. That is not to say that in furthering this objective LGB Alliance does not respect and support the rights of other groups within society. On the contrary, LGB Alliance recognises that engaging in respectful dialogue with such other groups is essential to promoting diversity and equality for the benefit of the public as a whole.

2.1.4 LGB Alliance approaches its charitable purposes from the position that homosexuality is same-sex attraction and that biological sex is real and important to the understanding of homosexuality and bisexuality. The rights of gay, lesbian and bisexual people are about sexual orientation and relationships between people of the same sex. Worldwide, lesbian, gay and bisexual people experience discrimination and in some cases imprisonment, violence or even death because of their sexual orientation.

2.1.5 LGB Alliance recognises that trans rights are centred on questions of gender identity rather than attraction to the opposite sex and that the experience of trans people is therefore distinct from the experience of gay, lesbian and bisexual people. LGB Alliance does not seek to diminish the diversity and equality issues faced by the trans community or to deny that there are parallels in the treatment of trans people and those in the LGB community and that these communities have some shared aims. However, there are important differences in the experiences of trans individuals and LGB people, and to ignore these does a disservice to both groups.

- 2.1.6 If the concept of biological sex is wholly replaced by the concept of gender (which is subjective to the individual) then homosexuality, which as set out above is about same-sex attraction, is undermined and the specific challenges faced by LGB people cannot be understood by the public and potentially even by LGB people themselves, particularly those that are young and vulnerable. This is a rational approach to the issues faced by LGB people and it is completely wrong to allege, as some do, that taking such an approach promotes anti-trans views. LGB Alliance believes that it is vitally important that there continues to be careful and considered discussion about sex and gender, and how these concepts affect the LGB community specifically. LGB Alliance seeks to ensure that the specific support and protection required by the LGB community is preserved and advanced. LGB Alliance seeks to achieve this by ensuring that there continue to be dedicated safe spaces and specialist advice for LGB people in need, particularly the young and vulnerable, and that clear information and advice is available to the public to support people in understanding the challenges faced by the LGB community.
- 2.1.7 LGB Alliance has a number of supporters within the trans community, and invited trans supporters to attend and speak at the meetings that the organisation held in Glasgow in January and in London last October, where a supporter from the trans community took part in a panel discussion. Representatives of LGB Alliance have also spoken publicly about the organisation's commitment to legal equality and social respect for trans people, including on the LGB Alliance Youtube channel and on the Jeremy Vine Show on BBC Radio 2. LGB Alliance intends to continue to engage constructively and respectfully with representatives of the trans community, and representatives from other groups within society, at its public meetings and through its other activities.
- 2.2 **LGB Alliance is a political campaign organisation, set up primarily to oppose trans rights and equality. Since formation as a Limited Company in late 2019, LGB Alliance's first order of business has been to campaign against reform to the Gender Recognition Act. The Gender Recognition Act has no real effect on anyone other than making the lives of trans people a bit easier.**
- 2.2.1 As set out above, the purpose of LGB Alliance is not to oppose the rights of trans people but to promote equality and diversity for all by raising awareness and supporting equality and diversity in respect of lesbian, gay and bisexual people. LGB Alliance believes that equality is the right of everyone, and it approaches this from the perspective of supporting the rights of LGB people.
- 2.2.2 LGB Alliance's first activity was to engage with the UK Equality and Human Rights Commission and the Metropolitan Police. Its discussions with these bodies were entirely focused on the rights and representation of lesbian, gay and bisexual people and were not to campaign against reform to the Gender Recognition Act. LGB Alliance is also holding regular conversations with the Interim Director of the Government Equalities Office about a number of issues affecting LGB people and we are in the process of arranging a meeting with the new Minister for Equalities, Kemi Badenoch. On 30 April, LGB Alliance made a submission to the Women & Equalities Select Committee on the subject of how LGB people have been hit by the lockdown necessitated by COVID-19. LGB Alliance intends to engage with government and public sector bodies to discuss a broad range of issues relating to the rights of LGB people and the challenges faced by the LGB community.
- 2.2.3 LGB Alliance's position on the reform of the Gender Recognition Act had been to encourage law makers to consider these changes carefully and to raise awareness about how proposed changes could affect the rights of LGB people. It is not true to say that the proposed reforms would have no real effect of LGB people. Until recently, the proposed

reforms would mean that any person aged 16 and over would have been able to obtain a gender recognition certificate after three months of “living in the acquired gender”. As set out above, there is a very careful conversation to be had about how the concept of gender identification affects the concept of biological sex, and therefore sexual orientation.

2.2.4 LGB Alliance is also concerned about the support and after care that is provided for young people when applying for such a gender recognition certificate if the legislation were reformed in accordance with the initial proposals, and indeed the Scottish Government shared these concerns and specifically sought views on what support would be needed for children and young people who feel uncertain about their gender identity. LGB Alliance does not dispute that for some young people transition and gender reassignment will be the right path. However, there has been an increasing number of cases of young people who have undergone gender reassignment later coming to the conclusion that they were not trans, but in fact grappling with their gay or lesbian sexuality.

2.2.5 The awareness of the particular sensitivities required when supporting trans young people has been highlighted in recent times, and one example of this is the scrutiny faced by the Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust, which is the subject of a judicial review. LGB Alliance recognises that this is a complex and sensitive issue that engages the rights of trans young people as well as young people who are lesbian, gay and bisexual. LGB Alliance believes that this is an important area for further research and for open and honest dialogue between different groups in society to seek to develop a way forward that balances the rights and interests of the groups involved and which protects young people and ensures that they are supported. The research commissioned and shared by LGB Alliance would focus on the experiences of LGB young people, in order that LGB Alliance can identify the current gaps in support and can either aim to address these through its own activities (such as the helpline it intends to establish) or can advocate for this support to be provided by other organisations or by the government.

2.3 **LGB Alliance was recently censured by the Advertising Standards Authority for publishing misleading adverts opposing reform to the GRA in the press.**

2.3.1 This allegation is untrue; LGB Alliance has not been censured by the Advertising Standards Authority (ASA). Complaints were made to the ASA about LGB Alliance’s press advertisement “Press Pause on the Gender Recognition Bill”. The ASA Council assessed these complaints and found that no further investigation was necessary and confirmed that LGB Alliance was not required to take any action. The ASA confirmed that LGB Alliance had not breached the UK Advertising codes. We have attached a copy of the ASA’s response to LGB Alliance for your information.

2.4 **Charities cannot have a political purpose, any political campaigning must be in pursuit of a charitable purpose. Charities cannot exist solely to pursue a political aim.**

2.4.1 The trustees understand that as a charity, LGB Alliance must be set up for purely charitable purposes which are for the public benefit. LGB Alliance is not set up for a political purpose; it is set up for the charitable purpose of promoting equality and diversity for the public benefit and to promote human rights, particularly the rights of those who face discrimination on the ground of sexual orientation.

2.4.2 LGB Alliance currently undertakes a range of activities in pursuit of its charitable objects, including organising public meetings to educate and inform the public about matters relating to LGB issues and meeting with representatives of public bodies (such as the police) and government ministers to advise on human rights issues affecting the LGB community. LGB

Alliance also intends to commission and disseminate the useful results of research into human rights issues relevant to the LGB community and to establish a helpline to offer advice and support to LGB people (with the aim of helping them to overcome disadvantage) and to the general public. LGB Alliance's activities focus on raising awareness of the challenges faces by LGB people and educating the public to promote equality and diversity and thereby eliminate the discrimination faced by LGB people.

- 2.4.3 The Charity Commission's guidance recognises that campaigning and political activity can be legitimate and valuable where these activities further a charity's purposes. As explained in further detail above, LGB Alliance believes that campaigning for the sound administration of the law in order to protect and promote the rights and freedoms of lesbian, gay and bisexual people and for reform to the law to be considered and sensitive to the rights of LGB people is vital to the interests of its beneficiaries. LGB Alliance undertakes such activities in accordance with the Charity Commission's guidance on campaigning and political activity (CC9) and their duty to follow this guidance.
- 2.5 **Preventing GRA reform does not further any charitable aim for LGBT+ people. LGB Alliance do not meet the criteria to be considered an official charity and their application must be rejected.**
- 2.6 As set out above, the aim of LGB Alliance is not to prevent the reform of the Gender Recognition Act. The aim of LGB Alliance is to promote the rights and freedoms of those who face discrimination on the grounds of sexual orientation, including by contributing to the sound administration of the law. LGB Alliance does not oppose legislative reform, it simply wishes to ensure that the rights of lesbian, gay and bisexual people are represented and considered as a part of any consultation on such reforms, in order that these rights can be protected. In relation to the Gender Recognition Act specifically, LGB Alliance campaigned that these reforms be paused (not prevented) so that concerns affecting the rights of LGB Community could be fully considered. LGB Alliance recognises the need to balance the rights and needs of different groups in society and supports open and honest dialogue to find the right solutions where these rights intersect, including in the area of law reform.
- 2.7 As more fully described under paragraph 2.4 above, the objects of LGB Alliance are entirely charitable and any campaigning activities are undertaken to further these charitable purposes.
- 2.8 **The LGB alliance has consistently undermined the equality act, which is a piece of legislation that protects all LGBT+ people from discrimination.**
- 2.9 LGB Alliance has not undermined the Equality Act 2010. LGB Alliance fully supports the role of the Equality Act in ensuring that all protected characteristics are respected, particularly those of sex and sexual orientation. Any action to undermine the Equality Act would be in direct conflict with the aims of LGB Alliance.
- 2.10 LGB Alliance seeks to promote the rights and freedoms of those who face discrimination on the grounds of sexual orientation by contributing to the sound administration of the law, and the Equality Act is an important part of this and contains essential protections for the LGB community by making sexual orientation a protected characteristic. LGB Alliance is in discussions with the Government Equality Office and has corresponded with the Equality & Human Rights Commission about the importance of upholding the Equality Act in accordance with its provisions.

2.11 **The LGB alliance has called for the equality act to be reviewed around ‘same-sex’ rights. The changes around the equality act would have consequences for all minority groups.**

2.12 LGB Alliance has not called for the Equality Act 2010 to be reviewed. On the contrary, LGB Alliance recognises the importance of the Equality Act to protecting the rights of lesbian, gay and bisexual people by defining sexual orientation as a protected characteristic. The Equality Act defines sexual orientation as a person’s sexual orientation towards the same sex, the opposite sex or either sex. As set out above, LGB Alliance believes the rights and challenges faced by LGB people relate to attraction to the same biological sex, and that biological sex is different from the concept of gender. LGB Alliance sees contributing to the sound administration of the Equality Act as essential to promoting the rights and freedoms of LGB people, who face discrimination on the grounds of sexual orientation.

3. **Operational policies**

3.1 LGB Alliance does not yet have a full suite of operational policies in place, but such policies and the wider governance of LGB Alliance have been discussed extensively by the current board. The board is keen to construct LGB Alliance as a well governed organisation, with a diverse board with a variety of skills and experience.

3.2 The current board has given consideration to the criteria that should be applied in furthering the objects of the charity and making decisions about its activities, and have identified the following criteria as important:

3.2.1 whether the activity furthers the objects of the charity;

3.2.2 whether the activity benefits LGB Alliance’s beneficiaries;

3.2.3 whether the activity is in line with the law, including charity law, for example, checking that no activity will discriminate unlawfully against any person covered by the Equality Act;

3.2.4 whether there is any risk that the activity will bring LGB Alliance into disrepute, and if any such risk is presented whether such risks can be mitigated; and

3.2.5 ensuring that the activity will not endanger the welfare of any of the people who are likely to take part.

3.3 The board has agreed that once the LGB is registered as a charity, eight further trustees will be appointed to the board to form a board of twelve. Once these individuals have been appointed the board will begin the process of recruiting a CEO and a small admin team and will review the criteria above and adopt operational policies. The current trustees are keen to wait until the full board is in place to finalise its operational policies because it wants these policies to be prepared with the benefit of the skill, experience and judgement of a larger group of trustees.

3.4 The current board will carry out a skills audit to identify gaps in skills and experience on the board and will develop a full role description for trustees. The board intends to appoint a professional head-hunter to ensure that appropriate candidates are identified in a neutral and well researched way that is free from bias. The board believes that charitable status will attract a wider group of potential candidates for these roles.

3.5 The trustees are keen for the board to be representative of all parts of the LGB community and would like to appoint trustees who have protected characteristics under the Equality Act

2010 so that many, if not all, of the protected characteristics under the act are represented, including gender reassignment. LGB Alliance intends to be open and outward looking, with a diverse board of people who have the experience and resources to develop the organisation into a world class charity that will work to protect the rights of LGB people.

4. Duty to act in accordance with the law and the Charity Commission's guidance

- 4.1 The current trustees have each read the Charity Commission's Essential Trustee (CC3) guidance and confirm that they are aware of and understand their duties and responsibilities to act in accordance with charity law and the Charity Commission's guidance if LGB Alliance is registered as a charity, and the trustees assure the Charity Commission that they will do so.
- 4.2 All new trustees will be required to read the Essential Trustee as part of their induction and the trustees will continue to keep training requirements under review to ensure that the board has all the necessary skills and knowledge to operate LGB Alliance in accordance with the law and best practice.
- 4.3 The trustees are deeply committed to operating LGB Alliance as a credible, well governed organisation that will be able to make a real difference to LGB people, and the public.

If you have any questions about our responses above, please do not hesitate to contact us further.

Yours sincerely


Bates Wells

Positivity & Support for Lesbian, Gay and Bisexual people



So here's a bit about us.

We are a group of lesbians, gay men and bisexuals who, by and large, have spent our entire lives campaigning for equality for people with same-sex sexual orientation. Among our ranks are doctors, academics, psychiatrists and lawyers with expertise in safeguarding.

We've celebrated wildly at the great strides made by our movement over the decades and we're delighted that the UK today is mostly a great place for LGB people, to live, work and love.

We have come together now because we believe our hard-won victories are under threat.

We believe that biological sex is observed at birth and not assigned. In our view, current gender ideologies are pseudo-scientific and present a threat to people whose sexual orientation is towards the same sex, or to both sexes. In addition, we believe that these ideologies are confusing and dangerous to children.

Aims

1. To advance the interests of lesbians, gay men and bisexuals at a time when we are under threat from concerted attempts to introduce confusion between biological sex and the notion of gender.
2. To amplify the voices of lesbians and to highlight the dual discrimination we experience as women who are same-sex attracted in a male-dominated society. We support women's reproductive rights and bodily autonomy.
3. To protect children and young people from being taught unscientific gender doctrines, particularly the idea that they may have been born in the wrong body, which may lead to life-changing and potentially harmful medical procedures.
4. To promote respectful freedom of speech and informed dialogue.

Mission Statement

Code of Conduct

- We are a proactive group focused on achieving our goals.
- We are non-party political.
- Our communications to the public will be fact-based, civil and positive.
- We will discuss, propose, and oppose ideas and will not attack individuals.
- Although most of the founding supporters of the LGB Alliance are on the left of the political spectrum, parts of the left have shamefully abandoned any commitment to women's rights and the rights of people who define themselves in terms of same-sex sexual orientation. We therefore choose to engage with many organisations and publications of diverse kinds. However, we will not forge links with, or accept funding from, any organisation that does not share our values or whose aims we consider to be fundamentally hostile to the rights of lesbians, gay men and bisexuals, or that seeks to undermine women's reproductive rights.

Testimonials

Finally! Someone speaking out for Women! A voice in the crowd,
LGB Ally



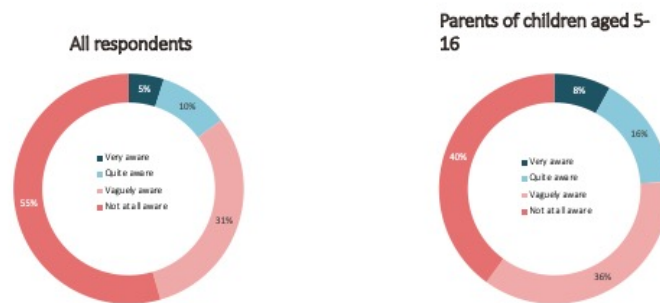
SCHOOLS CRISIS? WHICH CRISIS?

For several years now, teachers and parents have been lobbying for compulsory, fact-based, age-appropriate teaching of *Relationships and Sex Education* (RSE) in schools across the UK. At last it is to be introduced in September 2020. As part of the curriculum children will be taught to respect LGB people as well as other minorities – and that’s great.

So we expected to welcome this step, but something has gone badly wrong.

The government promised that parents would be involved in a full consultation about the introduction of compulsory RSE. But when we commissioned a poll in June this year, we discovered that **76%** of parents were either unaware or only vaguely aware of the proposals.

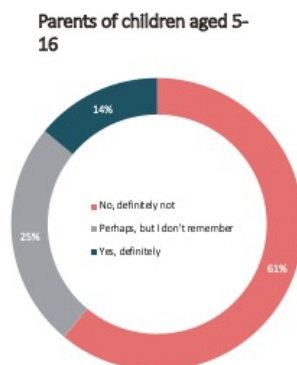
Only one quarter of parents with children aged 5-16 say they are quite or very aware of the new school curriculum for relationships and sex education; 14% of all respondents say the same



1. From September this year the new school curriculum will include compulsory Relationships Education in all primary schools in England and compulsory Relationships and Sex Education (RSE) in all secondary schools. How aware or unaware would you say you are about the new school curriculum for relationships and sex education?

2. Base: all respondents (3868), parents of children aged 5-16 (1054).

Nearly two-thirds (61%) of parents of children aged 5-16 say they have definitely not been consulted by schools about the new curriculum for relationship and sex education



Populus **LGB ALLIANCE**

1. Have you been consulted by the school or schools your child or children go(es) to about the new curriculum for relationships and sex education?
2. Base: parents of children aged 5-16 (1054).

3

You may have read in the papers that some local authorities (Oxfordshire, Warwickshire, Shropshire, Kent and Barnsley) **have been pressured successfully by parents to remove “trans toolkits”** from schools as they have been shown to be a danger to children – **especially girls.**

Outside groups write these kits for schools. They are sometimes described as “specialist groups” but they are not specialists at all. They are gender identity campaigners. That is, they spread their belief that everyone has a “gender identity” which may be different from their biological sex.

Most of them ignore safeguarding protocols: they tell teachers there is no need to inform parents if a child wants to change sex/gender.

They tell 5-year olds and up that they can change sex and promote outdated sexist gender stereotypes.

Some of the materials for secondary school children include advice on BDSM (bondage/discipline, dominance, and submission/sadomasochism) and anal sex. We agree with parents – this should not be happening in schools.

It's not only “*trans toolkits*” that contain harmful material. Believe it or not, the UK government and the devolved governments are presiding over this shambles. Instead of delivering, as they maintain, “*high-quality, evidence-based and age-appropriate teaching*”, our Governments are allowing a range of gender identity lobby groups to sell or provide materials to schools that promote potentially damaging theories.

What is going on?

In September, schools across England, Northern Ireland, & Wales will be introducing compulsory RSE – Relationships and Sex Education.

In Scotland, RSE is taught through Relationships, Sexual Health and Parenthood Education (RSHP) but is not compulsory.

At LGB Alliance, we believe sex education is vital. We applaud the efforts of the UK Government, Northern Ireland Assembly, Scottish Parliament, and Welsh Assembly who have listened to parents and teachers and taken this important step forward.

Schools are to be congratulated on their campaigns over many years to have sex education made compulsory, or recommended in the case of Scotland.

ENGLAND

In England there are multiple groups vying with each other to have their materials used by schools. Despite the fact that many of these materials contain passages that are biologically and/or legally incorrect, the Government leaves it up to schools to choose which curriculum to use.

This means that some well-meaning schools may choose a curriculum that has a potentially harmful impact on their pupils. There are no centralised checks or quality controls on the lesson plans and books suggested for use at primary or secondary schools.

NORTHERN IRELAND

In Northern Ireland the Assembly outsources RSE to CCEA – the Council for the Curriculum, Examinations & Assessment. <https://ceea.org.uk/learning-resources/relationships-and-sexuality-education-rse/lgbtq-matters>

Their website introduction tells us that:

*Relationships and Sexuality Education in primary schools should focus on appreciating each child's uniqueness. For all pupils to learn effectively, schools must make sure that they feel safe, supported and able to thrive. **Research shows that transgender young people become aware that their assigned birth sex is different from their gender identity between the ages of 3 and 5. Transgender young people start to understand their feelings and talk about them between the ages of 6 and 16.***

Two highly controversial beliefs are presented here as if they were facts:

First – that the sex of a child is “*assigned at birth*”. No. The sex of a child can be observed in the uterus and is recorded either during pregnancy or at birth. It is confusing and wrong to suggest that it is “*assigned*” in the same way that a name is “*assigned*”.

Second – that children aged 3 to 5 can be aware that they are transgender. This highly contentious idea is contradicted by a considerable body of scientific evidence and should *not be presented as factual*. Children who do not conform to gender stereotypes may find such assertions particularly confusing, and we have examples of children who have become distressed and think they might suddenly “**change sex**” overnight.

WALES

In Wales the Minister for Education, Kirsty Williams, endorses a controversial curriculum called Agenda. One of its most famous sections discusses the “*mixed-muffin gender berry challenge*” which is part of the Rotifer Project. It is used to teach young people that they could be a different “*gender*” if they don’t conform to stereotypes represented by pink and blue berries (see p. 52 of the Agenda brochure “*A Young People’s Guide to Making Positive Relationships Matter*”).

GROUPS PROVIDING RESOURCES TO SCHOOLS

All the groups below – except the BBC and the CPS – are registered charities.

They all subscribe to a belief in something called “**gender identity**”. They provide material for schools and/or go to schools to provide classes, some of them for children as young as five. In these materials and classes, they teach children that they may have a “*gender identity*” which differs from their biological sex.

“*Gender identity*” is not recognised in UK law, although some groups wrongly suggest that it is. In our view, it is best described as a minority belief, which might perhaps be mentioned to older children along with religious beliefs. It should certainly not be taught as if it were factual. The logical conclusion of having a “*gender identity*” which differs from biological sex is that it is possible to be “**born in the wrong body**”. We reject this notion, and believe it to be confusing and potentially harmful to children, especially those who may be struggling with any number of health, social or family issues.

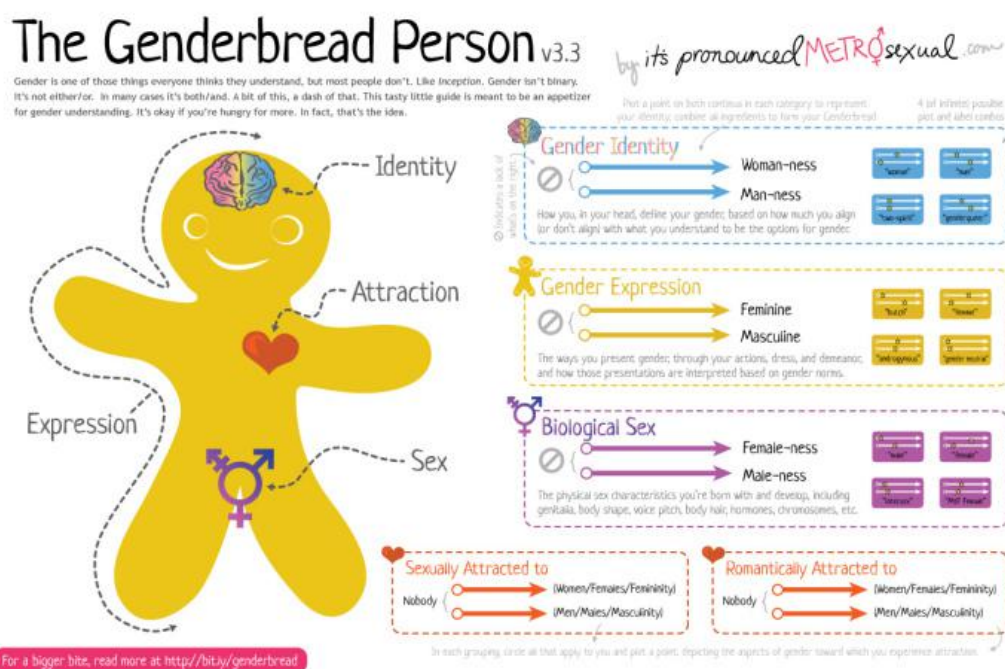
One of the principles taught by many of these groups is that children know “**who they are**” from an early age. They say that some children are “**trans**” and may show signs of this as early as pre-school age. The examples they give to illustrate this recall old-fashioned gender stereotypes. For instance, they say that some young children may dislike the colour of the

baby clothes that they are wearing, or prefer the toys that traditionalists associate with the opposite sex.

Disturbingly, in 2019, **54%** of patients referred to the Tavistock youth gender clinic (GIDS) were **under 14**. There has been a huge rise in the number of child referrals. We do not believe this increase reflects a new era of progress and enlightenment. On the contrary. The curricula promoted by all the groups discussed here reinforce outdated gender stereotypes and suggest to a gender non-conforming girl or boy that they may have been “*born in the wrong body*”. We find this deeply troubling.

In our view, children should be provided with a well-rounded, fact-based and age-appropriate RSE programme, and left to develop in their own time to become whoever they choose to be.

The groups also misrepresent the law and fail to observe principles of **child safeguarding** in several places. In particular, some suggest that “*gender*” and “*gender identity*” are **protected characteristics** in the Equality Act 2010. **They are not**. Some suggest that children should choose which facilities to use according to gender, not sex; **this is not the law**. And some suggest that teachers do not have to tell parents if their child changes their name and socially transitions to the other sex at school. This secrecy violates a key principle of **child safeguarding**.



This image has been used so much by so many groups that you may even recognise it! Sadly it has made its way into many primary schools. We believe it does nothing but confuse children and should not be used as an educational resource at all.

We attach links to the websites of the various groups along with a few quotations from them. We see their “*teachings*” as potentially **harmful propaganda**.



Creating an LGBT Inclusive Primary School Curriculum used to carry the Government Equalities Office (GEO) stamp. If you look it up now you will see that has been removed. Might that be because the Government Guidance requires evidence-based teaching and Stonewall's curriculum is both biologically and legally incorrect?

Here are some examples of what will be taught to primary school children by schools using Stonewall's' guide:

- *“Everyone has a gender identity.
This is the gender that someone feels they are.”*
- *“This might be the same as the gender they were given as a baby,
but it might not.”*
- *“They may feel they are a different gender, or they might
not feel like a boy or a girl.”*

*Stonewall “Creating an LGBT Inclusive Curriculum for
Primary Schools” 2019, p. 37*



Mermaids

Mermaids lobbies hard for the lowering of age limits for children seeking untested puberty blocking medication at the Gender Identity Service, Tavistock Clinic. Their guidance has recently been removed from the online list of BBC LGBT resources.

Mermaids continues to misrepresent the Equality Act by saying that “trans children” have the right to use changing rooms, toilets and overnight accommodation of their choice.

Some see Mermaids’ promotion of drug treatment and surgery for “gender diverse” children as a form of child abuse. The National Lottery has allocated £500k to Mermaids for their activities.

Crown Prosecution Service

Incredible though it sounds, even the CPS is issuing a toolkit which is not only misogynistic and homophobic – but also misrepresent the Equality Act.

On 30th April 2020 the CPS withdrew its LGBT Bullying and Hate Crime guidance for review, following a pre action letter on behalf of a fourteen year old girl.

Tanya Carter from Safe Schools Alliance UK said:

“We are proud to have supported this inspiring teenage girl on her quest for justice. Her determination to see fair play for girls will make a huge difference to the wellbeing of hundreds of thousands of children and young people.

We are grateful to the CPS for withdrawing their schools guidance. However well-intentioned the idea that this guidance would educate students on hate crime and reduce bullying was, it did quite the opposite. It reinforced sexist and homophobic stereotypes, curtailed free speech and made female students feel unsafe in schools

We hope any other similar guidance will also now be withdrawn. [Safe Schools Alliance](#) would welcome the opportunity to be involved in creating nationwide guidance that challenges homophobic and sexist bullying in schools, upholds the Equality Act 2010 and safeguards all children so that they are able to feel safe throughout their whole time in education and achieve their full potential”.

British Broadcasting Corporation

Another “**outside group**” is the BBC, which provides educational videos for use in school RSE lessons. Its “**educational**” video teaching children in KS2 (age 7 to 11) that there are “**over 100 genders**” attracted a large number of complaints from the public. **It is still online.**

“On the Subject of Being Trans Enough”

“Being trans is based on self-identification. This means there is no specific criteria that a person has to fulfil in order to be trans. There is no qualification to pass, no exam to sit and no judge of eligibility. All a person has to do to be trans is to describe themselves as trans”.

“Our educational workshops can be delivered in any primary school setting in England and Wales. They aim to engage learning around gender diversity, raise awareness of trans identities and what it means to include trans people in our schools.”

SEXUALITY aGENDER TOOLKIT V2

The [Sexuality aGender Toolkit V2](#) is designed for children of 13 and up. Here is one of the teaching aids – The Dice Game. Children are asked to throw the dice and talk about the

sexual acts that can happen using the two body parts. Body parts named include penis, anus, hands and fingers, vulva. There is a detailed guide to go along with this – including:

- “some people find ‘risky sex’ pleasurable and the idea of reducing all risks unrealistic.”
- “**Reduction of unwanted pain** or discomfort during sex, may be achieved through the introduction of lubrication, to areas of the body that do not produce any, or enough, of their own, such as the **anus**, and some ***vaginas**.”
** Some vaginas” here is referring to males who have had sex reconstruction surgery and who have had a surgically constructed vagina.*

This guide was part funded by the Tampon Tax – yet there is no mention of either girls consent nor pleasure. We should remember that the Proud Trust says its resource is for any girl or boy from the age of 13.

Trans Inclusion Schools Toolkit

Version 3.3 Jan2019

Gender identity is a given throughout AllSorts materials. AllSorts offers customised programmes for schools.

On residential trips “trans pupils and students should be able to sleep in dorms appropriate to their gender identity”...ie male-bodied kids should be able to sleep alongside girls.

We will take confidentiality seriously and not ‘out’ a trans child or young person without their permission including to parents and carers”

This misrepresents the Equality Act and ignores the rights of girls to privacy and safety. Note that girls and their families are not consulted. This is a pattern across all groups.

WELSH GOVERNMENT APPROVED

Agenda’s online toolkit for schools is approved by the Welsh Government and comes with an introduction by Kirsty Williams, Minister for Education and Sally Holland, Children’s Commissioner for Wales. The toolkit teaches that all children have a gender identity and

includes the infamous “mixed-muffin gender berry challenge”. In this challenge teenagers may find they are transgender if they don’t fit pink or blue categories.

“Gender identity’ is used in this resource to refer to a person’s inner sense of self. Gender identity does not necessarily relate to the sex a person is assigned at birth.

Feelings about gender identity start early, around the age of 2-3.”

Page 11 Primary Agenda

From [Transgender Trend](#): “After attending a workshop at a London primary school run by Diversity Role Models an eight-year-old in Year 4 came home and told her mother, anxiously, that she didn’t think she was trans. She said it twice.

She’d never raised the question or ever used the word trans before. Part of the lesson was an activity where the children had to match a word with a definition; the words were, gay, lesbian, bisexual, homosexual, heterosexual and transgender. The definition given for transgender was ‘**someone who does not feel like the gender they were given at birth**’.

An eight-year-old girl who is enquiring, maybe likes to wrestle, play football, prefers jeans to skirts, might be troubled by this definition and wonder if her favourite activities had some other meaning, that maybe she is not a girl but a boy. She might wonder why she was “**given**” a gender at birth, instead of simply being, as she had thought of herself up to this point, a girl.”

Educate and Celebrate

“we’re trying to smash heteronormativity ... not everyone identifies as heterosexual or as male or female and there are many people that identify outside of that model” [YouTube Video](#)

“Key learning points:

To develop a deeper understanding of sexual orientation, gender and gender identity, why it is necessary to include these protected characteristics in our curriculum and what we need to do to ensure their full inclusion and equilibrium with other equality strands” [Training and Webinars](#)

Here again we see “experts” misleading those they are teaching. While sexual orientation IS a protected characteristic, neither gender nor gender identity are. No wonder so many children are confused.



GEO-approved until the GEO stamp was removed in Spring 2020.

Equaliteach's "Resource for Educators", Free To Be, includes this defamatory statement about Transgender Trend, Woman's Place UK and Fair Play for Women on page 16.



LGBT YOUTH SCOTLAND

LGBT Youth Scotland helped organise the visit to a Primary School of a drag queen called *Flow Job*, and defended the visit even when the local council apologised and the drag queen broke basic child safeguarding rules by posting images of the children on their instagram alongside highly sexualised content.

GOOD SEX IS.. *contraception and safer sex tools*

It is possible to become pregnant as soon as you have your first period (monthly bleeding from your vagina). If either you or your partner has a penis then you should always use a condom to prevent sperm from entering the vagina.

There are many forms of contraception available. Because some of these are also excellent barrier methods or can help you manage your period, you may want to use them even if you and your partner both have a vulva. Your local sexual health service can help you find the best contraception or barrier methods for you.

CONTRACEPTION:
 PILLS
 IMPLANT
 COIL/HORMONAL IUS
 COPPER COIL/IUD
 INJECTION
 PATCH

BARRIER METHODS:
 DAMS (thin sheets of latex, flavoured or unflavoured)
 CONDOMS
 INTERNAL ('female') CONDOMS

You can find more information at sandyford.org and healthyrespect.co.uk

11

"If either you or your partner has a penis then you should always use a condom to prevent sperm entering the vagina"

SO WHAT?

- We don't think any child should be fed any type of ideology that will confuse or upset them.
- All children like dressing to be animals, space creatures, fictional characters or pretending to be the opposite sex. It is a normal part of every child's development.
- Being a boy or a girl is not a feeling. There are two sexes.

- The implication of this teaching is that a child who likes dressing up or prefers the toys/activities traditionally associated with the opposite sex may start to wonder whether they might have been born in the wrong body.

What happens after children have attended classes like this?

All of these curricula will encourage children to think about whether they should change “gender” instead of staying exactly as they are. Why on earth are we doing this?

In the last 10 years there has been a **4,400% increase in the number of girls being referred to Gender Identity Development Services (GIDS)** at the Tavistock and Portman clinic. Three times as many girls as boys are now going to GIDS.

Why do so many teenage girls want to change gender?

In the last 10 years, there has been an extraordinary increase in teenagers seeking to transition from female to male. What’s behind it—and has the NHS been too quick to find a solution?

It is commonly acknowledged that while biological sex is genetically determined, gender is a social construct. A human being cannot—and should not—be reduced to their biology, or indeed their genitals, because psychologically we are as much a product of the way that other people treat us as we are of our genetic inheritance. Homo sapiens are social creatures: our ability to cooperate is what gave us the evolutionary upper hand over our stronger Neanderthal cousins. Without parents, siblings, peers, colleagues, friends and lovers our idea of ourselves would remain ill-defined—we wouldn’t know who we were.

Imagine you were raised by wolves in a cave—let’s call you Mowgli—but then later met another human of the opposite sex. You would notice the physiological differences. But as to interpreting those differences, where would you start? Without being exposed to the concept of “man” or “woman”—let alone “laddish” or “girly”—you’d lack any mental map to provide the pointers to the typically “male” and “female” behaviour instilled in us by human society.

Precisely because gender is a social construct, the evolution of its boundaries and meanings will tell us something fundamental about our society. And gender-wise something really big is going on in the UK—but it’s not the big something you might think. [READ MORE](#)

Here are some statistics from the Gender Identity Services at Tavistock Clinic.

A [recent scientific article](#) reports that of these girls, only 8.5% say they are exclusively attracted to boys. Around 70% say they are only attracted to girls and over 20% to both girls and boys. In the [BBC Newsnight](#) report of 18 June 2020, former GIDS clinicians describe the important influence of homophobia in patients' families. Here are just a few individuals experiences. [BBC News](#). [BBC Health](#). [YouTube](#).

When we combine all this with the stories told by the growing numbers of detransitioners ([people who regret "transitioning" and try to revert to their birth sex](#)), who explain that they now realise they had been struggling with lesbianism, we see a trend that is sometimes called "[transing away the lesbian](#)." It is a fair assumption that the lessons on gender identity that are taught in schools will help to prepare the ground for this worrying trend.

In terms of groups that provide resources for RSE, there is one excellent exception: TransgenderTrend. [Click here](#) for their high-quality analysis of RSE and advice on what can be done.

The other good news is that if you write to your MP/MSP/MS/MLA or your local schools, you might be able to influence this process and get these proposals put on hold until a more factual curriculum can be devised.

For more useful information to send to schools please see [Safe Schools Alliance](#).

THE GOOD NEWS – YOU CAN ACT NOW!

It's not too late!

Your MP, MLA in Northern Ireland, MSP in Scotland or MS in Wales probably has NO IDEA about what is going on. They are all busy people dealing with multiple issues. **But they all have a responsibility to their constituents.**

1. Find your MP, MLA, MSP or MS [HERE](#)
2. Write to them using the Template letter attached.
3. Ask them for a meeting to ask for their help.

4. Contact the schools your children attend and ask to see all the materials and teaching aids that will be used. Some groups charge for their materials so it may be impossible to see everything – tell the school if you are concerned about information behind a paywall.

TEMPLATE LETTER

A copy of the template can be [downloaded](#) personalised and send to your elected representative.

PROBLEMS DOWNLOADING

Browser: If the have difficulty downloading the file please select the text below and copy it into your word processor.

Mobile: If you have difficulty downloading please use your computer and follow the instructions above for Browser.

Dear [\(full name of representative\)](#)

I am writing to express my concerns about the new RSE [\(if you are writing from England, Northern Ireland, Wales\)](#) OR RSHP [\(Scotland only\)](#) curriculum which is due to be rolled out across primary and secondary schools in the near future.

I am pleased that there is a recognition of the need to teach children about different kinds of people and types of families. Children need to know that some children have two mothers or two fathers – or a single parent, whether mother, father or other carer. And that sometimes two women or two men may fall in love. We also assume, or hope, that boys and girls will be taught about the changes that occur during puberty. However, having looked at some of the materials being produced for schools, I am extremely concerned about what will be taught to children and young people.

We expect our children to be taught facts at school. In terms of RSE [\(if you are writing from England, Northern Ireland, Wales\)](#) OR RHSP [\(Scotland only\)](#), we would expect these facts to include essential biology. We also expect lessons to focus on matters such as respect, boundaries, consent and responsibility. When children are growing up, they are full of questions – which should be answered honestly and factually.

1

What we cannot accept is that children should be taught by lobby groups who believe in “gender identity” that they may have been born in the wrong body. For some children, this may be a confusing and even terrifying thing to hear. We accept some people believe it is possible to be “trapped in the wrong body”. However, it is a controversial belief and if taught in school it should be taught as such and not presented as factual.

We know that well-meaning people are trying to do their best, from a praiseworthy desire to protect vulnerable individuals. But teaching this doctrine as fact is wrong. What children need, and what they are entitled to be taught, is a rigorous fact-based curriculum.

Please check for further information on the websites of: [Safe Schools Alliance](#), [Transgender Trend](#) and [LGB Alliance](#)

As a responsible Member of Parliament please do all you can to delay the rollout until it has been reviewed by experts in relationships and sex education.

Kind regards,

[Your name]

[Your full address & postcode – this is required for an MP to know that you’re their constituent]

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NEWS

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Health

Trans teen in legal action over gender clinic wait

By **Ben Hunte**
LGBT correspondent

🕒 23 November 2020



"Reece" rejects the idea that making people wait for the referral gives them "time to think" about their identity

A 14-year-old transgender boy is starting legal proceedings against NHS England over delays to gender reassignment treatment.

The teenager has waited over a year for referral to the only NHS gender clinic for children and adolescents.

The Good Law Project, which is acting for the teenager, says the NHS has a legal obligation to provide specialist care to all patients within 18 weeks, or provide an alternative.

NHS England says a review is under way.

It announced the **independent review into gender identity services for young people in September**. An NHS England spokesperson said this would include "how and when children and young people were referred to specialist services".

There have been previous reports of trans young people **experiencing "hugely distressing" waits** for treatment at the gender-identity development service (GIDS) run by the Tavistock and Portman NHS Trust.

But others believe **the clinic is too quick to offer gender transition treatment to teenagers**.

- **Children's gender identity clinic concerns go back 15 years**
- **What does transgender mean and what does the law say?**

The teenager at the centre of this latest case, who we are calling Reece at his request to protect his anonymity, told the BBC he "ideally" would not have to bring legal action.

But he says he had no choice because "nobody else is sticking up for trans young people".

Reece first came out as a trans boy in primary school. His family, friends and teachers were all supportive of him transitioning.

Since moving to secondary school, everyone has always known him as a boy, only referring to his new name and he/him pronouns.

However, Reece says he was able to access help with his transition only through expensive private healthcare.

In October 2019, Reece's GP referred him to the Tavistock. He has been on the waiting list for over a year, for the **first stage of the process - a mental health assessment**.

He says he is aware of others awaiting gender reassignment treatment.

"I know more than 30 trans people, from school and LGBT groups. Everybody's

been waiting for months, or even years, but nobody's been able to get in yet.

"It's scary because it shows the service isn't available to the people who need it."

'Deeply concerned'

The Tavistock is currently booking appointments for people who have been waiting for an initial session since September 2017.

However, a Freedom of Information (FOI) request made by the BBC has revealed that, since 2017, over 10,000 more young people have been referred to the already over-subscribed service.

This problem pre-dates the coronavirus pandemic.

Waiting times, the number of referrals, and the treatment given, are all being investigated by an independent review.

Bev Jackson, from the LGB Alliance, a self-funded lobby group, said: "We don't think children should be allowed to self-diagnose any medical condition.

"The numbers of referrals are so huge that I believe this is a social problem caused by miseducation. It is impossible for the NHS to deal with all of these young people who are coming forward.

"We need to take a step back and ask why are so many young people presenting at the clinic for a gender treatment?"

One psychotherapist, who wanted to remain anonymous, said she believed the long waiting times could be "a positive".

"Having to wait a few years for initial treatment may benefit some young people who question their gender, as they will become more mature and more knowledgeable about their identity."

However, Reece disagrees, saying this view "really frustrates" him.

"The solution to working out if a person is trans or not, is not to leave them on their own in a bad situation. If a person isn't actually trans, they won't realise that without professional support. That's why the different stages exist."

'Right to treatment'

Jolyon Maugham, director of the Good Law Project, who is representing the teenager, said: "NHS England has a statutory duty to ensure that patients referred by their GP to a gender identity development service are seen within 18 weeks."



| Jolyon Maugham: "The law is clear"

"This is not happening, and as a result, we believe the law shows they should be providing alternative care to anyone on the waiting list. That could include private and overseas healthcare.

"Whilst the young people are waiting, puberty passes and transitioning becomes a lot harder - some people are effectively denied treatment.

"The NHS needs to make a cultural decision that trans people are real, and they have the same rights to treatment as everybody else."

An NHS England spokesperson said: "There has been more than a 500% rise in the number of children and young people being referred to the Tavistock's gender identity service since 2013 as more people come forward for support and treatment.

"The NHS has already asked Dr Hilary Cass to carry out an independent review including how and when children and young people are referred to specialist services, so legal action against the NHS will only cost taxpayers' money and not help the actions already under way."

Follow Ben Hunte on [Twitter](#) and [Instagram](#).

More on this story

Child gender clinic concerns go back 15 years

1 October 2020



LGB Alliance
@ALLIANCELGB



But which young people are they standing up for @Nancy_M_K ? If a child cannot be born in the wrong body, as was generally agreed last week, how can there possibly be a trans child? Doesn't compute really does it? #SexNotGender #StopTheMedicalisationOfChildren



Nancy Kelley @Nancy_M_K · Oct 7, 2020

As a former childrens rights worker I am so happy and moved to see our most respected children's charities standing up for the rights of trans children and young people ❤️ [twitter.com/PinkNews/statu...](https://twitter.com/PinkNews/status...)

5:42 PM · Oct 7, 2020 · Twitter for iPhone



Allison Bailey
@BluskyeAllison



2/ There are no 'trans kids', just children suffering from gender dysphoria who deserve high quality psychiatric & psychological treatment & not drugs & surgery.

The UK continues to lead the world with transgender rights, for those adults for whom transition is the best choice.

2:19 AM · Dec 3, 2020 · Twitter Web App

Written evidence submitted by LGB Alliance [GRA1647]

Executive Summary

1. LGB Alliance was formed in October 2019 in response to the refusal of Stonewall, once itself an LGB rights campaigning organisation, to engage in any discussion on issues of sex and gender and how they relate to Lesbian, Gay and Bisexual people. Specifically, there were serious concerns about Stonewall's adoption of "queer theory" with its focus on the primacy of gender over sex. This theory promotes the controversial notion that everyone has a "gender identity" – a concept about which there is no scientific consensus – as separate from, and overriding, biological sex. It goes so far as to refer to "same-gender" instead of "same-sex" attraction, which is unacceptable to us since it redefines and negates LGB sexual orientation. Our submission rejects any inclusion of the term "gender identity" in legislation as it is impossible to define.
2. 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.
3. LGB Alliance fully supports the rights of transsexuals to equality under the law. Trans people have attended and spoken at both the meetings we held before Covid-19 drove everyone to meet online, and many fully support the work we are doing.
4. LGB Alliance opposes the idea that same-sex sexual orientation is "transphobic"; that sex can be changed; that children may be born in the wrong body; and that none of these subjects may be discussed without the severest of sanctions.
5. LGB Alliance is pleased to submit evidence on this important issue which, we believe, has been made ever more complex by the repetition of factually incorrect statements on the subjects concerned. These are often made by lobby groups that pose as independent experts – such as the World Association for Transgender Health (WPATH) or Trans Media Watch for example.
6. In addition, statistics are quoted from flawed research, often around important issues such as suicide and violence against trans people. LGB Alliance insists on factual accuracy and will only present evidence that comes from serious and reliable sources. As suicide figures are so germane to the arguments advanced by gender identity theorists, we recommend the recent document by Transgender Trend, which is both factual and accurate. <https://www.transgendertrend.com/the-suicide-myth/>.
7. It is clear that the majority of young people being referred to Gender Identity Development Services in London are "gender non-conforming". Recent research by two Consultant Psychiatrists, a Professor of Primary Care Research and a Professor of Obstetrics and Women's Health, demonstrates this clearly. "Same sex attraction was particularly common amongst natal females, with only 8.5% describing themselves as primarily attracted to boys." https://www.cambridge.org/core/services/aop-cambridge-core/content/view/76A3DC54F3BD91E8D631B93397698B1A/S205646942000073Xa.pdf/sex_gender_and_gender_identity_a_reevaluation_of_the_evidence.pdf
8. LGB Alliance looks forward to supporting the Committee and the Government by shining a light on the myths and disinformation which currently cloud this important subject.

Introduction

9. LGB Alliance is a lesbian-led organisation. We have no wish to present lesbians as victims, but it is fair to say that in the UK in 2020 lesbians are among the most vulnerable and marginalised groups in society. They are a target both as women, and – even more threatening to some – as women who are not sexually interested in men. Discrimination, verbal and physical abuse start at an early age and continue throughout life. While there are many social facilities and programmes for both LGBT youth and other disadvantaged groups, there is nothing specifically for young lesbians at all (although Lesbian Rights Alliance has raised £3500.00 recently for a social club to be set up in London).
10. Under the prevailing culture, young lesbians are expected to blend into LGBT groups where it is "transphobic" to reject partners of the opposite sex who "identify" as lesbians. In some cases, they are exposed to pressure from online platforms and peer groups that lead them to believe they are trans. LGB Alliance has just been shown the resignation letter of a leader of an LGBT Youth Group who felt he had to resign as he could no longer tolerate witnessing children being advised that they may be trans and seeing them start on the medical pathway to transition.

Written evidence submitted by LGB Alliance [GRA1647]

11. Many young girls and boys are now taught at school that if they are “gender non-conforming” they may have been born in the wrong body. This dangerous indoctrination is continuing across many schools despite the excellent advice from the DfE in September. <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum>
12. Historically, the opinions of women, and particularly of lesbians, have not been taken into account when the GRA or the Equality Act 2010 have been discussed. Now is the time for the WESC to listen to the voices of those who are most adversely affected by gender identity theory.
13. We hope this Inquiry will reject the narrative that the rights of believers in the nebulous notion of “gender identity” matter more than the rights of those who assert the importance of biological sex.

Definitions

SEX not gender

14. LGB Alliance asks the Government to audit all official documents to ensure that wherever “gender” is used incorrectly to mean “sex” it is replaced with the word “sex”. There has been a concerted campaign by gender identity lobby groups like Stonewall to “train” employers, educational institutions, the NHS, BBC, courts, police, armed forces and so on to deliberately replace “sex” with “gender” in line with queer theory.
15. LGB Alliance asks the Government to discourage efforts to shame people across the UK into using “preferred pronouns.” These have been introduced to enforce the beliefs of gender identity theorists that anyone can “identify” into the opposite sex regardless of appearance. So, a man with a penis who identifies as a woman can put “she/her” in his “preferred pronouns” and anyone who calls the man “he” will be accused of the crime of “misgendering”. This is all highly regrettable. It is frequently important for girls and women in particular to be able to recognise what sex someone is – not least for self-protection.
16. LGB Alliance rejects the idea that there is a distinct category of “non-binary” or “gender-fluid” people. No-one conforms to a single perfect version of a man or a woman – we are ALL non-binary and gender-fluid.

Answers to questions and recommendations

Does the Scottish Government’s proposed Bill offer a more suitable alternative to reforming the Gender Recognition Act 2004?

17. LGB Alliance campaigned against this proposed Bill. The Scottish proposals included lowering the age at which people could legally gain a GRC from 18 to 16. The problem with this element is that we know from the testimony of Scottish detransitioners such as Sinead Watson that the age of 18 already acts as a deadline that is seen by young people as a target date for intensive preparations for their official legal “coming out”. Lowering the age would pile more pressure on even younger children to “get themselves ready” for the big day at the age of 16. This would leave them with even less time for careful consideration and risk forcing the pace at which these young people take life-changing decisions.
18. We know that some parents and children are prepared to breach guidelines and access cross-sex hormones in order to fast-track transition. Lowering the age at which a child can officially “transition” is bound to exert more pressure to change the official guidelines to allow children of 16 to be ready for their GRC or to encourage more to access unofficial channels to obtain hormones.
19. The Scottish Bill also argued for removing the medical diagnosis that is presently required to obtain a GRC. We believe that diagnosis is fundamentally important if for no other reason than to protect trans people themselves. This is a life-changing decision, which should not undertaken before clinical confirmation of gender dysphoria. We advocate the best quality medical input at the stage of diagnosis and we worry that it is currently seen as a pro forma requirement rather than an urgent benefit to young people who want a GRC. We deplore any suggestion of removing the need for medical diagnosis.
20. The whole subject of detransition (those who transition and then regret) is currently a badly under-researched area. Many of the LGB groups that have recently formed around the world include

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detransitioners in their ranks. These people all report that they regret their decision to “transition”, either because of poor surgical outcomes or because the physical interventions they underwent did not resolve the distress of gender dysphoria. LGB Alliance has written to Mental Health Minister Nadine Dorries with an urgent request drawn up by senior psychiatrists for the NHS to set up a specialist unit to provide care for detransitioners.

21. **Recommendation: Upgrade medical diagnosis as part of the GRC process so that all young people in particular are given assured access to the very best care and input.**
22. **Recommendation: Consider requiring more intensive medical input before granting a GRC to someone under the age of 25.**

Question: Why is the number of people applying for GRCs so low compared to the number of people identifying as transgender?

Response

23. The Gender Recognition Act 2004 (GRA) was introduced on compassionate grounds to help the UK’s roughly 5,000 people with severe gender dysphoria, who underwent hormone treatment and surgery, to lead dignified and productive lives. Today’s reality bears no relation to that situation. What Stonewall defines as the “trans umbrella” includes a bewildering variety of people, such as for instance elderly fathers who are habitual cross-dressers. Many of them do not suffer from gender dysphoria and adopt this way of life for a wide variety of social and other reasons. This explains why they would not feel the need to apply for a GRC and would indeed not comply with its conditions.

Question: Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact? For example, in terms of the different language and terminology used across both pieces of legislation.

Question: Are the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances clear and useable for service providers and service users? If not, is reform or further guidance needed?

Combined responses to these two questions

24. The Equality Act 2010 (EqA) clearly enshrines “sex” as a protected characteristic. Sex is binary: that is, men are male and women are female. “Gender reassignment” is a separate protected characteristic.
25. The interaction between the EqA and the Gender Recognition Act 2004 (GRA) causes confusion and ambiguity. The language used in these pieces of legislation requires clarification and needs to be made consistent. In particular, “Sex” is a protected characteristic in the EqA. This is routinely misrepresented as “gender” including in guidance and policies, and by organisations in both the public and private sectors.
26. The fact that there are “exceptions” to the rule of non-discrimination does not mean that use of the single-sex exceptions is rare. On the contrary, they are justifiable on a great many grounds, in areas of life ranging from toilets and changing rooms to sport to women’s rape shelters and facilities for lesbians.
27. Additional confusion arises in relation to the GRA, since it is not clear whether the possession of a Gender Recognition Certificate (GRC) changes the protected characteristic “sex” (see <https://www.lawscot.org.uk/members/journal/issues/vol-65-issue-01/sex-and-the-equality-act/>)
28. This is additionally problematic since para. 2.27 of the EqA Code of Practice states that transsexual people should not be routinely asked to produce their GRC as evidence of their legal sex/“gender”. Section 22 of the GRA is particularly problematic for the application of the EqA since it makes asking information about anyone’s legal or biological sex a dangerous act for an institution, since if these are different (because the person has a GRC), sharing such information with, say, front desk staff at a gym – something that would often happen – could infringe privacy laws and potentially incur a criminal penalty. For this reason, organisations tend to avoid asking anyone their sex or clearly enforcing or communicating sex-based rules.

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29. **Recommendation: Clarify that there are a great many situations in which single-sex provision is justifiable and in which it is therefore permissible to exclude all members of the opposite sex - including transgender persons, whether or not in possession of a GRC.**
30. **Recommendation: Create alternative flexible or unisex options. This is possible in many places that have separate sex facilities. These can accommodate people who do not wish to disclose information about their sex.**
31. "Gender reassignment" is also a protected characteristic in the EqA. It is applied there to "transsexuals" and defined very loosely (e.g. including the words "physiological or other attributes of sex"; "other" might well be taken to apply merely to clothing). Because of this loose definition, gender identity campaigners are able to argue convincingly that it applies to everyone who comes under the "trans umbrella." Stonewall's non-exhaustive list of 17 categories of individuals included under the "trans umbrella" includes cross-dressers, for instance. It cannot have been the intention of the EqA to imply that cross-dressers have the protected characteristic of "gender reassignment".
32. **Recommendation: It is not always understood that "gender reassignment" is defined in this loose way because it is designed to protect people from discrimination at work or as service users. In most cases, services (e.g. schools, shops, transport, housing) are made available to both sexes and people should not be discriminated against for being gender non-conforming or transsexual (and it may not be possible to tell the difference). The Government should make it clear that gender reassignment does *not* imply access to opposite-sex facilities.**
33. The GRA refers to "living in the other gender". This cements confusion between the terms "sex" and "gender". Using these words as synonyms creates confusion and injustice, since the word "gender" is understood in different ways by different groups in society.
34. **Recommendation: Given that the GRA was introduced largely to solve problems relating to marriage, which no longer exist, there are good grounds for repealing it. However, since this may be deemed unfeasible, it is crucial to make it clear that what is referred to as "gender" means "legal (or fictional) sex". The words "gender" and "gender identity" should be removed from legislation since they are impossible to define.**
35. **Recommendation: The Government should review the way in which section 22, on regulations to be prescribed, interact in practice with other public interests: e.g. equality, safeguarding, healthcare, public safety and statistics.**
36. **Recommendation: Introduce an amendment to the EqA clarifying that the protected characteristic of sex means *birth sex*. Transsexuals will also be protected against sex discrimination in their adopted "legal sex" on the basis of discrimination by *perception* (that is, if a transwoman suffers discrimination because of having been perceived by someone to be a woman).**

What issues do trans people have in accessing support services, including health etc

37. LGB Alliance would request that the WESC also consider issues that relate to gender non-conforming young people in accessing support services, including health and social services etc.
38. First, the Committee will be aware of the massive jump in girls being referred to GIDS – 4400% over the last decade. In a complete turnaround, girls now represent three quarters of children who are being referred. We await with interest the outcome of the Hilary Cass inquiry. In the meantime, we would ask the Committee to look into three things:
 - a. the efficacy and reversibility of puberty blockers
 - b. the impact of social media on the phenomenon of Rapid Onset Gender Dysphoria (see Abigail Shrier's book "Irreversible Damage")
 - c. the training of medical and social services personnel by gender identity lobby groups like Stonewall
39. We know from parents and young gender non-conforming children that should they ask for mental health services or other guidance, the overriding narrative will be to affirm that the young person is likely to be trans. LGB Alliance believes that the responsible approach to children presenting with gender dysphoria is to explore the reasons for their distress in psychotherapy, not to consider drugs or surgery
40. We are wary of changes driven by assertions on which there is no scientific consensus. It is widely argued, for example, that early medical intervention is of benefit to trans-identified children

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41. Recent critical research indicates that many of the key papers that are said to support this approach are less good science and more poor-quality advocacy. Jack Turban's recent article on puberty blockers is a good example
<https://pediatrics.aappublications.org/content/early/2020/01/21/peds.2019-1725/tab-e-letters?versioned=true>.
42. A press release claimed it shows puberty blockers can reduce suicidality in children. Analysis by the science journalist Malcolm Clark dissected the paper and showed it was based on a self-selecting study by a trans lobby group in the US.
43. The paper itself acknowledged that lower levels of suicidal thoughts among those who had received puberty blockers could be explained by the fact they were screened for mental health before receiving blockers. Even so, there was no reduction in actual suicide attempts among those who received puberty blockers compared to those who did not. More worryingly still, there was a higher rate of hospitalisation following suicide attempts among those who got blockers.

Question

Are legal reforms needed to better support the rights of gender-fluid and non-binary people? If so, how?

44. This question is unclear. No one has ever legally defined gender-fluid or non-binary therefore it is essential to have clear definitions first and then to assess if there IS any particular discrimination against or prejudice experienced by these groups of people. Laws should not be vague and until there is a widely agreed definition of these groups, law should not be changed to incorporate them.

November 2020



Our letter to MPs on conversion therapy

Letters

(30th March 2021).

Last week we wrote to all MPs. Replies are coming in and we've got some introduction meetings lined up. Here's what we sent them:

Stop transing the gay away

We are writing to you following the motion on LGBT Conversion Therapy debated in the House of Commons on Monday 8 March 2021.

LGB Alliance represents lesbians, gay men and bisexuals and we are united in our opposition to attempts to coerce or intimidate people into changing their sexual orientation.

Having listened to the debate carefully, and having been involved in these issues for some time, we believe there are two matters that did not receive enough consideration:

- 1) Sexual orientation and "gender identity" are two distinct categories which need to be considered separately.
- 2) Affirming a gender non-conforming child as trans, who would otherwise grow up to be lesbian, gay or bisexual, is itself a form of conversion therapy.

The government should not add "gender identity" to sexual orientation in any legislation on conversion therapy. They are separate issues. Many activists who support the ban on conversion therapy promote what's called the "affirmative model" for the treatment of gender dysphoria. They believe a girl who asserts she is a boy must be *affirmed* as a boy, and call any psychotherapy to explore the causes for the child's distress "conversion therapy".

This means adding “gender identity” to a policy on “gay conversion therapy” would criminalise therapists who want to do their job. If the therapist helps the child or young person explore their feelings or underlying mental health issues they could risk a prison sentence. This is what has happened with a Bill banning conversion therapy recently enacted in Victoria, Australia. We were disturbed to hear MPs praise that Bill as a fine example.

Besides criminalising therapists, adding gender identity to such a Bill would put children and young people, particularly LGB young people, at risk of progressing to a medical transition with lifetime consequences they may later regret. Evidence shows that in 80% of children with gender dysphoria, the condition resolves with puberty. It also shows that the vast majority of these distressed teenagers (75% of whom are girls) would likely grow up lesbian or gay if not medicalised.

As lesbians, gay men and bisexuals, we oppose conversion therapy. The Equalities Minister Kemi Badenoch in the debate was right to say that conversion therapy has “no place in a civilised society”. Neutral therapy for gender dysphoria is not “conversion therapy”.

We are here to protect the interests of young people who would grow up lesbian or gay if not medicalised. We would be delighted to meet you to discuss these complex and sensitive issues further.

Recent Posts

- Conversion Therapy Update**
- LGB Alliance’s Response to the Government Consultation on Banning Conversion Therapy**
- UN expert endangers LGB Rights**
- Pleadings by the Trustees of LGB Alliance in the case of Mermaids (Appellant) and the Charity Commission for England and Wales (Respondent)**
- Response to the letter by Taiwo Owatemi, Shadow Secretary of State for Women and Equalities in the UK**

Recent Comments



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LGB Alliance
@ALLIANCELGB



1./ The truth van. 55 years ago gay rights activists launched a campaign against the idea being homosexual was a medical condition. Who knew we'd have to tell the world that truth again? From today's small start this will be our biggest campaign of the year 2022. 📌



10:49 AM · Jan 13, 2022 · Twitter Web App

Annex 1

Meeting agenda sent by LGB Alliance to Private Office Official:

AGENDA

Meeting between [REDACTED] Strategic Policy Adviser to Liz Truss,
Kate Harris and Bev Jackson of LGB Alliance
Monday, 12 October 2020 at 2 pm, Zoom

1. Responses to the Secretary of State's announcement.
2. How can we help?
3. Lady Berridge's statement in the House of Lords gave us some cause for concern. *"My Lords, on single-sex spaces, the overwhelming majority of occasions on which they are used—we can all bear testament to that— is on self-identification, and the Government do not intend to interfere with that. There are of course exemptions under the Equality Act where it is justified to do so, where, in the case of a refuge, it could be justified to recommend different services or refuse a service. However, one of the main things that the Government are hoping that the response to the consultation will achieve is time for feelings on both sides to be allayed and for people to speak to one another and exchange views on this matter with respect, compassion and dignity."* Can we expect any announcements on reversing the incorrect implementation of the Equality Act and tightening up the provisions on single-sex spaces?
4. Stonewall – given that Stonewall now opposes the policy of HM Gov, will they still be consulted across Gov departments and allowed into schools, universities etc?
5. Two 'Trojan horses' that are a cause for concern:
 - "Conversion therapy": Misappropriation and misuse of this term by gender identity campaigners. Project sponsored by Ozanne Foundation and members of LGBT Foundation – some in receipt of public money.
 - Defining misogyny as a hate crime: if based on gender rather than sex it would actually reduce protections for women.
6. GEO – who should we be talking to? Our concerns - LGBT advisory panel; LGBT action plan; LGBT medical lead – Michael Brady. **All oppose LT strategy**
7. Equal Rights Caucus conference, led this year jointly by Argentina and the UK. How can we get involved? The conference is for parliamentarians, but who is briefing them?
8. AOB

Email 1 – Origin = Meeting between member of private office and LGB Alliance

LGB Alliance is inviting you to a scheduled Zoom meeting.

Topic: [REDACTED], Kate Harris & Bev Jackson

Time: Oct 12, 2020 14:00 London

Email 2 – Origin = LGB Alliance CCing member of private office in this email.

Hello Kemi - we just wanted to get in touch to let you know what we are doing.

It is clear that there is an irresponsible and completely unjustified attempt to make life uncomfortable for you after the debate on Monday. We at LGB Alliance are working with a number of others to shine a light on what is actually going on here.

18 groups who share a niche belief in gender identity theory have set out to confuse the public and present you as being unsupportive of "LGBT" people. We will expose this as the nonsense it is in several ways:

1. we will be sending a letter to The Times supporting you
2. we have approached Evan Davis at the PM programme asking for a slot - he says they are full today but will let us know if a gap appears!
3. we are approaching the Today programme after they highlighted Jayne Ozanne's story this morning requesting balance
4. we are trying to get coverage in the press to explain precisely what conversion therapy is and that it simply does not exist as a problem in the UK. Also that the real story that all these "LGBT" groups should be concerned about is what Dr David Bell calls "the conversion therapy of young LGB people to turn them into trans when they would be perfectly happy as LGB" - my paraphrase!

In haste but want you to know we have your back, we are working hard and we far out number the gender identity campaigners.

Best wishes

Kate
[REDACTED]

Kate Harris

LGB Alliance

@ALLIANCELGB

www.lgballiance.org.uk

@ALLIANCELGB

www.lgballiance.org.uk

Email 3 – Origin = LGB Alliance CCing a member of private office

Dear Kate,

Thank you very much for getting in touch and for your support, I have passed your email to the Minister.

As you know, the Government is committed to ending Conversion Therapy for good. In doing so, we have had really valuable engagement with many stakeholders, such as LGB alliance, to ensure we understand this nuanced issue and bring forward the best way to end these practices. We will announce more detail on this shortly.

[Redacted]

[Redacted] | Private Secretary to the Exchequer Secretary and Minister for Equalities | [Redacted]

[Redacted]

HM Treasury, 2 Yellow, 1 Horse Guards Road, SW1A 2HQ

From: [Redacted]

Sent: 11 March 2021 12:44

To: [Redacted]

[Redacted]

Cc: [Redacted]; Bev Jackson

[Redacted]

Subject: Support from LGB Alliance and other groups

Hello [Redacted] - we just wanted to get in touch to let you know what we are doing.

It is clear that there is an irresponsible and completely unjustified attempt to make life uncomfortable for you after the debate on Monday. We at LGB Alliance are working with a number of others to shine a light on what is actually going on here.

18 groups who share a niche belief in gender identity theory have set out to confuse the public and present you as being unsupportive of "LGBT" people. We will expose this as the nonsense it is in several ways:

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3. we are approaching the Today programme after they highlighted Jayne Ozanne's story this morning requesting balance
4. we are trying to get coverage in the press to explain precisely what conversion therapy is and that it simply does not exist as a problem in the UK. Also that the real story that all these "LGBT" groups should be concerned about is what Dr David Bell calls "the conversion therapy of young LGB people to turn them into trans when they would be perfectly happy as LGB" - my paraphrase!

In haste but want you to know we have your back, we are working hard and we far out number the gender identity campaigners.

Best wishes

Kate

██████████

Kate Harris

LGB Alliance

@ALLIANCELGB

Email 4 – Origin – Emails between LGB Alliance and an official

Hi ██████,

We look forward to meeting you at 5.30 p.m. today.

Best wishes,

Kate and Bev

LGB Alliance is inviting you to a scheduled Zoom meeting.

Topic: Kate Harris and Bev Jackson with [REDACTED]

Time: Feb 8, 2021 05:30 PM London

Join Zoom Meeting

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Email 5 – LGB Alliance email CCing a member of private office

We hope you will be able to join us for our first anniversary webinar! We are really looking forward to it and we'd love to have you there!

Best wishes,

Kate Harris and Bev Jackson

Join us at "The Gay Spot" Thu 22 Oct at 1900! Registration is free - copy & paste this link into your browser:

<https://www.eventbrite.co.uk/e/lgb-alliance-is-one-year-old-lets-celebrate-tickets-124270122281>
<<https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.eventbrite.co.uk%2F%2F%2Flgb-alliance-is-one-year-old-lets-celebrate-tickets-124270122281&data=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7Caf81eeca3e0d4cbb63aa08d876015a63%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C1%7C637389095487808335%7CUnknoun%7CTWFpbGZsb3d8eyJWljoimC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=F6bXOMq1pgwuJS9vCOEp9tdfZ9Bdw0eQzyqStle7b%2BE%3D&reserved=0>>
<<https://mcusercontent.com/4cd527ba553c7e55491414f31/images/2df38f4e-f420-4076-a4bb-b291943951b1.jpeg>>

Helen Joyce, journalist and author, in conversation with Malcolm Clark, Kate Harris & Bev Jackson of LGB Alliance

About this Event

Welcome to the first edition of "The Gay Spot".

A year ago, 70 people gathered at Conway Hall, London, to discuss setting up a new LGB organisation. The meeting decided that a new group was needed and set certain priorities:

One year on, we will look at what has been achieved and what is coming next. Please join us!

- * To reaffirm that biological sex is important and cannot be changed
- * To stand up for the rights of people with same-sex sexual orientation
- * To reject the deeply regressive ideology of gender identity extremists who tell us that it is "transphobic" to be homosexual
- * To lobby against legislation introducing gender self-ID

After the first rebuttal from the CEO, Rebecca Hilsenrath, we instructed Aileen McColgan QC to write a follow up letter. Her analysis of the issues is forensic and detailed. Again EHRC rejected all of our suggestions. We are approaching the new Chair of EHRC, Baroness Falkner, to request a meeting, as we have made no progress with Rebecca Hilsenrath.

This is the timeline of correspondence:

From LGB Alliance - 23 Oct Equality & Human Rights Commission 23 Oct letter.pdf

From EHRC 14 Nov 402Harris.pdf

From LGB Alliance - LGBA EHRC letter 3 February(1).pdf

From EHRC - LGBA response letter - 18 March

From LGB Alliance - scan EHRC letter final 25 Mar.pdf

From EHRC - 20200529 - EHRC Response to LGBA Letter.pdf

We hope the info provided will be useful in illustrating the enormous influence of Stonewall across public bodies up to and including the EHRC - which - in our view - should be implementing the law rather than colluding with groups who seek to undermine and misrepresent it.

Kind regards Kate

Kate Harris

LGB Alliance

@ALLIANCELGB

www.lgballiance.org.uk

Email 7 – LGB Alliance Email on The Times

FYI - our letter to The Times going in tomorrow below. Please can you share with Daniel as I don't have his email. We really hope this will put the cat amongst the pigeons and be helpful for the Government. We need to expose the hypocrisy of the debate as it was framed on Monday.

We are still trying to get on radio or TV and will push further next week.

Our campaign on conversion therapy is just beginning and we are in full support of the government's approach to explore this very complex subject carefully and slowly.

Best wishes and have a great weekend - Kate

----- Original Message -----

From: "SM - Times, Times Letters" <[REDACTED]>

To: [REDACTED]

Date: 12/03/2021 18:19

Subject: Re: Letter to The Times - exclusive

Dear Kate.

Thank you for you letter. It will appear tomorrow, edited as below. The full list of signatories will be published online.

All best,

[REDACTED]

Times letters

Sir, On March 8 we heard a series of MPs say that they oppose conversion therapy. We all do — as long as we agree on what it means. No one mentioned the most glaring example: gender non-conforming young people, especially girls, being converted from lesbian, gay or bisexual to “trans”. Many girls think they’re boys, and vice-versa, because they’re being taught that everyone has a gender identity that may differ from their sex. They hear from online forums that they may be “trans” and that it’s fine to block puberty, take hormones and have surgery. This is conversion therapy in 2021 — it is just a reworking of ugly homophobia.

We ask the government to study the evidence, including the findings of the upcoming Cass inquiry. Support is needed for gender non-conforming children, who are now getting the impression that the answer to their problems is a lifetime of medication. Authentic Equity Alliance; Conservatives for Women; Fair Play for Women; Labour Women’s Declaration; Lesbian Labour; LGB Alliance; LGB Alliance Cymru; LGB Alliance Scotland; Merched Cymru; Sex Matters; Transgender Trend; Women Uniting; Allison Bailey, barrister; Josephine Bartosch, journalist; Dr David Bell, psychiatrist, former president of the British Psychoanalytic Society; Dr Michael Biggs, associate

professor of sociology, university of Oxford; Dr Heather Brunskell-Evans, philosopher; Dr Az Hakeem, consultant psychiatrist; Dr Debbie Hayton, physics teacher; Dr Tessa Katz, GP; Kellie-Jay Keen, Standing for Women; Graham Linehan, writer. For the full list of signatories go to: [thetimes.co.uk/letters](https://www.thetimes.co.uk/letters)

<https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fthetimes.co.uk%2Fletters&ata=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7C5335e60594064f01256608d8e58b1686%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C1%7C637511732840039739%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCI6Mn0%3D%7C1000&sd_ata=%2FPSFgPQbVBKDNK9ok0i9pOY8FjXUuQgfPcjaRPPbOWQ%3D&reserved=0>

On Fri, 12 Mar 2021 at 15:43, Kate Harris [REDACTED]

[REDACTED] > wrote:

Is there any way to remove the name of Jane Harris, writer, from the signatories?
Her name was added by me and it was an error.

Sincere apologies

Kate Harris
[REDACTED]

On 12/03/2021 15:00 Kate Harris [REDACTED]
[REDACTED]

On Conversion Therapy

On Monday 8th March we heard a series of MPs say the same thing: they oppose conversion therapy. We all do - as long as we agree what it means. No-one mentioned the most glaring example: gender non-conforming young people, especially girls, being converted from lesbian, gay or bisexual to "trans".

Many girls think they're boys and vice versa because they're being taught that everyone has a gender identity which may differ from their sex. They hear from online forums

that they may be "trans" and it's fine to block puberty, take hormones and have surgery. This is conversion therapy in 2021 -- it's just a reworking of ugly homophobia.

We ask the government to study the evidence, including the findings of the upcoming Cass inquiry. Support is needed for gender non-conforming children, who are currently getting the impression that the answers to all their problems is a lifetime of medication.

Signed by 12 groups and 27 individuals:

Authentic Equity Alliance

Conservatives for Women

Fair Play for Women

Labour Women's Declaration

Lesbian Labour

LGB Alliance

LGB Alliance Cymru

LGB Alliance Scotland

Merched Cymru

Sex Matters

Transgender Trend

Women Uniting

Allison Bailey, barrister

Josephine Bartosch, journalist

Dr David Bell, psychiatrist, a former President of the British Psychoanalytic

Society

Jonny Best, musician

Dr Michael Biggs, associate professor of sociology, university of Oxford

Dr Heather Brunskell-Evans, philosopher and Foucault scholar

Jo Campbell, concerned lesbian of Manchester

Maureen Chadwick, writer

Simon Edge, novelist

Maya Forstater, founder Sex Matters
Eileen Gallagher OBE, writer & producer
Kath Gotts, composer & lyricist
Dr Az Hakeem, consultant psychiatrist
Jane Harris, writer
Dr Debbie Hayton, physics teacher
Rob Jessel, journalist
Dr Madeleine Jowett, university lecturer
Dr Tessa Katz, GP
Kellie-Jay Keen, Standing for Women
Graham Linehan, writer
Ann McManus, writer
Tish Naughton, blogger
Jessica Silverstone,
Caroline Spry, film producer
Dr Kathleen Stock OBE, professor of philosophy
Robert Wintemute, professor of human rights law
Miranda Yardley, human rights activist

sent by Kate Harris, LGB Alliance, Kemp House, 152- 160 City Road, London

EC1V 2NX



Kate Harris
LGB Alliance
@ALLIANCELGB

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<<https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lgballiance.org.uk%2F&data=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7C5335e60594064f01256608d8e58b1686%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C1%7C637511732840039739%7CUnknown%7CTWFp>

bGZsb3d8eyJWljojMC4wLjAwMDAiLCJQjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&s
data=LqqoMhTz34p2CalgqJyIQt7i4%2Bhhap8SO2EMwoGYVvw%3D&reserved=0>

On 12/03/2021 14:23 SM - Times, Times Letters [REDACTED]
[REDACTED]
[REDACTED]

This is an automatic acknowledgement of your email to the letters department of The Times.

Thank you for writing. Letters must be exclusive to The Times and should we use your letter, we may edit it.

If you did not provide your full address and daytime telephone number, please resubmit your email with this information added, to allow us to confirm your identity. We will publish only a shortened address, and may contact you to discuss your letter.

The Times does not publish unsigned or anonymous letters.

If you sent the letter as an attachment, please resend it as plain text in the body of an email.

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LGB Alliance

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Kate Harris

LGB Alliance

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Email 9 – Email to Baroness Barran from LGB Alliance CCing member of private office

Daniel El-Gamry | Special Adviser (Equalities) | No 10 Policy Unit | 10 Downing Street |

[REDACTED]

From: [REDACTED]

Sent: 27 March 2021 17:28

To: [REDACTED]

Cc: [REDACTED]
[REDACTED]

Subject: FOR BARONESS DIANA BARRAN - LGB Alliance and Online Abuse

<https://twitter.com/dianabarran/status/1375184579808595974?s=20>
<<https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fdianabarran%2Fstatus%2F1375184579808595974%3Fs%3D20&data=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7C6285af7f71c2438ade2908d8f158d27e%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C0%7C637524711384303576%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=M65y3o8mnQKoQ%2B1QaTITI2o5nzJVomFW%2Fyzo8cSqTw%3D&reserved=0>>

Good afternoon Baroness Barran

We were delighted to read on Twitter of your interest in challenging online abuse against women and LGBTQ+ people. We would be very interested to meet you virtually to discuss our own experience of this - which may be different from what you heard about on your recent call with various groups. We represent a view which rejects the current LGBTQ+ orthodoxy and for that reason alone we are the target of some extraordinarily unpleasant and defamatory comments.

We are pleased to be working with GEO, EHRC, the office of the Minister for Equalities and others to put forward our views on the importance of recognising biological sex, fact based RSE for children at school, an end to the medicalisation of gender non-conforming children and rights for exclusively same-sex attracted (not same-gender) people.

Some of the worst abuse we get is from MPs and members of the House of Lords. We have complained to the Parliamentary Standards Commissioner and others, but it appears that any parliamentarian may spread lies about our organisation with impunity. With this in mind, and the subject overall, may we request the privilege of a Zoom call with you to discuss further?

I attach a brief introduction to LGB Alliance and a link to our first anniversary webinar where we share some of our thinking. <https://www.youtube.com/watch?v=gHtNmUnbG3U&t=2584s>
<<https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DgHtNmUnbG3U%26t%3D2584s&data=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7C6285af7f71c2438ade2908d8f158d27e%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C0%7C637524711384313538%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=KCiEaC4S9F2PEw0eTu5hadytudB0skLCOOAXgb1ss30%3D&reserved=0>>

We look forward to hearing from you.

Many thanks and kind regards

Kate Harris

[Redacted signature]

LGB Alliance

@ALLIANCELGB

www.lgballiance.org.uk

<<https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lgballiance.org.uk%2F&data=04%7C01%7CSonia.zvedeniuk%40trade.gov.uk%7C6285af7f71c2438ade2908d8f158d27e%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C0%7C637524711384313538%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=7Vos5DuGINNy6Ox2l3%2FXG7WvostEQwOUK90C8GzSqUc%3D&reserved=0>>

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Email 1 – Email sent by LGB Alliance to Rt Hon Penny Mordaunt MP, redirected to SoSWE Private Office

Thanks [REDACTED], copying [REDACTED] in to take forward.

[REDACTED] | Senior Private Secretary to The Rt Hon Elizabeth Truss MP, Secretary of State for International Trade

Department for International Trade | King Charles Street | London | SW1A 2AH

[REDACTED]

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[REDACTED]
[REDACTED]

From: [REDACTED]
[REDACTED]

Sent: 24 March 2021 18:40

To: Secretary of State for International Trade [REDACTED]

Subject: Fwd: FW: Stop transing the gay away

Good evening,

Please see the email below regarding equalities issues that PMG has asked be passed onto SoS DIT in her equalities role. Can you please pass this onto the relevant PS to pick up?

Many thanks,

[REDACTED]

----- Forwarded message -----

From: [REDACTED]
[REDACTED]

Date: Wed, 24 Mar 2021 at 16:13

Subject: Fwd: FW: Stop transing the gay away

To: [REDACTED]
[REDACTED]

----- Forwarded message -----

From: [REDACTED]

Date: Wed, 24 Mar 2021 at 15:23

Subject: FW: Stop transing the gay away

To: [REDACTED]
[REDACTED]

Hi [REDACTED]

Penny asked if you could pass this to GEO please.

Best wishes,

[REDACTED]

(Secretary to The Rt Hon Penny Mordaunt MP, Member of Parliament for Portsmouth North)

[REDACTED]

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From: Katharine Harris [REDACTED]

Sent: 24 March 2021 13:49

To: MORDAUNT, Penny
[REDACTED]

Subject: Stop transing the gay away

Dear Penny Mordaunt

We are writing to you following the motion on LGBT Conversion Therapy debated in the House of Commons on Monday 8 March 2021.

LGB Alliance represents lesbians, gay men and bisexuals and we are united in our opposition to attempts to coerce or intimidate people into changing their sexual orientation.

Having listened to the debate carefully, and having been involved in these issues for some time, we believe there are two matters that did not receive enough consideration:

1) Sexual orientation and “gender identity” are two distinct categories which need to be considered separately.

2) Affirming a gender non-conforming child as trans, who would otherwise grow up to be lesbian, gay or bisexual, is itself a form of conversion therapy.

The government should not add “gender identity” to sexual orientation in any legislation on conversion therapy. They are separate issues. Many activists who support the ban on conversion therapy promote what’s called the “affirmative model” for the treatment of gender dysphoria. They believe a girl who asserts she is a boy must be affirmed as a boy, and call any psychotherapy to explore the causes for the child’s distress “conversion therapy”.

This means adding “gender identity” to a policy on “gay conversion therapy” would criminalise therapists who want to do their job. If the therapist helps the child or young person explore their feelings or underlying mental health issues they could risk a prison sentence. This is what has happened with a Bill banning conversion therapy recently enacted in Victoria, Australia. We were disturbed to hear MPs praise that Bill as a fine example.

Besides criminalising therapists, adding gender identity to such a Bill would put children and young people, particularly LGB young people, at risk of progressing to a medical transition with lifetime consequences they may later regret. Evidence shows that in 80% of children with gender dysphoria, the condition resolves with puberty. It also shows that the vast majority of these distressed teenagers (75% of whom are girls) would likely grow up lesbian or gay if not medicalised.

As lesbians, gay men and bisexuals, we oppose conversion therapy. The Equalities Minister Kemi Badenoch in the debate was right to say that c therapy has “no place in a civilised society”. Neutral therapy for gender dysphoria is not “conversion therapy”.

We are here to protect the interests of young people who would grow up lesbian or gay if not medicalised. We would be delighted to meet you to discuss these complex and sensitive issues further.

Please contact us at [REDACTED]

Bev Jackson and Kate Harris

LGB Alliance

[REDACTED] | @ALLIANCELGB |
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[REDACTED]

Head of Office & Senior Private Secretary

Office of the Paymaster General & Minister of State, Rt Hon Penny Mordaunt MP

70 Whitehall | London SW1A 2AS

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Office of the Paymaster General

Rt Hon. Penny Mordaunt MP

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Email 2 – Agenda discussion for July 2020 meeting between LGB Alliance and MfE’s Office

LGB Alliance's suggested agenda

- Intros
- How did we get here? The confusion between “sex” and “gender”
- LGB Alliance aims
- Equality Act
- Representation
- Information share – our support for the Minister
- Schools campaign (for information only)

From: Action XST - HMT

Sent: 13 July 2020 13:28

To: [Redacted]
[Redacted]

Subject: FW: Powerpoint presentation LGB Alliance/MfE meeting

Sharing slides they have sent through

From: [Redacted]

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Email 3 – Email and Letter sent to SoSWE sent by LGB Alliance

From: Kate Harris [REDACTED]
Sent: 08 July 2020 17:52
To: TRUSS, Elizabeth [REDACTED]
Cc: [REDACTED] Bev Jackson [REDACTED]
Subject: Letter on GRA reform

Good afternoon - I have pleasure in attaching a letter for the Minister. I hope it is of interest and as always, we are happy to discuss in more detail as required.

Kind regards

Kate Harris

LGB Alliance

[REDACTED]

@ALLIANCELGB

www.lgballiance.org.uk<[https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lgballiance.org.uk%2F&data=02%7C01%7C\[REDACTED\]%40trade.gov.uk%7C51b406e2fb6f408bca8e08d823e4b532%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C0%7C637298812767916909&sdata=I9HdZch55Tj%2FXKOYjl7tnIKBFbFogI0MIRtQrcUUYgE%3D&reserved=0](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lgballiance.org.uk%2F&data=02%7C01%7C[REDACTED]%40trade.gov.uk%7C51b406e2fb6f408bca8e08d823e4b532%7C8fa217ec33aa46fbad96dfe68006bb86%7C0%7C0%7C637298812767916909&sdata=I9HdZch55Tj%2FXKOYjl7tnIKBFbFogI0MIRtQrcUUYgE%3D&reserved=0)>

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All respondents

		Gender identity by age (Q1)								All (%)
		Age (%)								
		16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+	
Gender identity	Woman	49.3	44.6	35.7	33.7	29.0	26.9	22.3	14.8	38.3
	Man	23.5	36.7	52.5	57.0	59.3	57.6	58.2	39.9	46.3
	Trans woman	2.4	2.7	2.5	3.1	6.2	9.8	14.0	10.3	3.5
	Trans man	8.9	4.2	1.8	1.0	1.0	0.9	0.8	2.7	2.9
	Non-binary	11.6	9.4	6.0	4.0	3.1	3.0	2.2	15.7	6.9
	Other	1.3	0.8	0.8	0.9	1.1	1.2	1.8	10.3	0.9
	Don't know or prefer not to say	3.2	1.7	0.7	0.4	0.3	0.5	0.6	6.3	1.2
Respondents (rounded)		8950	37120	28150	16700	11220	4560	1180	220	108100

Respondents: All respondents.

		Gender identity by age (Q1)				All (%)
		Age (%)				
		16-17	18-24	25-34	35+	
Gender identity	Woman	49.3	44.6	35.7	30.7	38.3
	Man	23.5	36.7	52.5	57.8	46.3
	Trans woman	2.4	2.7	2.5	5.4	3.5
	Trans man	8.9	4.2	1.8	1.0	2.9
	Non-binary	11.6	9.4	6.0	3.6	6.9
	Other	1.3	0.8	0.8	1.1	0.9
	Don't know or prefer not to say	3.2	1.7	0.7	0.4	1.2
Respondents (rounded)		8950	37120	28150	33880	108100

Respondents: All respondents.

Cisgender respondents

		Gender identity by age (Q1) (cisgender)								All (%)
		Age (%)								
		16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+	
Gender identity	Woman	67.8	54.8	40.5	37.1	32.8	31.8	27.8	27.0	45.3
	Man	32.2	45.2	59.5	62.9	67.2	68.2	72.2	73.0	54.7
Respondents (rounded)		6510	30170	24850	15130	9890	3860	950	120	91470

Respondents: All cisgender respondents.

		Gender identity by age (Q1) (cisgender)				All (%)
		Age (%)				
		16-17	18-24	25-34	35+	
Gender identity	Woman	67.8	54.8	40.5	34.7	45.3
	Man	32.2	45.2	59.5	65.3	54.7
Respondents (rounded)		6510	30170	24850	29650	91470

Respondents: All cisgender respondents.

		Sexual orientation (Q7-8) by gender identity (cisgender)		All (%)
		Gender identity (%)		
		Woman	Man	
Q7-9	Bisexual	40.7	11.5	24.7
	Gay/Lesbian	47.0	85.8	68.3
	Asexual ¹	2.3	0.4	1.2
	Pansexual ²	4.8	0.7	2.6
	Queer ³	1.5	0.3	0.9
	Other	2.3	0.6	1.4
	Don't know	1.0	0.4	0.7
	Prefer not to say	0.3	0.3	0.3
Respondents (rounded)		41400	50080	91470

Respondents: All cisgender respondents.

		Gender identity and sexual orientation (Q7-9) (cisgender)		All (%)
		All (%)		
Gender identity and sexual orientation	Woman	Bisexual	18.4	
		Lesbian	21.3	
		Asexual ¹	1.0	
		Pansexual ²	2.2	
		Queer ³	0.7	
		Other	1.1	
		Don't know	0.5	
		Prefer not to say	0.1	

Man	Bisexual	6.3
	Gay	47.0
	Asexual ¹	0.2
	Pansexual ¹	0.4
	Queer ¹	0.2
	Other	0.3
	Don't know	0.2
	Prefer not to say	0.1
Respondents (rounded)		91470

Respondents: All transgender respondents.

Trans respondents

Gender identity by age (Q1) (trans)

		Age (%)							All (%)	
		16-17	18-24	25-34	35-44	45-54	55-64	65-74		75+*
Gender identity	Trans woman	10.4	16.4	24.4	38.5	59.7	71.5	82.2	35.9	26.1
	Trans man	38.8	25.7	17.3	12.1	10.1	6.7	5.0	9.4	22.1
	Non-binary	50.8	59.0	58.4	49.5	30.2	21.9	12.9	54.7	51.7
Respondents (rounded)		2040	6020	2870	1330	1160	630	200	80	14320

Respondents: All trans respondents.

Gender identity by age (Q1) (trans)

		Age (%)				All (%)
		16-17	18-24	25-34	35+	
Gender identity	Trans woman	10.4	16.4	24.4	54.4	26.1
	Trans man	38.8	25.7	17.3	9.9	22.1
	Non-binary	50.8	58.0	58.4	35.7	51.7
Respondents (rounded)		2040	6020	2870	3390	14320

Respondents: All trans respondents.

Sexual orientation (Q7-9) by gender (trans)

		Gender (%)			All (%)
		Trans woman	Trans man	Non-binary	
Gender identity	Bisexual	35.7	31.7	29.5	31.6
	Gay/Lesbian	25.1	19.8	22.9	22.8
	Asexual ¹	2.7	4.2	7.3	5.4
	Pansexual ¹	8.4	12.8	17.5	14.1
	Queer ¹	0.5	4.7	6.7	4.6
	Heterosexual	15.8	16.0	3.3	9.4
	Other	3.2	4.8	9.1	6.6
	Don't know	6.6	5.3	3.0	4.4
	Prefer not to say	1.9	0.7	0.7	1.0
Respondents (rounded)		3740	3170	7410	14320

Respondents: All trans respondents.

Gender identity and sexual orientation (Q7-9) (trans)

			All (%)
Gender identity and sexual orientation	Trans woman	Bisexual	9.3
		Gay/Lesbian	6.6
		Asexual ¹	0.7
		Pansexual ¹	2.2
		Queer ¹	0.1
		Heterosexual	4.1
		Other	0.8
	Trans man	Don't know	1.7
		Prefer not to say	0.5
		Bisexual	7.0
		Gay/Lesbian	4.4
		Asexual ¹	0.9
		Pansexual ¹	2.8
		Queer ¹	1.0
Non-binary	Heterosexual	3.5	
	Other	1.1	
	Don't know	1.2	
	Prefer not to say	0.2	
	Bisexual	15.3	
	Gay/Lesbian	11.8	
	Asexual ¹	3.8	
Pansexual ¹	9.1		
Queer ¹	3.5		
Heterosexual	1.7		
Other	4.7		

	Don't know	1.5
	Prefer not to say	0.4
Respondents (rounded)		14320

Respondents: All trans respondents.

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Children with gender identity issues 'need help from all sides'

🕒 17 July 2019



GETTY IMAGES

Solving gender identity issues in children is complicated, and is not always going to be the answer to everything, says NHS England's gender identity development service.

They need help "from all sides", say experts from the London clinic, because many of the under-18s are also dealing with mental health problems.

Referrals to the service have more than tripled since 2014-15 - to 2,590.

Fewer than half decided to have any physical treatments.

The Tavistock and Portman NHS clinic, which was the first gender identity clinic to be set up in the UK, has now been joined by two others in Leeds and Bristol.

Another clinic in Birmingham is also planned.

The clinics all see children and young people experiencing distress over their gender identity, also known as gender dysphoria.

- **What would you ask a transgender woman?**
- **'Why we want transgender rules changed'**
- **My transgender child: 'Don't you think she's happier?'**

Most are aged 14 to 16, going through puberty, and more than two-thirds are female at birth.

At the clinics, they are assessed with their families in four to six sessions with two clinicians over the course of a year.

The NHS clinics do not provide hormone blockers until the child has started puberty, and cross-sex hormones are only given from around the age of 16.

'A complicated picture'

Dr Polly Carmichael, consultant clinical psychologist and director of the Gender Identity Development Service (Gids), said many had complex social and personal histories.

"We think about all the needs of young people and try and work closely with local services to clearly manage risk around self-harm, and other difficulties, but also to raise awareness around gender issues," she said.

"I think there is sometimes a danger there can be a split - if someone is presenting with issues around their gender identity, that local services perhaps think that's going to be the answer to everything.

"Whereas in reality it's a complicated picture that needs to be addressed from all sides."

Dr Carmichael and colleagues had no explanation for the huge jump in referrals to clinics over the past five years, but said it was likely to be down to greater awareness of gender identity issues and greater acceptance of them.

They also said social transitioning, which means telling family and friends of a gender change without any treatment, had become more popular - but was not something they recommended.

'Wall of reality'

Dr Bernadette Wren, head of psychology at Gids, said it could cause problems for children and young people.

"They are moving into puberty and the young person suddenly faces a kind of wall of reality, and that makes us anxious, we think that's setting up problems."

Young patients currently have to wait around two years to see a gender identity specialist after being referred.

If they have not been seen by the time they turn 18, they should not have to join another waiting list for adult services, the experts said.

Dr Wren said the UK's gender identity development service for children and young people was seen internationally as one of "the most cautious, painstaking and thoughtful".

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> [PLOS One](#). 2021 Feb 2;16(2):e0243894. doi: 10.1371/journal.pone.0243894. eCollection 2021.

Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK

[Polly Carmichael](#)¹, [Gary Butler](#)^{1 2 3}, [Una Masic](#)¹, [Tim J Cole](#)³, [Bianca L De Stavola](#)³, [Sarah Davidson](#)¹, [Elin M Skageberg](#)¹, [Sophie Khadr](#)³, [Russell M Viner](#)³

Affiliations

PMID: 33529227 PMID: [PMC7853497](#) DOI: [10.1371/journal.pone.0243894](#)

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Abstract

Background: In adolescents with severe and persistent gender dysphoria (GD), gonadotropin releasing hormone analogues (GnRHa) are used from early/middle puberty with the aim of delaying irreversible and unwanted pubertal body changes. Evidence of outcomes of pubertal suppression in GD is limited.

Methods: We undertook an uncontrolled prospective observational study of GnRHa as monotherapy in 44 12-15 year olds with persistent and severe GD. Prespecified analyses were limited to key outcomes: bone mineral content (BMC) and bone mineral density (BMD); Child Behaviour Checklist (CBCL) total t-score; Youth Self-Report (YSR) total t-score; CBCL and YSR self-harm indices; at 12, 24 and 36 months. Semistructured interviews were conducted on GnRHa.

Results: 44 patients had data at 12 months follow-up, 24 at 24 months and 14 at 36 months. All had normal karyotype and endocrinology consistent with birth-registered sex. All achieved suppression of gonadotropins by 6 months. At the end of the study one ceased GnRHa and 43 (98%) elected to start cross-sex hormones. There was no change from baseline in spine BMD at 12 months nor in hip BMD at 24 and 36 months, but at 24 months lumbar spine BMC and BMD were higher than at baseline (BMC +6.0 (95% CI: 4.0, 7.9); BMD +0.05 (0.03, 0.07)). There were no changes from baseline to 12 or 24 months in CBCL or YSR total t-scores or for CBCL or YSR self-harm indices, nor for CBCL total t-score or self-harm index at 36 months. Most participants reported positive or a mixture of positive and negative life changes on GnRHa. Anticipated adverse events were common.

Conclusions: Overall patient experience of changes on GnRHa treatment was positive. We identified no changes in psychological function. Changes in BMD were consistent with suppression of growth.

Larger and longer-term prospective studies using a range of designs are needed to more fully quantify the benefits and harms of pubertal suppression in GD.

Figures



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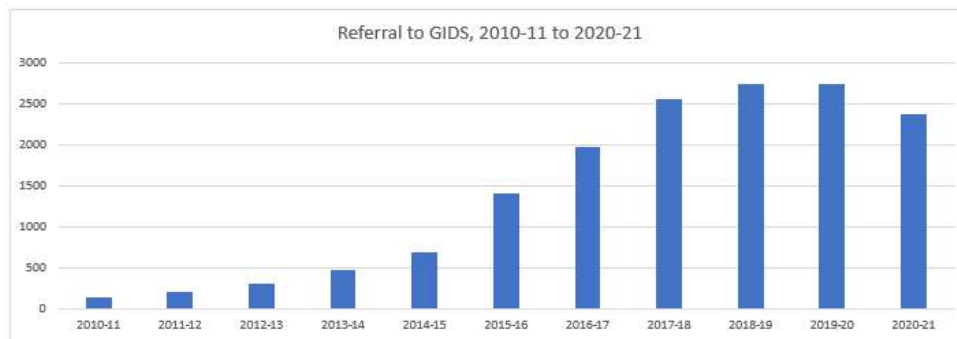
Referrals to GIDS, financial years 2015-16 to 2019-20

Referrals to GIDS, financial years 2010-11 to 2020-21

Generated on 3 May 2021 by our electronic patient record system. Correct at the time of generation, but subject to change in future. Includes referrals that were not accepted by the service.

Total referrals, 2010-11 to 2020-21

Country	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
England	134	201	299	445	661	1332	1858	2395	2552	2565	2242
Wales	<5	5	8	19	23	43	79	118	132	138	108
Republic of Ireland	0	<5	<5	<5	<10	25	34	39	46	41	26
Other	<5	<5	<5	<5	<5	9	10	11	13	4	7
Total	138	210	311	471	691	1409	1981	2563	2743	2748	2383

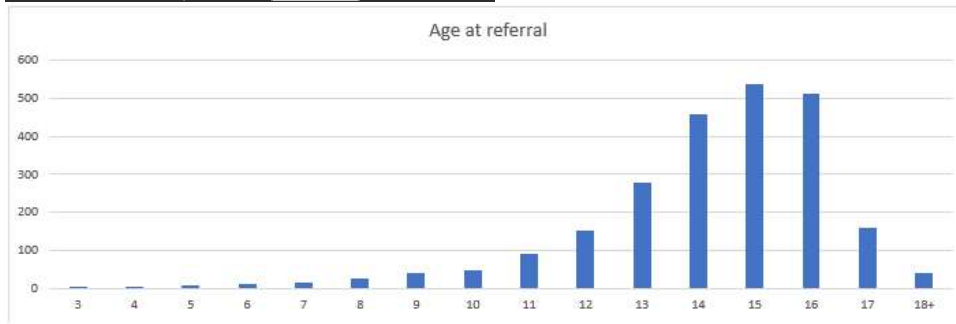


Age and sex assigned at birth at referral, 2020-21

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Age at Referral	Female	Male	Not Known
3	<5	<5	
4	<5	<5	
5		7	

6	<5	5	<5
7	<5	10	<5
8	13	10	<5
9	17	22	
10	27	19	
11	62	22	6
12	119	21	11
13	181	66	30
14	326	106	28
15	342	163	34
16	304	174	34
17	91	53	15
18+	18	21	<5
Total	1512	704	167



Q

GIDS

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Sexuality

🕒 This article is more than 1 year old

Number of people who identify as lesbian, gay or bisexual at UK high

LGB population rises to 2.2%, while proportion identifying as heterosexual falls to 94.6%

Gregory Robinson

Fri 6 Mar 2020 17.21 GMT

The number of people identifying as lesbian, gay or bisexual (LGB) in the UK has increased by more than a third in four years, figures show.

Data taken from the annual population survey (APS), which collects information on self-perceived sexual identity from people aged 16 and over, found that the number had increased from 1.6% in 2014 to 2.2% in 2018.

The overall proportion of the UK population that identify as heterosexual, or straight, decreased from 95.3% in 2014 to 94.6% in 2018.

In 2018, there were an estimated 1.2 million people aged 16 years and over who identified as LGB. Young people, aged between 16 and 24, were the most likely to identify as LGB at 4.4%.

More than two-thirds of the UK's LGB population were unmarried or had not entered into a civil partnership by 2018, according to the figures.

Sophie Sanders, from the Office for National Statistics population statistics division, said: "People in their late teens and early 20s are more likely to identify as LGB than older age groups.

"Meanwhile, more than two-thirds of the LGB population are single and have never married or entered into a civil partnership.

"This reflects the younger age structure of this population, the changing attitudes of the general population to marriage and the fact that legal unions have only been recently available for same-sex couples."

Civil partnerships were introduced for same-sex couples in the UK in December 2005 and same-sex marriage has been legal in England, Wales and Scotland since 2014 and [in Northern Ireland from February this year.](#)

Robyn Peoples, 26, and Sharni Edwards, 27, made history when they became the first same-sex couple to tie the knot in Northern Ireland.

Laura Russell, the director of campaigns, strategy and research at Stonewall, welcomed the rise in the number of people identifying as LGB.

"This is likely because more and more people feel comfortable to be open about who they are," she said.

"But we know these figures still won't be an entirely accurate representation of the number of lesbian, gay and bi people in the UK.

"If we want to live in a world where everyone is accepted without exception, we need every person who believes in equality to stand up and support their LGBT friends, family and the wider community."





LGB Alliance
@ALLIANCELGB



Many of the young women concerned have bitter regrets. Please read the stories of these detransitioners, for instance at [@post_trans](#) . We support adults who experience the need for hormones and surgery to relieve their suffering. Children are too young to make such decisions.

11:03 AM · Nov 29, 2020 · Twitter for iPhone

22 Retweets 227 Likes



LGB Alliance
@ALLIANCELGB



Puberty is for many a distressing, confusing time. Many will grasp at a solution presented to them, especially if it's dressed up in attractive YouTube videos and praised as "progressive". We know now how many teens, largely LGB, are being led down that path and later regret it.



[REDACTED] · Oct 14, 2020

It is critical for people considering medical transition to know that detransitioners exist and why we detransitioned. Transition is peddled as the only solution for gender dysphoria, but we are living proof it's not.

[Show this thread](#)

11:26 AM · Oct 14, 2020 · Twitter for iPhone

Detransition rates in a national UK Gender Identity Clinic

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Skye Davies¹, Stephen McIntyre¹, Craig Rypma¹

1. Charing Cross Gender Identity Clinic, Tavistock and Portman NHS Foundation Trust

Background

Detransitioning refers to the process whereby people who have undergone gender transition later identify or present as the gender that was assigned to them at birth. Transgender people may also go on to retransition, that is, to identify or present with a different transgender identity. Detransition and retransition may involve a change in identity, social presentation, legal documentation, or physical interventions. Most previous studies indicate very low rates of detransition. Some people who do not detransition, may still feel regret related to their transition. The aim of this study was to investigate treatment outcomes in a UK National Health Service (NHS) adult gender identity clinic by examining the rates of and reasons for detransition and regret.

Methods

Patient assessment reports created between August 1st 2016 to August 1st 2017 were scanned electronically for words related to detransition or regret. The reports that were retrieved in the search were reviewed by study authors to identify evidence that patients had detransitioned or expressed regret related to their transition. Data extraction included patients' age, gender identity, gender assigned at birth, and descriptions of their detransition or regret.

Results and Conclusions

Of the 3398 patients who had appointments during this period, 16 (0.47%) expressed transition-related regret or detransitioned. Of these 16, one patient expressed regret but was not considering detransitioning, two had expressed regret and were considering detransitioning, three had detransitioned, and ten had detransitioned temporarily. The reasons stated by patients for their regret or detransition included: social factors, reporting physical complications, and changing their mind about their gender identity and identifying as their gender assigned at birth. The 16 patients consisted of 11 trans women, two trans men, two cis men, and one person assigned male at birth who said their gender identity was "trans".

Study findings are consistent with previous research showing low rates of detransition. Detransition was most often prompted by social difficulties rather than changes in gender identity or physical complications and was most often temporary. Only three patients made a long-term detransition. Strengths of this study include our use of an electronic search to efficiently scan a large number of patient records and our investigation of reasons for regret and detransition. Limitations of this study include that it only provides a snapshot of current rates of detransition and regret and relied on self-reported experiences of patients who may not have disclosed information relevant to this study in their appointments. These results suggest that current practices at the clinic are related to very low rates of detransition and regret. Future studies in gender identity clinics may investigate factors that predict detransition in a larger sample of patients.

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/262734734>

An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets

Article in Archives of Sexual Behavior · May 2014

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An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets

Cecilia Dhejne · Katarina Öberg · Stefan Arver · Mikael Landén

Received: 8 October 2013 / Revised: 11 December 2013 / Accepted: 14 December 2013
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Abstract Incidence and prevalence of applications in Sweden for legal and surgical sex reassignment were examined over a 50-year period (1960–2010), including the legal and surgical reversal applications. A total of 767 people (289 natal females and 478 natal males) applied for legal and surgical sex reassignment. Out of these, 89 % (252 female-to-males [FM] and 429 male-to-females [MF]) received a new legal gender and underwent sex reassignment surgery (SRS). A total of 25 individuals (7 natal females and 18 natal males), equaling 3.3 %, were denied a new legal gender and SRS. The remaining withdrew their application, were on a waiting list for surgery, or were granted partial treatment. The incidence of applications was calculated and stratified over four periods between 1972 and 2010. The incidence increased significantly from 0.16 to 0.42/100,000/year

(FM) and from 0.23 to 0.73/100,000/year (MF). The most pronounced increase occurred after 2000. The proportion of FM individuals 30 years or older at the time of application remained stable around 30 %. In contrast, the proportion of MF individuals 30 years or older increased from 37 % in the first decade to 60 % in the latter three decades. The point prevalence at December 2010 for individuals who applied for a new legal gender was for FM 1:13,120 and for MF 1:7,750. The FM:MF sex ratio fluctuated but was 1:1.66 for the whole study period. There were 15 (5 MF and 10 FM) regret applications corresponding to a 2.2 % regret rate for both sexes. There was a significant decline of regrets over the time period.

Keywords Transsexualism · Gender identity disorder · Gender dysphoria · Incidence · Prevalence · Sex ratio

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Introduction

Gender identity denotes the personal sense of being a female or male. Gender dysphoria denotes the distress caused by a discrepancy between the gender identity and a person's sex assigned at birth. For some people, the level of distress meets criteria for a formal diagnosis of Transsexualism according to ICD-10, Transsexualism according to DSM-III and DSM-III-R, Gender Identity Disorder according to the DSM-IV and DSM-IV-TR, or Gender Dysphoria according to the DSM-5 (American Psychiatric Association, 1980, 1987, 1994, 2000, 2013; World Health Organization, 1992). The clinical presentation generally includes discomfort with natal sex characteristics and a request for medical help to alter the phenotypic expression of the body. Requests may include treatment with contrary sex hormones, hair removal in natal males, surgery to aid changes of primary and secondary sex characteristics, and a new legal gender.

Epidemiological studies on incidence, prevalence, and sex ratio of transsexualism are usually based on indirect calculations, for example the number of individuals in a specified catchment area (a whole country or part of a country) who apply for sex reassignment at gender clinics, who receive a diagnosis of transsexualism, who start sex reassignment treatment, and/or apply for legal gender recognition (Zucker & Lawrence, 2009). Most but not all incidence and prevalence estimates have been based on the population over 15 years of age. Legal sex reassignment is in most countries not allowed before the legal age, which is 18 years in most countries. Germany is an exception with no lower age limit.

Table 1 summarizes the reported prevalence, incidence, and sex ratio in different regions. Prevalence figures range from 1:8,300–1:400,000 for female-to-males (FM) and 1:2,900–1:100,000 for male-to-females (MF). Incidence figures for diagnosed transsexualism are available from Australia, Catalonia, Denmark, England and Wales, Germany, and Sweden and vary from 0.15 to 0.73 per 100,000 per year for both genders (Gómez-Gil et al., 2006; Hoenig & Kenna, 1974; Landén, Wålinder, & Lundström, 1996; Meyer zu Hoberge, 2009; Olsson & Möller, 2003; Ross, Wålinder, Lundström, & Thuwe, 1981; Sørensen & Hertoft, 1980; Wålinder, 1971; Weitze & Osburg, 1996). There is a dearth of studies assessing incidence rates over time in adults. In Sweden, the incidence rate of applications for sex reassignment surgery (SRS) increased from 0.17/100,000/year between 1972 and 1992 to 0.24/100,000/year between 1992 and 2002 (Landén et al., 1996; Olsson & Möller, 2003). Anecdotal evidence suggests that this trend has accelerated after 2002. In Canada, a sharp increase was reported in referrals of adolescents with gender dysphoria between the periods 2000–2003 and 2008–2011 (Wood et al., 2013). Similar data for adolescents have been reported from Amsterdam's clinic for adolescents (de Vries & Cohen-Kettenis, 2012).

As can be seen in Table 1, the sex ratio (here reported as FM:MF ratio) differs across studies, clinics, and countries. Some have found an excess of MF, for example 1:6 in New Zealand (Veale, 2008), 1:6.1 in Australia (Ross et al., 1981), 1:3 in Singapore (Tsoi, 1988), and 1:2.6 in Catalonia (Gómez-Gil et al., 2006). Other have showed a more equal sex ratio such as 1.3:1 in Hamburg, Germany, 1.1:1 in Oslo, Norway (Kreukels et al., 2010), and 1:1 in Finland (Pimenoff, 2006) whereas Japan and Poland have reported an excess of FM, 2:1 and 3.4:1, respectively (Baba et al., 2011; Dulko & Imielinski, 2004). A trend towards a more equal sex distribution over time has been demonstrated in Germany, from 1:2.3 (1981–1990) to 1:1.5 (1991–2000) (Meyer zu Hoberge, 2009; Weitze & Osburg, 1996). Likewise, the sex ratio in Serbia has gone from 1:2 in 1987 to 1:1 in 2007 (Vujovic, Popovic, Sbutega-Milosevic, Djordjevic, & Gooren, 2008). Sweden went in the opposite direction from 1:1.4 in 1972 to 1:1.8 in 2002 (Olsson & Möller, 2003).

Sweden is uniquely positioned to assess trends in applications for gender reassignment/confirmation at a national

level as every person requesting a legal sex change and a genital surgical procedure must apply to the Legal Board of the National Board of Health and Welfare. The aims of this study were to investigate incidence trends and prevalence for persons applying for a new legal gender and SRS, as well as the number of applications for reversal to the original sex. We also examined changes over time with respect to sex ratio, applicants' age, average time elapsed from first visit to being granted a new legal gender, reasons for application rejection, and numbers of individuals choosing surgical treatment abroad.

Method

The Swedish Procedure for Sex Reassignment

A law regulating surgical and legal sex reassignment in Sweden came into force in 1972. The law was updated on January 1, 2013. During the period examined, the law stated that if the person since youth had felt that she/he belongs to a sex other than that recorded on the birth certificate, had lived for a considerable time in accordance with this new gender role, and is anticipated to continue to live in such a gender role, the person could obtain permission for surgical and legal sex reassignment. Gradual changes in praxis have for the last 30 years enable late onset gender dysphoric individuals to be included. The person must be at least 18 years old, a Swedish citizen, unmarried, and sterile. As of January 1, 2013, the prerequisite of being unmarried was removed and it is now sufficient to have permanent residency in Sweden. As of July 1, 2013, the prerequisite of being sterile was removed.

Figure 1 illustrates the flow described below. Individuals presenting with gender dysphoria in Sweden are referred to one of six specialized gender teams that adhere to a national consensus program regulating evaluation and treatment. This national consensus program includes approximately 1 year of evaluation. Individuals diagnosed with transsexualism then start gender confirmation treatment, including cross-sex hormones along with real life experience. FMs also may undergo bilateral mastectomy with chest contouring. MFs receive hair removal, and speech therapy. Adolescents are treated as adults although they cannot receive permission for genital surgery and a new legal gender before 18 years of age.

After a minimum of 2 years of evaluation and treatment, the person can apply to the Legal Board of the National Board of Health and Welfare in order to receive permission for SRS and a change of legal sex status. A medical certificate based on the evaluation describing the gender dysphoria, the diagnosis of transsexualism, and other potential health problems accompanies the application. Until 1990, it was common with a two-step procedure where the initial application was for name change and sterilization. The second application was for final permission to undergo surgical and legal gender reassignment. All application

Table 1 Incidence, prevalence, and sex ratio of transsexualism in different countries

Author	Country	Year or time period	Incidence/ 100,000/year	Prevalence FM	Prevalence MF	Sex ratio FM:MF	Population	Prevalence and incidence calculations based on
Sørensen and Hertoft (1982)	Denmark	1951–1981	x	x	x	1:3.6	Surgical and legal sex reassigned individuals	15 years and older
Hoening and Kenra (1974)	England and Wales	1958–1968	0.17–0.26 total	1:108,000	1:34,000	1:2.9	Referral to a clinic and diagnosed, according to Wälinder (1968)	15 years and older
Wälinder (1968)	Sweden	1965–1967	x	1:103,000	1:37,000	1:2.5	Application to a clinic and diagnosed according to Wälinder (1968)	15 years and older
Wälinder (1971)	Sweden	1967–1970	0.15 total	x	x	1:1	Application to a clinic and diagnosed according to Wälinder (1968)	15 years and older
Dixen, Maddever, Van Maasdam, and Edwards (1984)	USA	ca. 1967–1979	x	x	x	1:1.7	Applicants for sex reassignment	15 years and older
Pauly (1968)	USA	1968	x	1:400,000	1:100,000	1:4	Applying for treatment and diagnosed with transsexualism	Total population
O'Gorman (1982)	Northern-Ireland	ca. 1968–1981	x	1:100,000	1:35,000	1:3	Diagnosed with transsexualism	Total population
Sørensen and Hertoft (1980)	Denmark	1970–1977	0.21 total 0.11 FM 0.31 MF	x	x	1:2.8	Applicants for sex reassignment	15 years and older
Garrels et al. (2000)	Germany	1970–1998	x	x	x	1:1.9	Diagnosed with transsexualism at clinics	Not stated
Landén, Wälinder, and Lundström, (1996)	Sweden	1972–1992	0.17 total	x	x	1:1.4	Applications to court for legal and surgical sex reassignment	15 years and older
Godlewski (1988)	Cracow, Poland	1974–1980	x	x	x	5.5:1	Diagnosed with transsexualism (DSM-III)	Not stated
van Kesteren, Gooren, and Megens (1996)	The Netherlands	1975–1992	x	1:30,400	1:11,900	1:3	Presented at the clinic with genderdysphoria	Total population
Ross, Wälinder, Lundström, and Thuwe (1981)	Australia	1976–1978	0.58 total	1:150,000	1:24,000	1:6.1	Referrals to a clinic and diagnosed according to Wälinder (1968)	15 years and older
Eklund, Gooren, and Bezemer (1988)	The Netherlands	1976–1986	x	1:54,000	1:18,000	1:3	Started hormone therapy and diagnosed according to Wälinder (1968)	15 years and older
Blanchard, Clemmensen, and Steiner (1987)	Canada	1980–1984	x	x	x	1:1.7	Referred to own clinic due to gender dysphoria	16 years and older
Weitze and Osburg (1996)	West Germany	1981–1990	0.24 total	1:94,000	1:36,000	1:2.3	Applications for legal sex reassignment to court	Total population
De Cuyper et al. (2007)	Belgium	1985–2003	x	1:33,800	1:12,900	1:2.43	Individuals who had underwent SRS	15 years and older
Tsoi (1988)	Singapore	1986	x	1:8,300	1:2900	1:3	Applied for SRS and diagnosed, with transsexualism (DSM-III)	15 years and older
Bakker, van Kesteren, Gooren, and Bezemer (1993)	The Netherlands	1986–1990	x	1:30,400	1:11,900	1:2.5	Started hormone therapy and diagnosed according to Wälinder (1968)	15 years and older
De Cuyper, Janes, and Rubens (1995)	Belgium	1986–1994	x	x	x	1:1.7	Diagnosis of transsexualism	15 years and older

Table 1 continued

Author	Country	Year or time period	Incidence/ 100,000/year	Prevalence FM	Prevalence MF	Sex ratio FM:MF	Population	Prevalence and incidence calculations based on
Meyer zu Hoberge (2009)	Germany	1991–2000 incidence	0.34 total 0.26 FM	1:32,050	1:18,250	1:1.5	Applications for legal sex reassignment to court	Total population
		1981–2000 prevalence	0.41 MF					
Olsson and Möller (2003)	Sweden	1992–2002	0.24 total	x	x	1:1.9	Applications to court for legal and surgical sex reassignment	15 years and older
Pimenoff (2006)	Finland	1993–2002	x	x	x	1:1	Application for castration due to transsexualism	Not stated
Veale (2008)	New Zealand	1995–2008	x	1:22,700	1:3,600	1:6	Gender change in passport	15 years and older
Gómez-Gil et al. (2006)	Catalonia	1996–2004 prevalence	0.73 total	1:48,100	1:21,000	1:2.6	Diagnosed transsexualism (ICD-10)	15–65
		2000–2004 incidence						
Wilson, Sharp, and Carr (1999)	Scotland	ca. 1998	x	1:31,200	1:7,400	1:4	Patients with gender dysphoria with or without treatment known by GP:	15 years and older
Wilson, Sharp, and Carr (1999)	Scotland	ca. 1998	x	1:52,100	1:12,800	1:3.8	Receiving hormone therapy or post-surgery	15 years or older
Gómez-Gil, Trilla, Salamero, Godás, and Valdés (2009)	Barcelona, Spain	2000–2006	x	x	x	1:2.24	Diagnosed with transsexualism (ICD-10)	Not stated
Smith, van Goosen, Kuiper, and Cohen-Kettenis (2005)	The Netherlands	Before 2003	x	x	x	1:1.5	Completed sex reassignment	15 years of old
Baba et al. (2011)	Japanese region Hokkaido	2003–2010	x	1:12,200	1:25,200	2:1	Applying for treatment at a clinic and diagnosed with GID (DSM-IV)	Total population
Kreukels et al. (2010)	Amsterdam, Netherlands	2009	x	x	x	1:2.34	Applicants with gender dysphoria data from own clinic	17 years and older
Kreukels et al. (2010)	Ghent, Belgium	2009	x	x	x	1:2.5	Applicants with gender dysphoria data from own clinic	16 years and older
Kreukels et al. (2010)	Hamburg, Germany	2009	x	x	x	1:33:1	Applicants with gender dysphoria data from own clinic	16 years and older
Kreukels et al. (2010)	Oslo, Norway	2009	x	x	x	1:12:1	Applicants with gender dysphoria from own clinic	16 years and older
Dulko and Imielinski (2004)	Poland	Not stated	x	x	x	3.4:1	Diagnosis of transsexualism	Not stated

records are classified as secret and kept on file. If the application is approved, a new national registration number signifying the new gender is assigned after SRS. The time lapse between application and permission for surgery and finally a new legal gender is currently no more than 1 year. Persons who have undergone SRS abroad can present the Board with a certificate that they have had surgical sex reassignment and receive legal gender reassignment without evaluation and real life experience. The National Board of Health and Welfare also handles applications for reversal to the original sex in cases of regrets (regret applications). Regret applications are also accompanied by a medical certificate. To date, all regret applications have been approved, which gives the person the right to treatment to reverse the body as much as possible. All costs for medical care and pharmacological treatment, except facial surgery, are covered by the national health insurance.

Subjects and Procedure

All application files from 1960 to 2010 were reviewed with permission from the Ethical review board, Stockholm, and the National Board of Health and Welfare. Files from January 1, 2011 to June 30, 2011 were also analyzed in order to determine if applications were approved or not. We extracted data on assigned sex at birth, date of birth, date of first visit to a healthcare provider with a documentation of gender dysphoria, date of application for legal and surgical sex reassignment or name change and sterilization if it was a two-step procedure. Furthermore, date and outcome of the decision (if refused, the reasons for this), date of new legal gender, whether the person had undergone sex reassignment abroad, and regret applications were extracted. Age of the applicants was calculated based on the date of the first application. Data were missing for 26 cases and, for these cases, age at first application was estimated to have occurred two months before the date of decision if that was available, or otherwise 12 months before the date of the second application, or if that was also missing, 24 months before the date of the new legal gender.

Incidence for the first application per individual was calculated and stratified for four periods between 1972 and 2010 (the time the law has been in force). The means of the total Swedish population over 17 years of age for the first and the last year of the 10-year intervals were used for incidence calculations (Sweden Statistics, 2012). We had no data on the number of sex reassigned individuals alive and residing in Sweden at each given time point, which precluded exact point prevalence figures (total number of cases in the population divided by the number of individuals in the population) or lifetime prevalence. However, several previous studies have reported transsexualism prevalence rates without taking into account the number of living cases (Baba et al., 2011; De Cuypere et al., 2007; Tsoi, 1988; Veale, 2008). For comparison reasons, we therefore decided to calculate prevalence

numbers based on all persons who ever applied for a new legal gender as if they were all alive during the study period. This will slightly overestimate the point prevalence. The regret rate is defined as the number of sex reassigned individuals at the time period when they did their first application that will later apply for reversal to the original sex, compared to the total number of individuals who did their first application at that time period and received a new legal gender. The data were stratified in 10 years' time periods. The study was conducted in the same way as earlier Swedish incidence studies (Landén et al., 1996; Olsson & Möller, 2003; Wålinder, 1971), with the exception that we calculated incidence rates for the population over 17 instead of over 14 years of age, since a new legal gender cannot be granted before 18.

Statistics

All tables and statistical analyses were generated in the software package R: A Language and Environment for Statistical Computing (R Core Team, 2013). For dichotomous data, cross tabulation with χ^2 or Fisher's exact test were used where appropriate. Results were defined statistically significant if the *p* value was <0.0001.

Results

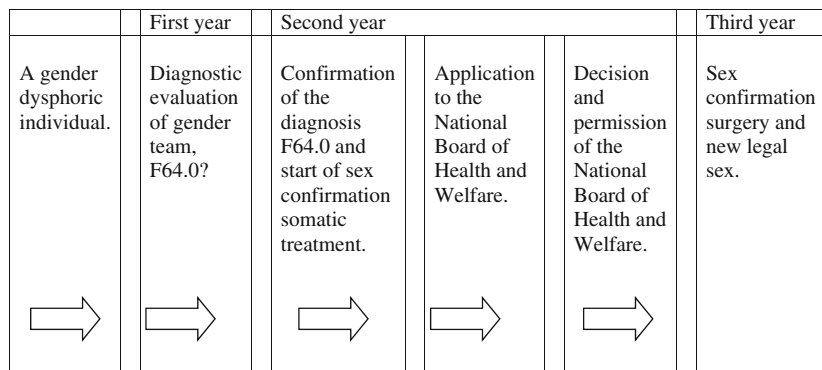
Number of Applications, Granted Applications, and Time to New Legal Gender

A total of 767 people (289 natal females and 478 natal males) applied for legal and surgical sex reassignment in Sweden due to transsexualism/gender dysphoria during the period 1960–2010. Figure 2 shows the number of natal females and natal males applying for a new legal gender stratified per year. Of these 767 applicants, 89 % or 681 persons (FM: 252/289, 87 %; MF: 429/478, 90 %) were granted a new legal gender and had undergone sex confirmation surgery by the end of June 2011. Eight individuals (4 FM and 4 MF) of 681 were assigned a new legal gender before the law came in force 1972. A total of 25 persons (3.3 %, 7 natal females and 18 natal males) were denied a new legal gender due to reasons listed in Table 2. The mean time between the first visit at any clinic for gender dysphoria and a new legal gender for the 681 individuals who underwent sex reassignment declined from a mean of 87 (SD = 70) months between 1972 and 1980, to 46 (SD = 31) months between 2001 and 2010.

Incidence

Table 3 shows stratified incidence of applications for a new legal gender for the four periods for each gender. The overall incidence of applications for a new legal sex increased from

Fig. 1 Procedural flow for individuals applying for sex confirmation genital surgery and new legal sex



0.20/100,000/year (1972–1980) to 0.57/100,000/year (2001–2010). For FMs, there was a 2.5 fold increase from 0.16 to 0.42/100,000/year from the first decade to the last; and for MFs, there was a threefold increase from 0.23 to 0.73/100,000/year. The incidence differed significantly between the time periods for both genders combined, $\chi^2(3) = 308, p < .0001$, as well as for FM, $\chi^2(3) = 107, p < .0001$, and MF, $\chi^2(3), p < .0001$. Likewise, the incidence rates for people who actually received a new sex tripled for both sexes from 0.16 to 0.51/100,000/year (FM: 0.13–0.37/100,000/year, MF: 0.20–0.66/100,000/year).

Prevalence

At the end of December 2010, there were 3,791,791 females and 3,704,685 males over 17 years of age alive and living in Sweden. This gives a point prevalence for persons who had applied for a new legal gender of 1:13,120 for FM and 1:7,750 for MF. As of the same date, the point prevalence for persons who had undergone legal and surgical sex reassignment in Sweden during 2010 was 1:15,047 for FM and 1:8,636 for MF.

Sex Ratio

The FM:MF sex ratio for those who applied was 1:1.66 for the whole study period, but fluctuated between 1:1.42 and 1:1.93 as presented in Table 3. The fluctuation of the sex ratio was not significant over time, $\chi^2(3) = 2.76$. The sex ratio for those who received a new legal gender was 1:1.53 (1972–1980), 1:1.45 (1981–1990), 1:1.89 (1991–2000), 1:1.73 (2001–2010), and was 1:1.70 for the whole study period 1960–2010.

Age of Applicants

The median (min–max) age at application for the whole period was 27 years (16–65) for FMs and 32 years (18–75) for MFs. The proportion of FMs who were 30 years of age or older at the time of application remained stable at around 30%. By contrast, MFs 30 years of age or older increased

from 37% in the first decade to around 60% over the last three decades (see Table 3).

Regrets

A total of 15 individuals (5 FM and 10 MF) out of 681 who received a new legal gender between 1960 and 2010 applied for reversal to the original sex (regret applications). This corresponds to a regret rate of 2.2% for both sexes (2.0% FM and 2.3% MF). As showed in Table 4, the regret rate decreased significantly over the whole study period, Fisher’s exact test, $p < .0001$. The median (min–max) age at which this group first applied for a new legal sex was 22 (18–52) years in FM and 35 (27–49) years in MF. The median (range) time elapsed from attaining a new legal gender to the regret application was

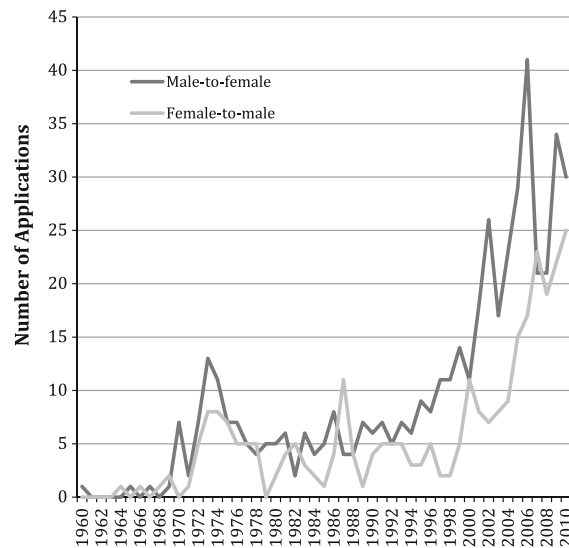


Fig. 2 New applicants for a new legal sex and permission for sex confirmation surgery to the National Board of Health and Welfare in Sweden, 1960–2010, per year, males and females as assigned at birth

Table 2 Applications and outcomes for new legal and surgical sex reassignment submitted to the National Board of Health and Welfare in a Swedish sample, male or female as assigned at birth, between January 1960 and June 2011

Applications for new legal sex January 1960–December 2010 (% of all applications)	Assigned female N = 289 (37.7 %)	Assigned male N = 478 (62.3 %)	Total N = 767 (100 %)
Granted new legal sex between January 1960 and 30 June 2011, out of the applications made January 1960–December 2010 (% of all applications)	252 (87.2 %)	429 (89.7 %)	681 (88.8 %)
Permission not granted for new legal sex (% of all applications)	37 (12.8 %)	49 (10.3 %)	86 (11.2 %)
Reasons for not granting new legal sex			
Application withdrawn by applicant (% of all applications)	3 (1.0 %)	6 (1.3 %) ^a	9 (1.2 %)
Pending new legal sex; chosen by applicant (% of all applications)	17 (5.9 %)	11 (2.3 %)	28 (3.7 %)
Waiting-list for operation (% of all applications)	8 (2.8 %)	9 (1.9 %)	17 (2.2 %)
Partly granted; name-change (% of all applications)	2 (0.7 %)	5 (1.0 %)	7 (0.9 %)
Dismissal of the application (% of all applications)	7 (2.4 %)	18 (3.8 %)	25 (3.3 %)
Reasons for dismissal			
Did not meet diagnosis criteria (% of all applications)	2 (0.7 %)	6 (1.3 %)	8 (1.0 %)
Application incomplete (% of all applications)	3 (1.0 %)	9 (1.9 %)	12 (1.6 %)
Co-morbidity (% of all applications)	2 (0.7 %)	0	2 (0.3 %)
Not sterile (% of all applications)	0	1 (0.2 %)	1 (0.1 %)
Missing data (% of all applications)	0	2 (0.4 %)	2 (0.3 %)

^a One male applicant died during the time period after application and before permission granted and legally accounted as withdrawn

7.5 years (90 months, range 75–137) for FM, and 8.5 years (102 months, range 22–177) for MF.

SRS Abroad

A total of 41 persons had surgical sex reassignment abroad: 2 females aged 29 and 42, and 39 males with median (min–max) age 36 (18–59). Most sex reassignments abroad occurred after 1991 (36/41). The surgery was conducted mainly in Thailand and the US (36/41) while the remainder took place in the UK, the Baltic States, or Norway. One of these 41 individuals had been denied sex reassignment in Sweden prior to surgery abroad. The rest had not applied for legal and surgical sex reassignment in Sweden before they underwent their surgery abroad. Up to 2010, there had been no regret applications from this group.

Discussion

We studied the applications for sex reassignment in the total population of Sweden during 50 years. There was a pronounced increase of applications from the year 2000. Approximately 2.5 times more FMs and three times more MFs applied between 2001 and 2010 compared to the three previous decades. This accords with reports from Toronto and the Netherlands where the number of adolescents who seek help for gender dysphoria has increased (de Vries & Cohen-Kettenis, 2012; Wood et al., 2013). The same has also been reported from Catalonia (Gómez-Gil et al., 2006).

There are several possible explanations for the increase in gender reassignment applications. First, a drift in diagnostic criteria has occurred in that the Legal Board in Sweden has been increasingly more likely to sanction late onset MF (Olsson & Möller, 2003). As a consequence, the proportion of MF

Table 3 Incidence of FM and MF applications/100,000/year stratified in 10-year periods, 1972–2010, with median age and percentage over 30 years of age at time for application and sex ratio

Year of application	FM number/ female population >17 years/	FM incidence/ 100,000/ year	FM age median (min–max)	FM % above 30 years old (%)	MF number/ male population >17 years	MF incidence/ 100,000/ year	MF age median (min–max)	MF % above 30 years old (%)	Sex ratio FM:MF
1972–1980	45/3,166,037	0.16	29 (16–51)	36	64/3,062,456	0.23	27 (18–55)	37	1:1.42
1981–1990	39/3,340,105	0.12	26 (18–45)	33	52/3,198,147	0.16	33 (18–56)	62	1:1.33
1991–2000	46/3,497,821	0.13	26 (18–65)	28	89/3,347,178	0.27	36 (19–55)	61	1:1.93
2001–2010	153/3,674,613	0.42	27 (17–53)	31	260/3,559,056	0.73	33 (18–75)	59	1:1.70

in general and late onset MF in particular increased during the study period. But this occurred back in the 1980s and 1990s and cannot explain the surge after the turn of the century. Second, it has been suggested that homophobia in countries like Australia and Singapore may cause gay males to undergo SRS (Ross et al., 1981; Tsoi, 1988). A recent report from Toronto suggests that the increased number of applications from adolescents may be because it is perceived easier to be transsexual than homosexual, but it is unknown whether this applies to adults (Wood et al., 2013). A Swedish survey found more tolerant attitudes toward transsexual than homosexual persons (Landén & Innala, 2000, 2002). Homophobia is nevertheless an unlikely explanation to an increase in MF:s in Sweden, which rates low on homophobia; same-sex marriage has for example been allowed for 10 years (ILGA-Europe, 2013). A third potential explanation could be easier access to care and better care for transsexualism. Reports from Singapore and the Netherlands suggest that good care of gender dysphoric people and especially good surgical techniques for MFs facilitates sex reassignment (Bakker, van Kesteren, Gooren, & Bezemer, 1993; Tsoi, 1988). Since 1999, evaluation of those who request gender change has been centralized in Stockholm County (which comprises 20 % of the Swedish population). Prior to that, care of transsexual individuals was more random and the level of expertise and experience varied considerably between care providers. Fourth, increased public awareness, easier access to information, and increasing societal acceptance of individuals with gender dysphoria may have contributed to the increased incidence. Internet access in Swedish households increased from 47 % in 2003 to 91 % in 2010 (Sweden Statistics, 2013) and people with gender dysphoria may have become aware of their condition and learned to seek help via the internet, which also gives the possibility for easy connections with support groups.

We estimated the point prevalence for individuals who have been granted a new legal gender and who have undergone a complete sex reassignment to be 1:15,047 in FM and 1:8,636 in MF. These figures should be compared with the prevalence among Belgian-born people who had undergone complete SRS 2003, as estimated by data retrieved from all

surgical departments in the country, which were 1:33,800 in FM and 1:12,900 in MF (De Cuypere et al., 2007). The Swedish figures slightly overestimate the prevalence as we were not able to exclude those who deceased after sex reassignment and those who were born outside Sweden (see “Method”). But this is unlikely to explain the more than double prevalence for FM compared to Belgium.

The FM:MF sex ratio in Sweden was rather stable between 1972 and 2010. There was a trend towards more male applicants during 1991 and 2000 (1:1.93) that abated during the following decade to 1:1.73. Presumably, several structural and other factors influence the sex ratio and also the frequency of applications. Such factors, which may differ across countries, include access to healthcare and insurance coverage, trust in healthcare providers, diagnostic traditions, legal possibilities for being granted a new legal gender, and societal prejudice (Nieder et al., 2011; Okabe et al., 2008).

The average age at application was stable over the time period for both genders. FMs were younger (median 27 years old) than MFs (median 32 years old). These figures are in line with those from the European Network of the Investigation on Gender Incongruence (ENIGI) consortium (the clinics in Amsterdam, Gent, Hamburg, and Oslo) (Nieder et al., 2011). By contrast, in Singapore and Spain, the mean age was 24–25 years in both groups (Gómez-Gil et al., 2009; Tsoi, 1988). This is in line with the suggestion that applicants for gender reassignment tend to be older in individualistic countries (Sweden is an individualistic country according to Hofstede’s index that divides cultures and countries into either individualistic or collectivistic) compared to collectivistic countries like Spain and Singapore (Lawrence, 2010). The proportion of FMs over 30 years old was stable at 30 %. By contrast, the percentage of MFs over 30 years of age increased from 37 to 60 % during the study period. This is most likely related to the change in the interpretation of the law and diagnostic criteria that occurred ca. 1985, when also late onset gender dysphoria was accepted for legal and surgical sex reassignment.

The time from the first appointment for gender dysphoria until being granted a new legal gender decreased from 7.3 years

Table 4 Individuals who will subsequently apply for reversal to the original sex

Time period	Number of sex reassigned individuals at the time period when they did their first application that will later apply for reversal to the original sex/total number of individuals who did their first applications at this time period who received a new legal sex (%)	Number of regret applications, during that time period
1960–1971	4/15 (27 %)	0
1972–1980	6/103 (5.8 %)	5
1981–1990	1/76 (1.3 %)	3
1991–2000	3/127 (2.4 %)	3
2001–2010	1/360 (0.3 %)	4
1960–2010	15/681 (2.2 %)	15

in the first decade (1972–1981) to 3.8 years in the last (2001–2011). This represents an improvement in care, even though 3.8 years may still seem unnecessarily long to complete the entire process. Only 3.3 % of applicants were denied a new legal gender by the Legal Board of the National Board of Health and Welfare. This implies good diagnostic precision and selection of individuals who can proceed to a complete legal sex change. An alternative interpretation would be that the gender teams adjusted well to the demands of the legal prerequisites and, because of this, act as gatekeepers. The 3.3 % (2.4 % FM and 3.8 % MF) denial rate was slightly higher than has been reported from Germany: 1 % for FM and 3 % for MF (Meyer zu Hoberge, 2009).

In June 2011, 30 applicants who had been granted permission to undergo surgery and subsequently obtain a new legal gender status (17 females and 13 males) had postponed surgery more than 12 months (Table 1). It is assumed that these people were waiting for a change in the Swedish law in order to escape the requirement to be sterile to be eligible for sex change operation. By rule of court and EC regulation, this requirement has since been revoked and the Swedish law changed.

The regret rate defined as application for reversal of the legal gender status among those who were sex reassigned was 2.2 % for the whole period 1960–2010 with no significant sex difference. The risk of regretting the procedure was higher if one had been granted a new legal gender before 1990 (11/15). For the two last decades, the regret rate was 2.4 % (1991–2000) and 0.3 % (2001–2010), respectively. The decline in the regret rate for the whole period 1960–2010 was significant. However, the last period is still undecided since the median time lag until applying for a reversal was 8 years. If excluding 2001–2010 the *p* value is .002. The Swedish regret rate is slightly higher compared to previous reports: 1 % for FM and 1–1.5 % for MF (Pfäfflin, 1992), 0.4 % for both genders (Weitze & Osburg, 1996), and 0.6 % for both genders (Meyer zu Hoberge, 2009). This might be explained by the extensive follow-up time in the present study and by the fact that virtually all cases of regrets are captured in the Swedish registry system. The FMs who applied for reversal were younger at application than those who did not (median 22 years compared to 27 years for the whole FM group). Conversely, the MFs who later applied for reversal were older when they applied for sex reassignment than those who did not (median 35 years vs. 32 years for the whole MF group). Since the group is small, these data must, however, be interpreted cautiously. A previous Swedish study identified lack of family support and transsexualism secondary to transvestism (today late onset gender dysphoria) as risk factors for regret (Landén, Wälinder, Lambert, & Lundström, 1998). Since then, all gender teams in Sweden include support to next-of-kin, which hence might have contributed to the decreased rate of regret. A Canadian study with 84.1 % follow-up rate of at least one year post SRS identified heterosexual MF as significant factor for regret (Blanchard, Steiner, Clemmensen, & Dickey,

1989). We had no data on sexual orientation in the present study and can neither confirm nor refute this finding. A German study identified poor differential diagnosis, failure to carry out the social transition, and poor surgical result and lack of proper care in treating the patients as risk-factors for regrets (Pfäfflin, 1992). Another study identified dissatisfaction with the physical and functional result of the SRS as a factor for regret to the treatment (Lawrence, 2003). One could speculate that workup procedures and surgical treatment have improved since 1990 contributing to a declined regret rate. It was beyond the scope of this study to survey details about the regret process and we can neither confirm nor refute previous predictors of regret.

About 6 %, more MF than FM, underwent surgical procedures abroad at their own expense, mostly in the U.S. and Thailand. This began ca. 1991 and has gradually become more common. In some instances, it reflects a wish to speed up the process or avoid the evaluation process.

Although all applications for legal gender reassignment were included, it is important to emphasize that this study does not represent all people with transsexualism or gender dysphoria; there may still be those who do not need or want a medical transition or have been denied early in the process by health care providers. The incidence of gender dysphoria/incongruence in a population, disregarding requests for treatment, is not known in Sweden but there is some information from the U.S., The Netherlands, Finland, and Taiwan. In a household probability sample of adults in Massachusetts, 0.5 % labeled themselves as transgender (Conron, Scott, Stowell, & Landers, 2012). In a recent Dutch study, 0.6 % of males and 0.2 % of females were gender dysphoric (Kuyper & Wijzen, 2014). In a population-based Finnish sample (222 men and 349 women 18–44 years), 6 % reported that they had felt like the opposite sex and/or wished they had the body of the opposite gender (Ålgars, Santtila, & Sandnabba, 2010). In a college student sample (2,588 men and 2,463 women) from Taiwan, 7.3 % females and 1.9 % males reported that they often or very often wished to be the opposite sex (Lai, Chiu, Gadow, Gau, & Hwu, 2010). These data must be interpreted cautiously due to differences in methodology and different definitions of gender dysphoria and importantly, these figures do not reflect the proportion of people who need or request medical help to ease their gender dysphoria. Nevertheless, these studies suggest that some degree of gender dysphoria is more common than the number of persons who actually decide to proceed with a gender reassignment. If societal changes result in increased awareness and acceptance of gender change, a further increase in incidence cannot be excluded.

Strengths and Limitations

This study was unique as it represents a complete national cohort of individuals who have applied for legal gender change in Sweden over the past 40 years. The quality of the data was

assured by access to all the original files and applications since 1960 and by the legal framework regulating legal sex change in Sweden. This contrasts with many studies from other countries that only pertain to one or a few clinics in a country and therefore cannot provide reliable prevalence estimates (Baba et al., 2011; Gómez-Gil et al., 2006). Moreover, this study covered 50 years which allows for observation of secular trends over the years. The methodology was similar to previous Swedish studies, which allows for comparisons (Landén et al., 1996; Olsson & Möller, 2003; Wälinder, 1971). A limitation was that the point prevalence was slightly overestimated (see “Method”). We had no data about sexual orientation and could therefore not test this factor in relation to changes in sex ratio or regrets.

Acknowledgments The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. Financial support was provided through the regional agreement on medical training and clinical research (ALF) between Stockholm County Council and the Karolinska Institutet, through grants from the Royal Swedish Academy of Sciences (Torsten Amundson’s Foundation) and from the Clinical Department of Psychiatry Stockholm Health Care Services. We thank Linda Almqvist, at the time for data collection legal adviser at The National Board of Health and Welfare, Stockholm, Sweden for valuable assistance with data collection and administrative support. We also thank Dr. Gail Knudson, who generously commented on the article.

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[Plast Reconstr Surg Glob Open](#). 2021 Mar; 9(3): e3477.

PMCID: PMC8099405

Published online 2021 Mar 19. doi: [10.1097/GOX.0000000000003477](https://doi.org/10.1097/GOX.0000000000003477)

PMID: [33968550](https://pubmed.ncbi.nlm.nih.gov/33968550/)

Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence

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Abstract

Background:

There is an unknown percentage of transgender and gender non-confirming individuals who undergo gender-affirmation surgeries (GAS) that experiences regret. Regret could lead to physical and mental morbidity and questions the appropriateness of these procedures in selected patients. The aim of this study was to evaluate the prevalence of regret in transgender individuals who underwent GAS and evaluate associated factors.

Methods:

A systematic review of several databases was conducted. Random-effects meta-analysis, meta-regression, and subgroup and sensitivity analyses were performed.

Results:

A total of 27 studies, pooling 7928 transgender patients who underwent any type of GAS, were included. The pooled prevalence of regret after GAS was 1% (95% CI <1%–2%). Overall, 33% underwent transmasculine procedures and 67% transfeminine procedures. The prevalence of regret among patients undergoing transmasculine and transfeminine surgeries was <1% (IC <1%–<1%) and 1% (CI <1%–2%), respectively. A total of 77 patients regretted having had GAS. Twenty-eight had minor and 34 had major regret based on Pfäfflin's regret classification. The majority had *clear regret* based on Kuiper and Cohen-Kettenis classification.

Conclusions:

Based on this review, there is an extremely low prevalence of regret in transgender patients after GAS. We believe this study corroborates the improvements made in regard to selection criteria for GAS. However, there is high subjectivity in the assessment of regret and lack of standardized questionnaires, which highlight the importance of developing validated questionnaires in this population.

Introduction

Discordance or misalignment between gender identity and sex assigned at birth can translate into disproportionate discomfort, configuring the definition of gender dysphoria.¹⁻³ This population has increased risk of psychiatric conditions, including depression, substance abuse disorders, self-injury, and suicide, compared with cis-gender individuals.^{4,5} Approximately 0.6% of adults in the United States identify themselves as transgenders.⁶ Despite advocacy to promote and increase awareness of the human rights of transgender and gender non-binary (TGNB) individuals, discrimination continue to afflict the daily life of these individuals.^{4,7}

Gender-affirmation care plays an important role in tackling gender dysphoria.^{5,8-10} Gender-affirmation surgeries (GAS) aim to align the patients' appearance with their gender identity and help achieve personal comfort with one-self, which will help decrease psychological distress.^{5,10} These interventions should be addressed by a multidisciplinary team, including psychiatrists, psychologists, endocrinologists, physical therapists, and surgeons.^{1,9} The number of GAS has consistently increased during the last years. In the United States, from 2017 to 2018, the number of GAS increased to 15.3%.^{8,11,12}

Significant improvement in the quality of life, body image/satisfaction, and overall psychiatric functioning in patients who underwent GAS has been well documented.^{5,13-19} However, despite this, there is a minor population that experiences regret, occasionally leading to de-transition surgeries.²⁰ Both regret and de-transition may add an important burden of physical, social, and mental distress, which raises concerns about the appropriateness and effectiveness of these procedures in selected patients. Special attention should be paid in identifying and recognizing the prevalence and factors associated with regret. In the present study, we hypothesized that the prevalence of regret is less than the last estimation by Pfafflin in 1993, due to improvements in standard of care, patient selection, surgical techniques, and gender confirmation care. Therefore, the aim of this study was to evaluate the prevalence of regret and assess associated factors in TGNB patients 13-years-old or older who underwent GAS.²⁰

Methods

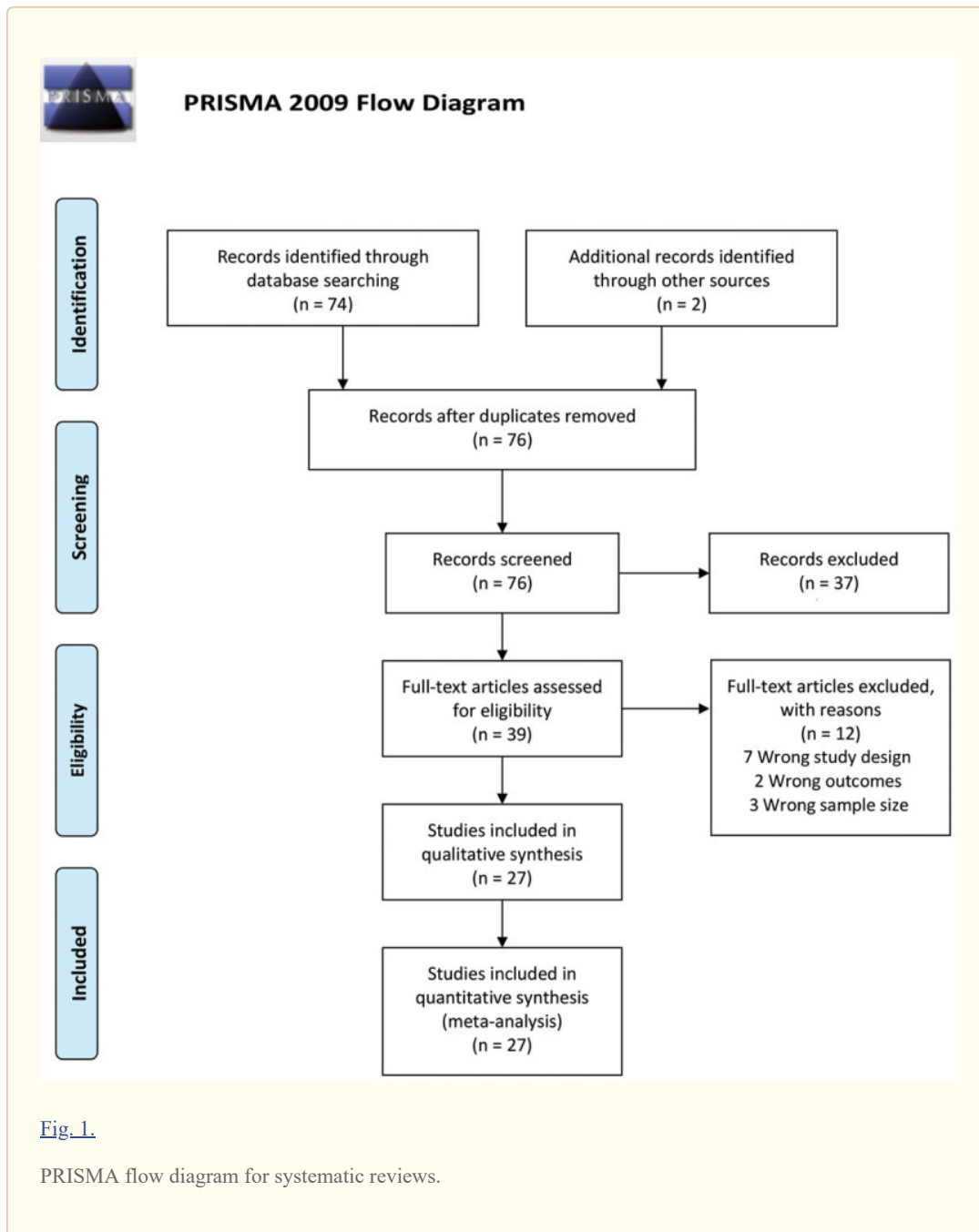
Search Methodology

Following the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines, a comprehensive research of several databases from each database's inception to May 11, 2020, for studies in both English and Spanish languages, was conducted.²¹ The databases included Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, and Daily, Ovid EMBASE, Ovid Cochrane Central Register of Controlled Trials, Ovid Cochrane Database of Systematic Reviews, and Scopus. The search strategy was designed and conducted by an experienced librarian, with input from the study's principal investigator. Controlled vocabulary supplemented with keywords was used to search for studies of de-transition and regret in adult patients who underwent gender confirmation surgery. The actual strategy listing all search terms used and how they are combined is available in Supplemental Digital Content 1. (See **Supplemental Digital Content 1**, which displays the search strategy. <http://links.lww.com/PRSGO/B598>.)

Study Selection

Search results were exported from the database into XML format and then uploaded to Covidence.²² The study selection was performed in a 2-stage screening process. The first step was conducted by 2 screeners (V.P.B. and S.S.B.), who reviewed titles and abstracts and selected those of relevance to the research question. Then, the same 2 screeners reviewed full text of the remaining articles and selected those eligible according to the inclusion and exclusion criteria (Fig. 1). If disagreements were encountered, a third reviewer (O.J.M.) moderated a discussion, and a joint decision between the 3 reviewers was made for a final determination. Inclusion criteria were all the articles that included

patients aged 13 years or more who underwent GAS and report regret or de-transition rates, and observational or interventional studies in English or Spanish language. Exclusion criteria were letter to the editors, case series with <10 patients, case reports correspondences, and animal studies.



Data Extraction/Synthesis

After selecting the articles, we assessed study characteristics. We identified year of publication, country in which the study was conducted, population size, and number of transmasculine and transfeminine patients with their respective mean age (expressed with SD, range, or interquartile range if included in the study). In addition, we extracted information of the method of data collection (interviews versus questionnaires), number of regrets following GAS, as well as the type of surgery, time of follow-up, and de-transition procedures. We classified the type of regret based on the patient's reasons for regret if they were mentioned in the studies. We used the Pfäfflin and Kuiper and Cohen-Kettenis classifications of regret (Table 1).^{20,23}

Table 1.

Pfäfflin and Kuiper and Cohen-Kettenis Categories of Regret

Pfäfflin, 1993	Minor	Feeling of regret secondary to surgical complications or social problems.
	Major	“True” regret. Feeling of dysphoria secondary to the new appearance, or desires of pursuing a de-transition surgery.
Kuiper and Cohen-Kettenis, 1998	Clear regret	Patients openly express their regret and have role reversal either by undergoing de-transition surgery or returning to their former gender role.
	Regret	Patients don’t have role reversal, but freely express their regret by never considering doing GAS or pass through the same preoperative scenario again. They are truly disappointed with the results of GAS. Also, they don’t consider the new gender role so difficult and might consider a second GAS.
	Regret	Patients have role reversal but don’t express their feelings of regret. Some might state that they are happy about their decision and consider themselves as transgender. However, they live as their former gender role for practical and social reasons.
	Regret assumed by others	Don’t have role reversal and don’t express feelings of regret but have unfavorable social circumstances or psychological disturbances that raise concerns to relatives, clinicians, and others that patient might be regretful (eg, feeling loneliness, suicide attempts).

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Quality Assessment

To assess the risk of bias within each study, the National Institute of Health (NIH) quality assessment tool was used.²⁴ This tool ranks each article as “good,” “fair,” or “poor,” and with this, we categorized each article into “low risk,” “moderate risk,” or “high risk” of bias, respectively.

Outcomes

Our primary outcome of interest was the prevalence of regret of transgender patients who underwent any type of GAS. Secondary outcomes of interest were discriminating the prevalence of regrets by type gender transition (transfeminine and transmasculine), and type of surgery.

Data Analysis and Synthesis

The binominal data were analyzed, and the pooled prevalence of regret was estimated using proportion meta-analysis with Stata Software/IC (version 16.1).²⁵ Given the heterogeneity between studies, we conducted a logistic-normal-random-effect model. The study-specific proportions with 95% exact CIs and overall pooled estimates with 95% Wald CIs with Freeman-Turkey double arcsine transformation were used. The effect size and percentage of weight were presented for each individual study.^{25,26}

To evaluate heterogeneity, I^2 statistics was used. If $P < 0.05$ or $I^2 > 50\%$, significant heterogeneity was considered. A univariate meta-regression analysis was performed to assess the significance in country of origin, tools of measurement, and quality of the studies.

To assess publication bias, we used funnel plot graphic and the Egger test. If this test showed us no statistical significance ($P > 0.05$), we assumed that the publication bias had a low impact on the results of our metanalysis. To assess the impact of the publication bias on our missing studies, we used the trim-and-fill method.

A sensitivity analysis was conducted to assess the influence of certain characteristics in the magnitude and precision of the overall prevalence of regret. The following characteristics were excluded: <10 participants included, and the presence of a high risk of bias.

Results

Study Selection

A total of 74 articles were identified in the search, and 2 additional records were identified through other sources. After the first-step screening process, 39 articles were relevant based on the information provided in their titles and abstracts. After the second-step process, a total of 27 articles were included in the systematic review and metaanalysis (Fig. 1).

Quality Assessment

Based on the NIH quality assessment tool, the majority of article ranged between “poor” and “fair” categories.²⁴ (See **Supplemental Digital Content 2**, which displays the score of each reviewed study. <http://links.lww.com/PRSGO/B599>.)

Study Characteristics

In total, the included studies pooled 7928 cases of transgender individuals who underwent any type of GAS. A total of 2578 (33%) underwent transmasculine procedures, 5136 (67%) underwent transfeminine surgeries, and 1 non-binary patient underwent surgery. In Table 2 characteristics of studies are listed. Without discriminating type of surgical technique, from all transfeminine surgeries included, 772 (39.3%) were vaginoplasty, 260 (13.3%) were clitoroplasty, 107 (5.5%) were breast augmentation, 72 (3.7%) were labioplasty and vulvoplasty, and a small minority were facial feminization surgery, vocal cord surgery, thyroid cartilage reduction, and oophorectomy surgery. The rest did not specify type of surgery. In regard to transmasculine surgeries, 297 (12.4%) were mastectomies, 61 (2.6%) were phalloplasties, and 51 (2.1%) hysterectomies (Table 3 and 4). Overall, follow-up time from surgery to the time of regret assessment ranged from 0.8 to 9 years (Table 2).

Table 2.

Study Characteristics

Authors and Year of Publication	Country	Sample Size	Transmasculine	Mean Age (y)	Transfeminine	Mean Age (y)	M
Blanchard et al, 1989	Canada	111	61	28.5	50	41.4 (He), 29.0 (Ho)	
Bouman, 1988	Netherlands	55	NA	NA	55	NS	
Cohen-Kettenis et al, 1997	Netherlands	19	14	22*	5	22*	
De Cuypere et al, 2006	Belgium	62	27	33.3	35	41.4	T
Garcia et al, 2014	London	25	25	34 –RAP without 39.2 – RAP 35.1 – SP	NA	NA	R
Imbimbo et al, 2009	Italia	139	NA	NA	139	31.4	
Jiang et al, 2018	USA	80	NA	NA	79 (+ 1 NB)	57.9 – Vulvoplasty 39.2 – Vaginoplasty†	
Johansson et al, 2010	Sweden	32	14	38.9	18	46	
Krege et al, 2001	Germany	31	NA	NA	31	Me 36.9	
Kuiper et al, 1998	Netherlands	1100	300	46.4*	800	46.4*	
Lawrence, 2003	USA	232	NA	NA	232	44	
Lobato et al, 2006	Brazil	19	1	31.2*	18	31.2*	

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*Reflects the mean of both transmasculine and transfeminine.

†Includes both scheduled and completed surgery.

‡Includes both surgery and no surgery patients.

H, High; He, Heterosexual; Ho, Homosexual; I, Interview; IQR, Interquartile Range; L, Low; M, Moderate; Me, Median; NA, Not applicable; NS: Not specified; Q: Questionnaire; RAP: Radial Arterial Forearm-Flap Phalloplasty without or with cutaneous nerve to clitoral nerve anastomosis; SP: Suprapubic Pedicle-Flap Phalloplasty.

Table 3.

Studies Differentiating Type of Surgery among Transfeminine Patients

Type of Surgery	No. Procedures
Breast Augmentation	
Smith et al, 2001	7
Van de Grift et al, 2018	33
Judge et al, 2014	19
Weyers et al, 2009	48
Total	107
Vaginoplasty	
Blanchard et al, 1989	50
Bouman, 1988	7
Cohen-Kettenis et al, 1997	5
Imbimbo et al, 2009	139
Jiang et al, 2018	64
Krege et al, 2001	31
Kuiper et al, 1998	8
Lawrence, 2003	232
Papadopulos et al, 2017	47
Rehman et al, 1999	28
Van de Grift et al, 2018	71
Zavlin et al, 2018	40
Weyers et al, 2009	50
Total	772
Vulvoplasty	
Rehman et al, 1999	28
Jiang et al, 2018	16
Total	44
Others	
Lawrence, 2003	Clitoroplasty 232
Rehman et al, 1999	Clitoroplasty + labioplasty 28 + Orchiectomy 5
Van de Grift et al, 2018	Thyroid cartilage reduction 9, facial surgeries 7, and vocal cord 3
Wiepjes et al, 2018	Gonadectomy 2868 (adults), 262 (adolescents)
Van de Grift et al, 2018	Facial feminization surgery 15, orchiectomy 15

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Table 4.

Studies Differentiating the Type of Surgery among Transmasculine Patients

Type of Surgery	No. Procedures
Mastectomy	
Blanchard et al, 1989	61
Cohen-Kettenis et al, 1997	14
Kuiper et al, 1998	1
Nelson et al, 2009	17
Olson-Kennedy et al, 2018	68
Smith et al, 2001	13
Van de Grift et al, 2018	49
Judge et al, 2014	16
Poudrier et al, 2019	58
Total	297
Phalloplasty	
Cohen-Kettenis et al, 1997	1
Garcia et al, 2014	25
Smith et al, 2001	1
Song et al, 2011	19
Van de Grift et al, 2018	15
Total	61
Hysterectomy	
Kuiper et al, 1998	1
Smith et al, 2001	2
Van de Grift et al, 2018	48
Total	51
Others	
Cohen-Kettenis et al, 1997	Neoscrotum 2
Kuiper et al, 1998	Oophorectomy 1
Van de Grift et al, 2018	Metoidioplasty 3
Wiepjes et al, 2018	Gonadectomy 1361 (adults), 372 (adolescents)
Judge et al, 2014	GAS not specified 9

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Regrets and De-transition

Almost all studies conducted non-validated questionnaires to assess regret due to the lack of standardized questionnaires available in this topic.^{15, 19–33} Most of the questions evaluating regret used options such as, “yes,” “sometimes,” “no” or “all the time,” “sometimes,” “never,” or “most certainly;” “very likely,” “maybe,” “rather not,” or “definitely not.”^{14, 18, 19, 23, 27–38} Other studies used semi-structured interviews.^{34,37,39–43} However, in both circumstances, some studies provided

further specific information on reasons for regret.^{14,20,23,29,32,36,41,44-46} Of the 7928 patients, 77 expressed regret (12 transmen, 57 transwomen, 8 not specified), understood by those who had “sometimes” or “always” felt it.

Reasons for Regret

The most prevalent reason for regret was the difficulty/dissatisfaction/acceptance in life with the new gender role.^{23,29,32,36,44} Other less prevalent reasons were “failure” of surgery to achieve their surgical goals in an aesthetic level and psychological level.^{29,32,36,47} Based on the reasons presented, we classified the types of regrets according to Pfäfflin’s types of regret and Kuiper and Cohen-Kettenis classification. According to Pfäfflin’s types, 28 patients had minor regret, and 34 patients had major regret.^{14,20,23,29,32,36,41,44,45} Based on the Kuiper and Cohen-Kettenis regret classification, 35 patients had clear regret, 26 uncertain regret, 1 regret, and none presented with regret assumed by others.²³ In Table 5 and 6, the reasons and classifications are shown.

Table 5.

Type of Regret

Studies	No. Regrets	Transmasculine	Transfeminine	Type of Regrets based on Pfafflin, 1993		Type of Regrets based on Kuiper and Cohen-Kettenis, 1998				Surgeries
				Minor	Major	1	2	3	4	
Blanchard et al, 1989	4	—	4	4	—	2	2	—	—	Vaginoplasty
Bouman, 1988	1	—	1	—	1	1	—	—	—	Vaginoplasty
De Cuypere et al, 2006	2	1	1	2	—	—	2	—	—	NS
Imbimbo et al, 2009	8	—	8	NS	NS	NS	NS	NS	NS	Vaginoplasty
Jiang et al, 2018	1	—	1	1	—	—	1	—	—	Vulvoplasty
Kuiper et al, 1998	10	1	9	4	6	6	3	1	—	NS
Lawrence, 2003	15	—	15	13	2	2	13	—	—	Vaginoplasty
Olson-Kennedy et al, 2018	1	1	—	NS	NS	NS	NS	NS	NS	Mastectomy
Pfafflin, 1993	3	3	—	—	3	3	—	—	—	NS (complications: urethral, vaginal fistula)
Van de Grift et al, 2018	2	1	1	2	—	—	2	—	—	Transfeminine = Vaginoplasty Transmasculine = mastectomy

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*8 mastectomies, 2 vaginectomies, 2 phalloplasties, 2 testicular implants removal, and 1 breast augmentation.

N, no; NS, not specified; Y, Yes.

Table 6.

Causes of Regret

Studies	Reasons of Regrets
Blanchard et al, 1989	<ul style="list-style-type: none"> • 1 patient was dissatisfied with life as a woman and considered returning to the masculine role • 1 patient reported that surgery failed to produce the coherence of mind and the body he wanted • 1 patient would not opt for a new surgery as it had not accomplished what she wanted • 1 patient dressed as a man but didn't felt as feminine nor masculine
Bouman, 1988	Work and social acceptance
De Cuypere et al, 2006	<ul style="list-style-type: none"> • Transmasculine = Physiologic period before GAS (delusional disorder-erotomaniac type), scored very low in credibility • Transfeminine = Emotionally troubled by a break-up with his girlfriend
Imbimbo et al, 2009	NS
Jiang et al, 2018	Didn't want to wait genital electrolysis prior vaginoplasty
Kuiper et al, 1998	<ul style="list-style-type: none"> • 4 patients mentioned they were not transsexual • 1 patient after surgery she realized she did not want to live as a woman. I never wished for the surgery (forced by the partner) • 2 patients lost the partner and had social problems • 1 patient had no doubts (double role requested by the partner)
Lawrence, 2003	<ul style="list-style-type: none"> • 8 patients felt disappointed with physical or functional outcomes of surgery (lost clitoris sensation) • 2 participants reported reversion to living as a man after GAS. There were family and social problems
Olson-Kennedy et al, 2018	NS
Pfafflin, 1993	NS
Van de Grift et al, 2018	<ul style="list-style-type: none"> • Transmasculine = Body does not meet the feminine ideal • Transfeminine = Recurrent abdominal pains, dependence on exogenous hormones
Wiepjes et al, 2018	<ul style="list-style-type: none"> • 5 patients had social regret (still as their former role/"ignored by surroundings" or "the loss of relatives is a large sacrifice") • 7 patients had true regret (though that the surgery was the solution) • 2 patients felt non-binary
Zavlin et al, 2018	NS
Judge et al, 2014	NS

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NS, not specified.

Prevalence of Regret

The pooled prevalence of regret among the TGNB population after GAS was 1% (95% Confidence interval [CI] <1%–2%; $I^2 = 75.1\%$) (Fig. 2). The prevalence for transmasculine surgeries was <1% (CI <1%–<1%, $I^2 = 28.8\%$), and for transfeminine surgeries, it was 1% (CI <1%–2%, $I^2 = 75.5\%$) (Fig. 3). The prevalence of regret after vaginoplasty was of 2% (CI <1%–4%, $I^2 = 41.5\%$) and that after mastectomy was <1% (CI <1%–<1%, $I^2 = 21.8\%$) (Fig. 4).

[Fig. 2.](#)

Pooled prevalence of regret among TGNB individuals after gender confirmation surgery. Heterogeneity $\chi^2 = 104.31$ (d.f. = 26), $P = 0.00$, I^2 [variation in effect size (ES) attributable to heterogeneity] = 75.08%, Estimate of between-study variance $\tau^2 = 0.02$, Test of ES = 0, $z = 4.22$, $P = 0.00$.

[Fig. 3.](#)

Subgroup analysis of the prevalence of regret among TGNB individuals after gender confirmation surgery based on gender. ES, effect size.

[Fig. 4.](#)

Subgroup analysis of the prevalence of regret among TGNB individuals after gender confirmation surgery based on the type of surgery. ES, effect size.

Meta-regression and Publication Bias

No covariates analyzed affected the pooled endpoint in this metaanalysis. The Funnel Plot shows asymmetry between studies (Fig. 5). The Egger test resulted in a P value of 0.0271, which suggests statistical significance for publication bias. The Trim & Fill method imputed 14 approximated studies, with limited impact of the adjusted results. The change in effect size was from 0.010 to 0.005 with no statistical significance (Fig. 6).

[Fig. 5.](#)

Funnel plot.

[Fig. 6.](#)

Funnel plot of the Trim & Fill method.

Sensitivity Analysis

When excluding studies with sample sizes less than 10 and high-risk biased studies, the pooled prevalence was similar 1% (CI <1%–3%) compared with the pooled prevalence when those studies were included 1% (CI <1%–2%).

Discussion

The prevalence of regret in the TGNB population after GAS was of 1% (CI <1%–2%). The prevalence of regret for transfeminine surgeries was 1% (CI <1%–2%), and the prevalence for transmasculine surgeries was <1% (CI <1%–<1%). Traditionally, the landmark reference of regret prevalence after GAS has been based on the study by Pfäfflin in 1993, who reported a regret rate of 1%–1.5%. In this study, the author estimated the regret prevalence by analyzing two sources: studies from the previous 30 years in the medical literature and the author’s own clinical practice.²⁰ In the former, the author compiled a total of approximately 1000–1600 transfeminine, and 400–550 transmasculine. In the latter, the author included a total of 196 transfeminine, and 99 transmasculine patients.²⁰ In 1998, Kuiper et al followed 1100 transgender subjects that underwent GAS using social media and snowball sampling.²³ Ten experienced regret (9 transmasculine and 1 transfeminine). The overall prevalence of regret after GAS in this study was of 0.9%, and 3% for transmasculine and <0.12% for transfeminine.²³ Because these studies were conducted several years ago and were limited to specific countries, these estimations may not be generalizable to the entire TGNB population. However, a clear trend towards low prevalences of regret can be appreciated.

The causes and types of regrets reported in the studies are specified and shown in Table 5 and 6. Overall, the most common reason for regret was psychosocial circumstances, particularly due to difficulties generated by return to society with the new gender in both social and family environments.^{23,29,32,33,36,44} In fact, some patients opted to reverse their gender role to achieve social acceptance, receive better salaries, and preserve relatives and friends relationships. These findings are in line with other studies. Laden et al performed a logistic regression analysis to assess potential risk factors for regret in this population.⁴⁶ They found that the two most important risk factors predicting regret were “poor support from the family” and “belonging to the non-core group of transsexuals.”⁴⁶ In addition, a study in Italy hypothesized that the high percentage of regret was attributed to social experience when they return after the surgery.³³

Another factor associated with regret (although less prevalent) was poor surgical outcomes.^{20,23,36} Loss of clitoral sensation and postoperative chronic abdominal pain were the most common reported factors associated with surgical outcomes.^{14,36} In addition, aesthetic outcomes played an important role in regret. Two studies mentioned concerns with aesthetic outcomes.^{14,47} Only one of them quoted a patient inconformity: “body doesn’t meet the feminine ideal.”¹⁴ Interestingly, Lawrence et al demonstrated in their study that physical results of surgery are by far the most influential in determining satisfaction or regret after GAS than any preoperative factor.³⁶ Concordantly, previous studies have shown absence of regret if sensation in clitoris and vaginal is achieved and if satisfaction with vaginal width is present.³⁶

Other factors associated to regret were identified. Blanchard et al in 1989 noted a strong positive correlation between heterosexual preference and postoperative regret.³² All patients in this study who experienced regret were heterosexual transmen.³² On the contrary, Lawrence et al in 2003 did not find

such correlation and attributed their findings to the increase in social tolerance in North American and Western European societies.³⁶ Bodlund et al found that clinically evident personality disorder was a negative prognostic factor for regret in patients undergoing GAS.⁴⁸ On the other hand, Blanchard et al did not find a correlation among patient's education, age at surgery, and gender assigned at birth.³²

In the present review, nearly half of the patients experienced *major regret* (based on Pfäfflin classification), meaning that they underwent or desire de-transition surgery, that will never pass through the same process again, and/or experience increase of gender dysphoria from the new gender. One study found that 10 of 14 patients with regret underwent de-transition surgeries (8 mastectomies, 2 vaginectomies, 2 phalloplasties, 2 testicular implants removal, and 1 breast augmentation) for reasons of social regret, true regret or feeling non-binary.²³ On the other hand, based on the Kuiper and Cohen Kettenis' classification, half of the patients in this review had *clear regret* and *uncertain regret*. This means that they freely expressed their regret toward the procedure, but some had role reversal to the former gender and others did not. Interestingly, Pfäfflin concluded that from a clinical standpoint, transgender patients suffered from many forms of *minor regrets* after GAS, all of which have a temporary course.²⁰ This is an important consideration meaning that the actual true regret rate will always remain uncertain, as temporariness and types of regret can bring a huge challenge for assessment.

Regret after GAS may result from the ongoing discrimination that afflicts the TGNB population, affecting their freely expression of gender identity and, consequently feeling regretful from having had surgery.¹⁵ Poor social and group support, late-onset gender transition, poor sexual functioning, and mental health problems are factors associated with regret.¹⁵ Hence, assessing all these potential factors preoperatively and controlling them if possible could reduce regret rates even more and increase postoperative patient satisfaction.

Regarding transfeminine surgery, vaginoplasty was the most prevalent.^{14, 19, 23, 30–33, 35, 36, 44, 45} Interestingly, regret rates were higher in vaginoplasties.^{14,36,44} In this study, we estimated that the overall prevalence of regret after vaginoplasty was 2% (from 11 studies reviewed). This result is slightly higher than a meta-analysis of 9 studies from 2017 that reported a prevalence of 1%.¹³ Moreover, vaginoplasty has shown to increase the quality of life in these patients.¹³ Mastectomy was the most prevalent transmasculine surgery. Also, it showed a very low prevalence of regret after mastectomy (<1%). Olson-Kennedy et al demonstrated that chest surgery decreases chest dysphoria in both minors and young adults, which might be the major reason behind our findings.³⁸

In the current study, we identified a total of 7928 cases from 14 different countries. To the best of our knowledge, this is the largest attempt to compile the information on regret rates in this population. However, limitations such as significant heterogeneity among studies and among instruments used to assess regret rates, and moderate-to-high risk of bias in some studies represent a big barrier for generalization of the results of this study. The lack of validated questionnaires to evaluate regret in this population is a significant limiting factor. In addition, bias can occur because patients might restrain from expressing regrets due to fear of being judged by the interviewer. Moreover, the temporariness of the feeling of regret in some patients and the variable definition of regret may underestimate the real prevalence of "true" regret.

Based on this meta-analysis, the prevalence of regret is 1%. We believe this reflects and corroborates the increased in accuracy of patient selection criteria for GAS. Efforts should be directed toward the individualization of the patient based on their goals and identification of risk factors for regrets. Surgeons should continue to rigorously follow the current Standard of Care guidelines of the World Professional Association for Transgender Health (WPATH).⁴⁹

CONCLUSIONS

Our study has shown a very low percentage of regret in TGNB population after GAS. We consider that this is a reflection on the improvements in the selection criteria for surgery. However, further studies should be conducted to assess types of regret as well as association with different types of surgical

procedure.

Acknowledgments

All the authors have completed the ICMJE uniform disclosure form. The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Supplementary Material

[Click here to view.](#) (52K, pdf)

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Footnotes

Published online 19 March 2021

Disclosure: The authors have no financial interest to declare in relation to the content of this article.

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LGB Alliance
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Replying to [REDACTED] [@BBCNewsnight](#) and [@Mermaids_Gender](#)

Building up reliable statistics on detransitioners and others who regret their decision is very difficult. Partly because research on this subject is discouraged and partly because those concerned often stay in the shadows, reluctant to return to clinics that treated them

10:39 AM · Dec 2, 2020 · Twitter for iPhone



Bev Jackson
@BevJacksonAuth



Replying to [REDACTED]

You may not be aware that those who try to conduct academic studies on detransition find their paths blocked. I am a lesbian activist, so I am particularly concerned with the plight of young lesbians, many of whom deeply regret their decision to undergo transition.

10:13 AM · Oct 8, 2019 · Twitter for iPhone

Report | Doc. 15425 | 17 December 2021 [See related documents](#)

Combating rising hate against LGBTI people in Europe

Committee on Equality and Non-Discrimination Rapporteur : [Mr Fourat BEN CHIKHA](#), Belgium, SOC

Origin - Reference to committee: [Doc. 15121](#), Reference 4524 of 19 September 2020. 2022 - First part-session

Summary

Past decades have seen significant progress towards making equal rights a reality for LGBTI people in Europe. However, in recent years, there has been a marked increase in hate speech and hate crime targeting people and organisations throughout the continent, based on sexual orientation, gender identity and sex characteristics. Many attacks on LGBTI people and on the exercise of their civil rights have moreover come from political and religious leaders.

The rising hatred against LGBTI people being witnessed in Europe today is the result of sustained and often well-organised attacks on their human rights. These attacks deliberately mis-characterise the fight for the equality of LGBTI people as so-called “gender ideology” and seek to stifle the identities and realities of all those who challenge the social constructs that perpetuate gender inequalities and gender-based violence in our societies. These attacks are harmful to women as well as LGBTI people.

States must act urgently, through legislation, policy, awareness-raising and other measures, in order to prevent further backsliding, promote the full equality of LGBTI people, and foster full respect for their rights at home and abroad.

A. Draft resolution NOTE

1. Over the past few decades, significant progress has been achieved towards making equal rights a reality for LGBTI people throughout Europe. While the picture is chequered and varies widely from State to State, overall, hate crime and anti-discrimination laws have been strengthened, legal gender recognition procedures have been simplified, the bodily integrity of intersex people has started to be better protected, and the rights of rainbow families have increasingly been recognised. This substantial progress is welcome, albeit insufficient.
2. Recent years, however, have also seen a marked increase in hate speech, violence, and hate crime against LGBTI people, communities, and organisations across many member States of the Council of Europe. The Parliamentary Assembly notes with deep concern that a significant proportion of hate speech, vilification and scapegoating of LGBTI people, as well as broad attacks on the exercise of their civil rights, have come from political figures and leaders, including government representatives, as well as from religious leaders.
3. The Assembly deplores these phenomena, which can be observed throughout Europe, regardless of the extent of protection already afforded to the human rights of LGBTI people in any given country. It moreover condemns with particular force the extensive and often virulent attacks on the rights of LGBTI people that have been occurring for several years in, amongst other countries, Hungary, Poland, the Russian Federation, Turkey and the United Kingdom.
4. The rising hatred we are witnessing today is not simply an expression of individual prejudice, but the result of sustained and often well-organised attacks on the human rights of LGBTI people throughout the European continent. Individual expressions of homophobia, biphobia, transphobia and intersexphobia occur in a broader context in which highly conservative movements seek to stifle the identities and realities of all those who challenge the cis- and heteronormative social constructs which perpetuate gender inequalities and gender-based violence in our societies, and which affect women as well as LGBTI people.
5. The Assembly condemns the highly prejudicial anti-gender, gender-critical and anti-trans narratives which reduce the fight for the equality of LGBTI people to what these movements deliberately mis-characterise as “gender ideology” or “LGBTI ideology”. Such narratives deny the very existence of LGBTI people, dehumanise them, and often falsely portray their rights as being in conflict with women’s and children’s rights, or societal and family values in general. All of these are deeply damaging to LGBTI people, while also harming women’s and children’s rights and social cohesion.
6. The Assembly deplores the fact that such discourse is leading to stagnation and even backsliding in progress towards LGBTI equality, sexual and reproductive rights and women’s and children’s rights – and in so doing, it poses a direct challenge to democracy and the rule of law. In many countries, legislative processes aimed at improving the protection of the rights of LGBTI people have stalled, and in some, progress previously achieved has been undone.
7. The significant advances achieved in recent years are today under threat. It is crucial to react quickly in order to prevent further backsliding and work actively to promote full respect for the rights of LGBTI people.
8. In view of all the above, and referring in particular to the relevant provisions of the European Convention on Human Rights (ETS No. 5) and case law of the European Court of Human Rights, as well as the Assembly’s [Resolution 2239](#)

(2018) “Private and family life: achieving equality regardless of sexual orientation”, [Resolution 2191 \(2017\)](#) and [Recommendation 2116 \(2017\)](#) “Promoting the human rights of and eliminating discrimination against intersex people”, [Resolution 2048 \(2015\)](#) “Discrimination against transgender people in Europe”, [Resolution 1948 \(2013\)](#) and [Recommendation 2021 \(2013\)](#) “Tackling discrimination on the grounds of sexual orientation and gender identity”, and [Resolution 1728 \(2010\)](#) and [Recommendation 1915 \(2010\)](#) “Discrimination on the basis of sexual orientation and gender identity”, the Assembly urges governments and parliaments in Council of Europe member States to tackle hatred and discrimination against LGBTI people with renewed energy and urgency.

9. It welcomes in this context the ongoing work of the European Commission against Racism and Intolerance (ECRI) towards drawing up a general policy recommendation to combat discrimination and intolerance against LGBTI persons, as part of its 2019 Roadmap to Effective Equality, and the adoption by the European Commission in 2020 of its LGBTIQ Equality Strategy 2020-2025. It also welcomes the request made on 15 September 2021 to the European Commission for Democracy through Law (Venice Commission) for its opinion on recent modifications to Hungarian legislation that may have a particular impact on LGBTI people.

10. The Assembly calls on member States to refrain from enacting legislation or adopting constitutional amendments that are contrary to the rights of LGBTI people, and to repeal any such provisions already in force. It urges in particular:

10.1. the Hungarian authorities to repeal with immediate effect all the measures adopted in May 2020, December 2020 and June 2021 that prevent individuals who need it from obtaining the legal recognition of their gender identity, preclude children from obtaining recognition of their gender identity when it is different from the sex assigned to them at birth, bar adoption by anyone other than married, heterosexual couples, block access to comprehensive sexuality education, and ban the portrayal of trans identities and homosexuality;

10.2. the Polish authorities to support stronger anti-hate and anti-discrimination legislation in Poland, to ensure that it is effectively applied, and to work to overturn all declarations and charters contrary to the rights of LGBTI people adopted at local, county and regional level;

10.3. all member States having in place so called “anti-LGBTI-propaganda” laws, that is, any legislation that prevents persons and especially minors from having access to complete and objective information about the different forms of sexual orientation, gender identity, gender expression or sex characteristics that exist in society, to repeal this legislation with immediate effect;

10.4. all member States concerned by a process of execution of a judgment of the European Court of Human Rights in which one or more violations was found concerning the rights of LGBTI people or organisations, to ensure the rapid and full implementation of the judgment.

11. The Assembly calls on member States to speak out strongly against incidents of homophobia, transphobia, biphobia and intersexphobia in discourse, practice and policy wherever they occur, and to use the numerous Assembly and other Council of Europe and international standards and instruments at their disposal to hold others to account.

12. The Assembly emphasises that it is precisely when hostility is high or rising that effective criminal provisions and anti-discrimination legislation are most crucial. It calls on member States to strengthen their legislative framework wherever necessary to ensure that it protects the rights of LGBTI people to be free from hatred and discrimination, and to apply it effectively in practice. In line with the above-mentioned standards, and without prejudice to the more specific or far-reaching obligations they may already entail, it calls on member States in particular to:

12.1. amend criminal legislation as necessary to ensure that its provisions with respect to hate crimes clearly cover all offences committed against a person or group of persons based on their sexual orientation, gender identity, gender expression and sex characteristics, include proportionate and dissuasive sanctions, protect victims’ rights and make provision for them to receive compensation;

12.2. make motivations based on sexual orientation, gender identity, gender expression and sex characteristics an aggravating circumstance for all ordinary offences;

12.3. ensure victims of crime are supported and protected against re-traumatisation on the grounds of their sexual orientation, gender identity, gender expression or sex characteristics by law enforcement and support structures, including shelters;

12.4. amend anti-discrimination legislation as necessary to ensure that it covers all forms of discrimination, in all areas of life, based on sexual orientation, gender identity, gender expression and sex characteristics;

12.5. fully train police, judges and prosecutors on these provisions, in order to ensure their effective application in practice and avoid impunity;

12.6. initiate, if this has not already been done, and bring to fruition in all cases, the legislative and policy-making processes necessary to complete other elements of the legal framework that are crucial to LGBTI equality, notably as regards legal gender recognition, the bodily integrity of intersex people, the protection of rainbow families, access to trans-specific healthcare and the exercise of civil rights such as the freedoms of expression, association and assembly.

13. Having regard to the egregious human rights violations committed against LGBTI people in the Chechen Republic (Russian Federation), which the Assembly condemned in its [Resolution 2230 \(2018\)](#) and [Recommendation 2138 \(2018\)](#) “Persecution of LGBTI people in the Chechen Republic (Russian Federation)” but which continue to occur and to have a devastating impact today, the Assembly urges:

13.1. the authorities of the Russian Federation to implement fully and immediately Assembly [Resolution 2230 \(2018\)](#), and redouble its efforts to prosecute and punish the perpetrators and provide reparation, including compensation, to victims, in order to put an end to the persecution of LGBTI people in the Chechen Republic and ensure that there is no impunity for the perpetrators of such human rights violations;

13.2. all other Council of Europe member States to renew their pressure on the Russian Federation to ensure that justice is done, intensify their own efforts to provide refuge to those still seeking to flee to safety, and ensure that their asylum legislation provides effective protection to all LGBTI people forced to flee their country due to persecution based on their sexual orientation, gender identity, gender expression or sex characteristics.

14. The Assembly further calls on all member States to:

- 14.1. put in place a clear human rights policy to protect and promote LGBTI equality, including a strategy and action plan with clear and measurable targets and timelines for implementing any changes to legislation, policy or practice necessary to achieve equality, and effective accountability mechanisms;
- 14.2. mainstream the rights of LGBTI people in all key legislative, policy and other measures;
- 14.3. work proactively to bring their domestic legislation and practice into line with the developing case-law of the European Court of Human Rights;
- 14.4. refuse to provide funding to local, regional or national authorities or other State or non-State actors that deny the human rights of LGBTI people, and to withdraw such funding if it has already been granted;
- 14.5. participate constructively in the periodical review process carried out by the Committee of Ministers regarding the implementation of Recommendation [CM/Rec\(2010\)5](#) to member States on measures to combat discrimination on grounds of sexual orientation or gender identity;
- 14.6. contribute to and advance other Council of Europe work concerning the rights of LGBTI people, notably through actively supporting:
 - 14.6.1. the relevant monitoring and standard-setting work of the ECRI;
 - 14.6.2. the intergovernmental work carried out in this field by the Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI);
 - 14.6.3. the provision to States that request it of technical assistance aimed at advancing LGBTI equality and rights;
- 14.7. ensure the meaningful involvement of and consultation with civil society organisations and human rights defenders seeking to protect and promote the rights of LGBTI people in the development, implementation and review of all policies and measures that concern them, and more generally, enable and support the work of civil society in this field.
15. The Assembly strongly encourages parliamentarians to improve their understanding of the human rights challenges faced by LGBTI people in their country and abroad, by engaging bilaterally with and inviting to their parliaments local, national and umbrella civil society organisations and LGBTI human rights defenders with direct knowledge of the realities and issues at stake.
16. Finally, the Assembly emphasises that hatred against LGBTI people cannot be effectively combated if it is treated purely as an individual phenomenon. Paradigm shifts in social and cultural understandings of gender equality, harmful masculinities and the rights and freedoms of LGBTI people are still needed in many societies in order to achieve genuine equality for LGBTI people. The Assembly therefore urges member States to carry out extensive public awareness-raising campaigns so as to counter misleading or false narratives, increase understanding of the situation and rights of LGBTI people, and actively promote their equality.
17. In the light of all the above, the Assembly considers that a network of its interested members should also be formally established, in order to facilitate co-operation between national parliaments aimed at promoting full and effective equality for LGBTI people throughout the continent.

B. Draft recommendation ← NOTE

1. The Parliamentary Assembly refers to its Resolution ... (2021) "Combating rising hate against LGBTI people in Europe", in which it calls on member States to tackle hatred and discrimination against LGBTI people with renewed energy and urgency.
2. The Assembly believes it is crucial that member States redouble their efforts in this field and that the Council of Europe strengthen its own activities to protect and promote the rights of LGBTI persons in Europe.
3. The Assembly therefore invites the Committee of Ministers to:
 - 3.1. bring Resolution ... (2021) to the attention of the governments of all member States;
 - 3.2. ensure that adequate resources are allocated to work on equality of rights for LGBTI persons, combating hate speech and hate crime, and intergovernmental standard-setting in these fields;
 - 3.3. support the periodical review process regarding the implementation of Recommendation [CM/Rec\(2010\)5](#) of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity.

C. Explanatory memorandum by Mr Fourat Ben Chikha, rapporteur

1. Introduction

1. Over the past few decades, significant progress has been achieved towards making equal rights a reality for LGBTI people throughout Europe. While the picture is chequered and varies widely from State to State, overall, hate crime and anti-discrimination laws have been strengthened, legal gender recognition procedures have been simplified, the bodily integrity of intersex people has started to be better protected, and the rights of rainbow families have increasingly been recognised. This substantial progress is welcome, albeit insufficient.
2. Recent years have indeed also seen marked increases in hate speech, violence, and hate crime against LGBTI people, communities, and organisations across many member States of the Council of Europe. Alarming, a significant proportion of hate speech, vilification and scapegoating of LGBTI people, as well as broad attacks on the exercise of their civil rights, have come from political figures and leadership, including government representatives, as well as from religious leaders. These dynamics have been observed regardless of the extent of protection afforded to the human rights of LGBTI people in any given countries – both very open societies and highly conservative ones have been affected.
3. Concern about this situation led to the adoption by the Committee on Equality and Non-Discrimination on 24 June 2020 of the motion for a resolution which is at the origin of the present report, and I was appointed rapporteur by the committee on 15 October 2020. Many of the issues at stake were already well known to our committee, thanks notably to the series of resolutions and recommendations it has prepared on behalf of the Assembly on various aspects of the

rights of LGBTI people since 2010, ^{NOTE} and to the engagement over the last decade of its successive General Rapporteurs on the rights of LGBTI people, a post I am honoured to hold currently. In order to build the most up-to-date and fullest possible picture of the current situation throughout Europe, I have carried out additional desk research and held numerous bilateral meetings with relevant stakeholders, particularly from civil society, in order to prepare this report.

4. I would like to thank most warmly the Current Affairs Committee of the Congress of Local and Regional Authorities for inviting me to participate in the online meetings it organised on 2 and 3 November 2020 with Polish interlocutors (national, regional and local authorities and civil society actors) in the framework of its own report on “The role of local authorities with regard to the situation and rights of LGBTI people in Poland”. This report was adopted by the Congress on 16 June 2021, together with a related report on “Protection of LGBTI people in the context of rising anti-LGBTI hate speech and discrimination: the role of local and regional authorities”. ^{NOTE}

5. On 27 November 2020, our committee held a hearing in the framework of the preparation of my report, with the participation of Victor Madrigal-Borloz, United Nations Independent Expert on sexual orientation and gender identity; Teodora Ion-Rotaru, Executive Director, ACCEPT Association, Romania; Tina Kolos Orbán, Project Manager, Transvanilla Association, Hungary; and Miltos Pavlou, Project Manager – Social Research, European Union Agency for Fundamental Rights.

6. A further hearing was held by the committee on 18 May 2021, with the participation of Dunja Mijatović, Council of Europe Commissioner for Human Rights; Emina Bosnjak, Executive Director, Sarajevo Open Centre, Bosnia and Herzegovina; Marsel Tuğkan, Consultant, ILGA-Europe, Turkey; and Lui Asquith, Legal and Policy Director, Mermaids, United Kingdom.

7. My work on this report has left me with no doubt that the rising hatred we are witnessing today is not simply a product of individual prejudice, or of a sense of greater freedom to express it, but the result of sustained and often well-organised attacks on the human rights of LGBTI people throughout the European continent. These attacks deny the human dignity and the right to equality of LGBTI people, and in so doing, threaten the foundations of our democracies: from the moment that one minority is under attack, all minorities are under attack. The significant advances achieved in recent years are today under threat, and it is crucial to react quickly to prevent further backsliding and turn the tide around.

2. Heteronormativity, heterosexism, cisgenderism and anti-gender and gender critical movements

8. In this report, I frequently use the terms homophobia, biphobia, transphobia and intersexphobia. They correspond to many phenomena that can be observed in our societies, and make clear who is the target of hostile sentiments or discourse or of hateful offences committed. However, they also tend to suggest that such hatred is only a question of individual psychology (fear). As such, they fail to capture the structural ways in which our societies manufacture this hate, and they marginalise important forms of discrimination experienced by LGBTI people, which I outline briefly below. ^{NOTE}

9. As the United Nations Independent Expert, Victor Madrigal-Borloz, underlined at our hearing on 27 November 2020, the idea that LGBT lives are somehow antisocial, disordered and sinful has carved deep grooves in the consciousness of societies throughout the world. Even though these ideas are being dismantled, their persisting influence can still be seen in the thinking of significant proportions of the population.

10. Western patriarchal societies have traditionally been built around the notion of hegemonic masculinity: all people are divided into two, unequal, “complementary” groups: the penetrators and the penetrated, who are considered as debased. Virile men are ranked as hierarchically superior to women in this social order, and men deemed insufficiently masculine are relegated to the (inferior) female, feminine category. Everyone is moreover automatically assumed to be heterosexual and cisgender. ^{NOTE}

11. These artificial social constructs are well known to feminists: they oppress women and are at the heart of persisting gender inequalities and gender-based violence. ^{NOTE} Equally importantly, however, they set up an opposition between heterosexual and homosexual or bisexual people, and between cisgender and transgender or non-binary people; both groups, and indeed anyone whose sexual orientation, gender identity, gender expression or sex characteristics challenge binary norms, can still often be considered as abnormal, antisocial, and by definition inferior.

12. Heteronormative, heterosexist societies, as described above, collectively stifle the identities and realities of all those who challenge the established sex and gender hierarchy – although this order only works in favour of masculine, cisgender men and the individuals they choose to protect. This is why the fights for women’s rights and the rights of LGBTI people are so closely linked. The prevailing social order designates as shameful the bodies of intersex persons who do not conform to the binary male/female paradigm, ^{NOTE} and the sexual orientation, gender identity and gender expression of everyone who does not fit the heterosexist norm. Even in societies which have repealed many of the discriminatory laws that are the legal manifestations of heteronormativity and have enacted legislation designed to better protect the rights of LGBTI people, persons who do not hide the fact that they are LGBTI continue to be targets for insult and attack. In the United Kingdom, for example, 99% of pupils hear “gay” used as a term of abuse in schools, and “pédé” (“faggot”) is the most common insult in French schools. ^{NOTE}

13. There is a direct link between heteronormativity and heterosexism, on the one hand, and the growing anti-gender and gender-critical movements that are examined further below, on the other. Anti-gender and gender-critical movements, which are well-funded and share common patterns, strategies and language, ^{NOTE} ignore the fundamental human rights issues at stake – the fight for recognition and equal rights – and wrongly characterise efforts to deconstruct deeply harmful gender stereotypes in our societies as so-called “gender ideology”.

14. Whatever their motivations, these movements work to maintain unequal gender relations in the name of “tradition”, “family values”, “Christian values”, or a so-called “natural order”. Attacks on abortion, access to contraception, comprehensive sexuality education, same-sex marriage, gender, legal gender recognition, access to transition-related

medical care, trans and intersex persons' participation in sport, and ratification and implementation of the Istanbul Convention all form part of this agenda ^{NOTE} – which, by maintaining or exacerbating inequalities, directly violates women's, children's and LGBTI people's human rights. The growing expressions of hatred against LGBTI people that we are witnessing in Europe today must be understood not merely as individual acts, but as part of this broader dynamic which is also harming women and children.

3. Anti-gender rhetoric and hate speech

Herzegovina, Bulgaria, the Czech Republic, Estonia, Finland, Hungary, Italy, Latvia, the Republic of Moldova, North Macedonia, Poland, the Russian Federation, the Slovak Republic and Turkey, as well as in Kosovo*. ^{NOTE} Religious leaders also propagated hate-speech in Belarus, Greece, the Slovak Republic, Turkey and Ukraine, many of them directly blaming LGBTI people for Covid-19. ^{NOTE}

16. Hate messages targeting LGBTI people are also disseminated through the media, internet, video games and music. Hate speech is reported to have risen on social media in Belgium, Bulgaria, Croatia, the Czech Republic, Malta, Montenegro, the Russian Federation and Turkey in the past year, and in the general media in Slovenia and Ukraine. It remains an ongoing issue in Georgia, Ireland, Netherlands, North Macedonia, Portugal, Romania, the Slovak Republic, Spain and the United Kingdom. ^{NOTE}

17. Anti-LGBTI hate speech is often closely entwined with broader anti-gender discourse, which has spread throughout Europe and the world in recent years. ^{NOTE} On our continent, it has been highly visible in opposition to efforts to achieve greater recognition of same-sex partnerships. Examples include the three-year campaign for a referendum to ban same-sex marriage in the Romanian constitution and the campaigns against recognising same-sex marriage in Slovenia and Croatia. ^{NOTE} Such discourse was also at the heart of demonstrations against the introduction of same-sex marriage in France in 2013 and the recognition of civil unions in Italy in 2016. ^{NOTE} It has also been at the heart of attacks on trans people's rights, notably in the United Kingdom, as discussed further below.

18. Such rhetoric tends to question the very existence of gender as a category of protection under international human rights law, and to reject the notion that gender is a social construct, distinct from (biological) sex and not based on a binary distinction. Yet these features are crucial to understanding the lived reality of gender diverse, non-binary and trans persons, as well as to understanding sexual and reproductive rights. They are also closely linked to notions of power and control over the bodies of persons who have wombs. ^{NOTE}

19. Public debate surrounding the ratification of the Istanbul Convention that has occurred in several Council of Europe member States in recent years has often reflected these dynamics. Bulgaria is a noteworthy example. During debates on ratification of the convention, misleading narratives were massively propagated, which have been harmful to both women, children and LGBTI people. Since the Constitutional Court found in a majority ruling that the Istanbul Convention was not in conformity with the country's Constitution, women's rights defenders, NGOs working with victims of violence against women, and LGBTI individuals and organisations have faced smear campaigns, hate speech in the media, cuts in funding and physical attacks. ^{NOTE} Similar dynamics – again, harmful to both women's and LGBTI people's rights – have led to the Slovak Parliament's repeated refusal to ratify the convention. The unilateral decision of the President of Turkey in March 2021 to withdraw from the Istanbul Convention (which is currently being contested before the Turkish courts) can also be understood as part of this trend.

4. Instrumentalisation of anti-gender rhetoric and hate speech for political purposes

20. As the United Nations Independent Expert emphasised at our hearing on 27 November 2020, messages of hatred against LGBT persons in public debate, demonstrations and any part of public space are becoming worryingly the norm in vast areas of Europe. Such rhetoric has acquired legitimacy and political acceptance, and populism espousing it is achieving positive results in electoral processes. This gives considerable credit to offensive messages calling for the suppression of non-heteronormative sexual orientations and non-cisnormative gender identities, and for the limitation of the human rights of LGBT persons.

21. In Poland, politicians have signed up to homophobic so-called "family charters", and around one hundred local and regional councils have adopted "anti-LGBTI-ideology" declarations (these council areas are frequently referred to as "LGBT-free zones") or "family charters". The debates preceding their adoption frequently include aggressive and discriminatory language and depict support for the rights of LGBTI people as propaganda that is harmful to children and that seeks to undermine traditional Polish values. ^{NOTE} The European Commission has expressed concern that these declarations may violate EU non-discrimination law. In the face of the authorities' failure to respond adequately to its repeated requests for information on this matter, the Commission launched infringement proceedings against Poland on 15 July 2021. ^{NOTE}

22. Hate speech against LGBTI people has been employed at the highest political levels, exploiting prejudice for political gain. During the 2020 presidential campaign, the incumbent candidate (who was ultimately re-elected) expressly denied LGBTI people's dignity, equality and humanity, stating, "They try to tell us that [LGBTI] people are people but it is an ideology", and referring to so-called "LGBTI ideology" as an "ideology of evil". ^{NOTE}

23. As public debate around LGBTI equality becomes increasingly politicised, some actors observe that the main purpose of adopting "anti-LGBTI-ideology" declarations or "family charters" is to show support for the governing party. ^{NOTE} Yet such declarations, by their very nature, deny LGBTI people's right to exist, and deprive them of a safe space. They are a blatant violation of human dignity and equality and directly threaten the rule of law and our democracies, which depend on societies in which everyone feels welcome and protected and able to play an active role. Moreover, they harm individuals who need support.

24. As I noted in my public statement on this subject in June 2020, politicians cannot sit idly by while members of our societies are singled out for attack, stigmatised and dehumanised: we must be uncompromising in our rejection of homophobia, transphobia, biphobia and intersexphobia, and we must call such hatred out whenever we see it. Instead of promoting hatred, I called on all Polish politicians to support stronger anti-hate and anti-discrimination legislation in Poland, and to ensure that it is effectively applied. ◀ NOTE

25. I find it deeply worrying that the rights of LGBTI people are being politicised and instrumentalised in such a way. I welcome the fact that some municipal, local and regional authorities have revoked anti-LGBTI declarations or charters they had previously adopted – in some cases due to decisions by international counterparts to cease providing funding to these authorities –, and dozens of others that have been lobbied to adopt such texts have rejected them, with some having instead signed declarations against homophobia.

26. The Council of Europe Commissioner for Human Rights emphasised during our hearing of 18 May 2021 that her monitoring work in a number of other countries revealed a clear manipulation of anti-LGBTI prejudice for short-term political gain, notably in electoral contexts.

27. In Armenia in 2018, two anti-LGBTI legislative proposals were introduced in the parliament, one proposing to make it a criminal offence for persons of the same sex to kiss in public, and the other proposing to make it an administrative offence to “propagate non-traditional sexual relations [defined as including homosexual relationships] amongst children”. The Commissioner expressed concern that such bills may be “designed to stoke anti-LGBTI sentiments as an element of rivalry between opposing political groups”, that they were “likely to be instrumentalised to the detriment of the rights of the LGBTI community” and that they would distract from other core human rights issues that the country needed to tackle. ◀ NOTE The situation of LGBTI people in Armenia, as well as in Azerbaijan and Georgia, is being examined in more detail by our colleague Christophe Lacroix (Belgium, SOC).

28. In the Republic of Moldova, hate speech from high-level politicians and religious and community leaders was reported to the Commissioner in 2019. It reportedly intensified around electoral periods and was aggravated by hate speech originating from, or spread by, the media. LGBTI people in the Republic of Moldova have been frequent targets of virulent forms of this hate speech. Neither the authorities nor the media have made strong efforts to tackle it, and the legal framework against hate speech is weak. The Commissioner urged the Moldovan authorities to enact stronger legislative provisions against anti-LGBTI hate speech, give greater powers in this field to the national equality body, and take ownership and responsibility for tackling this human rights issue. ◀ NOTE

29. Much hate speech occurs online, especially on social media. Leaving a vacuum regarding hate speech on social media amounts to condoning hateful language and incitement, in violation of the European Convention on Human Rights (ETS No. 5) ◀ NOTE – yet LGBTI organisations are subjected to it constantly, without redress. Social media companies have begun to see that it is in their interest to avoid their platforms being used to incite hate, discrimination or violence, and they respond to government culture. As the Commissioner for Human Rights underlined at our hearing of 18 May 2021, decision-makers have a responsibility to create and set the obligations that social media companies must meet, and the judiciary has a responsibility to enforce them. ◀ NOTE

30. In countries such as the Netherlands, where progress towards LGBTI equality is well advanced and public attitudes are LGBTI-friendly, homonationalism is used by extreme right parties to advance a racist agenda. They stigmatise minority groups and single out Muslims, in particular, as homophobic and reactionary – casting all Muslims as necessarily harbouring anti-LGBTI hatred, as if all white, western Christians were LGBTI-friendly. While the specific levers pulled here are very different from those described earlier, homonationalism is not only racist but also instrumentalises LGBTI people and their rights to advance a political agenda based on hate. Using such rhetoric harms the national, ethnic and religious groups targeted while remaining totally indifferent to the impact on LGBTI people themselves.

31. The inescapable conclusion is, in the words of the Commissioner at our hearing of 18 May 2021, that political leaders across large parts of Europe are failing in their responsibility to educate, combat stereotypes and work actively for acceptance. Instead, prejudice against LGBTI people is being used to advance harmful political agendas and interests, to the detriment of and with total disregard for LGBTI people’s rights. LGBTI people are, quite simply, being treated by these movements as undeserving of respect and equal dignity as human beings.

32. This cannot be tolerated. Political leaders and public authorities must vigorously challenge the dehumanisation of LGBTI people, and not leave this burden solely to civil society. They must refrain from engaging in hate speech themselves, and take a prompt, firm and public stance against all hate speech targeting LGBTI persons, including LGBTI activists, ensuring also that all such incidents are effectively investigated and prosecuted. They must also ensure that effective legislation is in place, allowing for such action to be taken (see below).

5. Growing difficulties in enacting legislation to promote equality, and rollbacks in legislation previously enacted

33. As the Commissioner for Human Rights has emphasised, a strong legislative framework is even more important when the political and societal climate is hostile. Yet there are still significant gaps in the legal protection of LGBTI people in Europe, whether as concerns hate speech laws, aggravating circumstances for criminal offences, the recognition of same-sex partnerships or marriage or legal gender recognition. ◀ NOTE

34. The European Commission against Racism and Intolerance (ECRI) has published a factsheet setting out a current snapshot of the standards that should be met in these fields, based on its monitoring work to date and other key Council of Europe standards, including the European Convention on Human Rights and relevant case-law of the European Court of Human Rights, as well as the Assembly’s adopted texts. Despite vital steps forward over the past decades, progress nonetheless remains to be made throughout Europe, to greater or lesser degrees, on legislative provisions to combat hate and prevent discrimination against LGBTI people. ◀ NOTE

35. Bringing efforts to enact such laws to fruition appears however to be becoming increasingly difficult, and in some cases, progress previously made has been reversed. Here I would like to draw attention to just three examples; many

others could however be cited. I examine in a separate section below specific setbacks currently being faced by trans, non-binary and genderqueer people, including some intersex people.

36. In Italy, draft legislation intended *inter alia* to strengthen hate crimes legislation by extending the grounds expressly covered to include sex, gender, sexual orientation, gender identity and disability, approved by the Chamber of Deputies in November 2020, has been blocked in the Senate since then. The text has been the subject of heated public and political debates, including homophobic or transphobic discourse. ◀ NOTE

37. In Lithuania, attempts have been made to grant legal recognition to same-sex couples since 2015, but without success. A new gender-neutral partnership bill introduced on 21 May 2021 was sent back to its authors for revision and will not be re-examined for several months; a week earlier, a rally in favour of “traditional family values” was held in Vilnius, reportedly drawing several thousand people. In parallel, numerous legislative initiatives aiming to restrict the rights of LGBTI people have been registered over the past years, including proposed amendments to exclude rainbow families from the constitutional notion of the family. Lithuania also still has in place an “anti-LGBTI-propaganda” law (see further next section). ◀ NOTE

38. In Hungary, a series of laws deeply harmful to the rights of LGBTI people have been adopted over the past year. In addition to the anti-trans legislative amendments adopted in spring 2020 (see below), the parliament enacted a law in December 2020 that will strip people of the right to adoption unless they are married (which is impossible for same-sex couples in Hungary). It also made constitutional amendments restricting children’s gender identity to their sex assigned at birth, requiring an upbringing based on Hungary’s “Christian culture”, and institutionalising a heteronormative definition of the family. At the request of the Assembly’s Monitoring Committee, the Venice Commission examined these amendments in a recent opinion. It expressed concern, *inter alia*, at the lack of public consultation on the amendments; at their adoption during a state of emergency; at the political instrumentalisation of the constitution; and at the clear or potential discriminatory effect of several amendments on grounds of sexual orientation or gender identity. ◀ NOTE On 15 June 2021, amendments were enacted to a series of laws, introducing a ban on the “portrayal and the promotion of gender identity different from sex at birth, the change of sex and homosexuality” for persons under 18. All of these changes have been introduced during periods when Covid-19-related restrictions on public gatherings have made it impossible to hold public protests. ◀ NOTE They are contrary to international human rights standards, including judgments of the European Court of Human Rights and Assembly resolutions, and amount to systematic attacks on the rights of LGBTI people. On 15 July 2021, the European Commission announced that it was launching infringement proceedings against Hungary concerning possible breaches of several articles of the Treaty on European Union and Article 2 of the Charter of Fundamental Rights, guaranteeing equality and the protection of human rights. ◀ NOTE Shortly afterwards, on 21 July 2021, the Prime Minister of Hungary however announced his intention to call a referendum inviting Hungary’s population to express its approval of the latest changes. The questions he proposed to submit to a referendum are moreover reportedly highly tendentious: for example, whether voters would be asked whether they “approve of schools talking to children about sexuality without their consent”, or whether they support the “promotion of sex-change treatments for minors”. ◀ NOTE

39. Amongst policies and measures that are directly harmful to the equality and rights of LGBTI people, I also wish to mention a range of restrictions and

6. Freedoms of expression, association and assembly

attacks on the freedoms of expression, association and assembly.

40. So-called “anti-LGBTI-propaganda” laws, which the Assembly already condemned in its [Resolution 1948 \(2013\)](#), “Tackling discrimination on the grounds of sexual orientation and gender identity”, remain in force in the countries concerned – and, as noted above, new such provisions have just been adopted by the Hungarian Parliament. These laws are promoted on the basis that they protect minors. Yet by preventing access to objective information on sexual orientation, gender identity and expression and sex characteristics, they place young people at far greater risk of harm, and do nothing to break down stigma and create a more open, accepting society. The European Court of Human Rights has moreover found such legislation to be in violation of Article 10 and Article 14 in conjunction with Article 10 of the European Convention on Human Rights. ◀ NOTE

41. Measures that seek to limit or prevent children’s access to books presenting non-heteronormative families, or to eliminate all discussion of gender at all levels of education, are similarly harmful. ◀ NOTE

42. In the heteronormative context described above, many LGBTI people internalise shame from an early age and seek to make themselves invisible for as long as they can. Pride events can only be fully understood against this background, as a direct outcome of the shame imposed on LGBTI people and the stigma bred over long periods by heteronormative, heterosexist societies; they are not about imposing a world view but represent a crucial means for LGBTI people to reclaim the space and the dignity that the prevailing social order still denies them.

43. Yet LGBTI people’s freedom of assembly continues to be threatened in many European countries. Police do not always provide adequate protection to Pride marches or other events held by LGBTI organisations, leaving LGBTI people exposed to attack, and the authorities in some countries have prosecuted LGBTI people for exercising their right to peaceful assembly. In 2020 alone, ILGA-Europe drew attention to events attacked or disturbed by extremists in Bulgaria; the denial of a permit for a conference in Greece; anti-LGBTI rallies in Poland at which LGBTI activists peacefully protesting the rallies were arrested; several court cases brought in Turkey against peaceful Pride marchers; and a violent attack on the Odessa Pride event in Ukraine. The European Court of Human Rights has repeatedly found bans on Pride marches, as well as failures to protect them from violent attack, to be in breach of the Convention. ◀ NOTE

44. In Turkey, Pride events were held peacefully for a number of years. However, hostile statements by the President and the media, which have increased since the failed coup attempt in 2016, target LGBTI people and organisations and have encouraged State and local authorities to restrict LGBTI events. ◀ NOTE The blanket ban imposed on all LGBTI events in Ankara in 2016 meant LGBTI people were unable to hold any events until a court lifted the ban in February 2019. A Pride event organised on the Middle East Technical University (METU) grounds in May 2019 was violently dispersed by the police. Although the event was peaceful, 22 people were arrested, and are currently facing

charges in court. The trial has been delayed several times, obstructing justice and placing an additional burden on those charged. Peaceful student protests at Boğaziçi University in Istanbul in March 2021 were also violently dispersed, and the LGBTI+ student club was forcibly shut down. ◀ NOTE As a result of such measures and the hostile stance of the authorities, LGBTI people are unable to go out freely on streets, come together, organise marches, or even gather for a film screening.

45. The 2021 Pride season – crowned by August’s highly successful WorldPride in Copenhagen and Malmö – again saw freedom of assembly challenged on a number of occasions. While there were some highly welcome developments, such as the successful holding of Sarajevo’s third pride event, a number of Pride events faced difficulties. Istanbul’s Pride march, for example, was again banned in 2021, for the seventh year running; some of those who nonetheless assembled to march were met with excessive police force, and dozens of people, including journalists, were arrested. ◀ NOTE The municipality of Bucharest initially sought to relocate the Pride march from its planned route in the city centre, before eventually reversing its decision. ◀ NOTE Far right groups attempted to disrupt the Odesa Pride march in August, clashing violently with and using tear gas against police who were there to protect it, following similar attacks at the previous year’s event. ◀ NOTE Attacks carried out against Pride events in Tbilisi in July will be covered in the report of our colleague Christophe Lacroix on “Alleged violations of the rights of LGBTI people in the Southern Caucasus”.

46. The situation of LGBTI human rights organisations and defenders across Europe is also worsening. The Council of Europe’s Commissioner for Human Rights has identified an emerging pattern of insufficient funding, verbal and physical attacks, restrictions on free expression, judicial harassment and leaks of personal data. The Commissioner will publish a detailed report on these issues in the coming months. ◀ NOTE Two examples can be cited here: first, “foreign agent” legislation, which has severely impacted the work of LGBTI and other human rights organisations in the Russian Federation, with similar legislation subsequently introduced in Hungary having been struck down by the European Court of Justice; and second, recent attempts to impose VAT on NGOs, including LGBTI organisations, in Bosnia and Herzegovina. ◀ NOTE

47. Businesses seeking to present an inclusive public image that is supportive of diversity have become increasingly willing to provide sponsorship to LGBTI organisations’ events, and the need for such support is all the greater where government funding is scarce. To avoid “pinkwashing” (using LGBTI people as tokens enabling companies to present a false image of diversity and inclusion), companies need to be held responsible throughout the year (not just during the event or initiative they are supporting), to put in place policies, targets and clear actions inside the company to support LGBTI equality, and report publicly on the implementation of these measures, and to respect at all times the principles set out in the United Nations Guiding Principles on Business and Human Rights.

48. Beyond mere rhetoric, anti-gender discourse also underpins policies that clearly run counter to the rights of LGBTI people, and is

7. Attacks on the rights and civil liberties of trans people

used to justify discrimination against them. People who are trans, non-binary, genderqueer, genderfluid, agender or of a non-Western gender identity, and those who have a trans history (all of whom I will include here in the term “trans”) have come under increasing attack in recent years.

49. The legislative amendments introduced in Hungary in spring 2020 – when a state of emergency had been declared in the context of the country’s efforts to combat the Covid-19 pandemic – changed the mutable category of sex/gender to an immutable one. Although this was not framed as targeting trans people or intersex people facing the same issues, the effect has been to introduce a complete ban on their changing their name or obtaining documents reflecting their gender. Yet this had been possible in Hungary since 2004. ◀ NOTE

50. In other countries where governments have previously acted to protect the rights of LGBTI people more effectively – notably by strengthening criminal codes or anti-discrimination legislation – legislative progress has in many cases stalled. Thus, commitments to simplify access to legal gender recognition, which is crucial for trans and many intersex people, have not been followed through in countries such as Cyprus, Finland, Germany and the United Kingdom, while the practical implementation of existing procedures is reported to have stalled in countries such as Azerbaijan, Georgia, Serbia and Turkey as well as in Northern Ireland. ◀ NOTE Activists in Denmark, Finland, Norway and Sweden moreover report a backlash against transgender rights, sometimes including physical attacks. ◀ NOTE

51. In Spain, work began in 2016 on new legislation to facilitate trans people’s access to medical care and bodily autonomy, ensure that legal gender recognition is based on self-determination, and make the latter available to people of all ages. All are in line with Assembly [Resolution 2048 \(2015\)](#) and there was overwhelming public support for these changes (98% of responses to a public consultation carried out at the time were in favour) and cross-party support in parliament. However, the legislative process has since been blocked. Extremely hostile anti-trans discourse has recently come from the highest political levels, including the Vice-President of the Spanish Government, who described legal gender recognition based on self-determination as putting the “identity criteria of 47 million Spaniards at risk”.

◀ NOTE The bill was eventually debated in May 2021, following a hunger strike by 70 trans activists and parents of trans children, but failed to attain the necessary majority, notably because the majority party abstained. Much of the opposition has come from anti-trans feminist movements that portray trans people as a threat to society, and in particular to women, deny the identities of trans and non-binary people, suggest that they cannot be trusted to know who they are, and depict parents who are supportive of their trans children as criminals. Trans activists underline that the hostile discourse from the highest political levels has legitimised violence against trans people and the denial of care. Trans-specific and non-binary organisations have moreover been excluded from political discussions on these matters, although they are the first concerned. ◀ NOTE On 29 June 2021, the government agreed on a new bill.

Activists welcomed the retention of self-determination as the basis for legal gender recognition as well as a number of significant advances that would be retained in this new bill, but regretted that it did not include a number of other provisions important for achieving LGBTI equality. Meanwhile, opposition has continued to be expressed along similar lines to those raised regarding the previous text. ◀ NOTE

52. In the United Kingdom, anti-trans rhetoric, arguing that sex is immutable and gender identities not valid, has also been gaining baseless and concerning credibility, at the expense of both trans people's civil liberties and women's and children's rights. At the IDAHOT Forum 2021, the Minister for Equalities stated, in contradiction with international human rights standards with respect to the rights of trans people, "We do not believe in self-identification". Such rhetoric – which denies trans identities – is being used to roll back the rights of trans and non-binary people and is contributing to growing human rights problems. UK hate crime statistics show a sharp increase in transphobic crimes since 2015 – though only one in seven victims report them to an authority. Online abuse is also rising, and many trans people fear for their safety. ◀ NOTE There is intense and ongoing social, political and legal debate about what constitutes harmful discourse when it comes to trans people and their rights, and arguments defending freedom of expression have been – and are still being – used as a tool to justify transphobic rhetoric, further penalising and harming already marginalised trans people and communities. It is also becoming increasingly difficult for individuals and organisations to publicly affirm young trans people without being subject to hostility and disproportionate questioning from wider society. The 'gender-critical' movement, which wrongly portrays trans rights as posing a particular threat to cisgender women and girls, has played a significant role in this process, notably since the 2018 public consultation on updating the Gender Recognition Act 2004 for England and Wales. In parallel, trans rights organisations have faced vitriolic media campaigns, in which trans women especially are vilified and misrepresented. The gender-critical campaign – which continues to gain momentum, power and financial support – has been instrumental in creating a situation in which legal gender recognition processes still require a clinical diagnosis of gender dysphoria, and remain inaccessible to non-binary people and anyone under 18. There is also a concerning, growing account of parents who (due to difficulties in accessing timely public health care) pursue private health care on behalf of their child, being investigated by State authorities. Trans healthcare is also being erroneously portrayed as a form of LGB conversion therapy. ◀ NOTE

53. Such anti-trans narratives, wrongly portraying trans rights as a threat to women and to others' rights and insisting on binary categorisations of sex and gender that do not correspond to lived realities, are becoming increasingly pervasive in Europe. Effective criminal and anti-discrimination legislation are more crucial than ever in this context. As politicians, we must listen to trans people and their organisations, educate ourselves about their situation and rights, empower them, and urgently re-set the agenda and narratives, so that debates are reframed to correspond to complex realities rather than catchy but simplistic slogans. Trans people have a right to recognition before the law, to protection of their private and family lives, to freedom from discrimination, and to safety and security, as do all people; it is our responsibility to make these rights a reality.

8. Violence, hatred and prejudice against LGBTI people in Europe remain widespread and are rising

54. According to a recent survey of the European Union's Fundamental Rights Agency on hate crimes and discrimination against LGBTI people, to which some 140 000 responses were received from LGBTI people living in the European Union, the United Kingdom, Serbia and North Macedonia, many LGBTI people continue to live in the shadows, afraid of being ridiculed, discriminated against or even attacked. While real progress towards equality has been achieved in many countries, it is still far too rare. ◀ NOTE

55. Violence against LGBTI individuals, human rights defenders and organisations is regularly reported in all Council of Europe member States. Some attacks on Pride events have been discussed above. Violence is also expressed through attacks on property and buildings belonging to LGBTI organisations. Such attacks sometimes occur repeatedly. In Montenegro, for example, in a single year, an LGBT centre was attacked 20 times, with stones thrown, windows broken and tear gas bombs used, and the director of the LGBT Forum Progress was attacked 19 times.

◀ NOTE In Ukraine, three attacks targeting safe spaces and events of LGBTI people in Kyiv, and one in Odesa, were carried out by far right groups in May 2021 alone. ◀ NOTE

56. Murders motivated by anti-LGBTI hate also occur. To mention only a few of the cases reported over recent years, at least four transgender women were killed in Turkey in 2018. ◀ NOTE In January 2018, a gender non-conforming person was attacked and beaten in the city centre of Saint Petersburg (Russian Federation) due to their feminine appearance and the lipstick they were wearing. ◀ NOTE Transgender Europe (TGEU) reported the murder of 11 trans people in Europe in 2020, 50% of whom were migrants. ◀ NOTE Lesbians are also victims of attacks in many European countries, and of feminicide. ◀ NOTE In 2019, a young lesbian was killed in Italy by a man seeking revenge after she refused his advances. ◀ NOTE In Latvia, a gay man died on 29 April 2021 after experiencing burns to 85% of his body, when his clothes were soaked with fuel and set alight. He had moved to Tukums after receiving homophobic death threats when living in Riga, but had been physically attacked at least four times after the move. Campaigners denounced police inaction in his case; his death has reportedly sparked debate about homophobia in Latvia. ◀ NOTE In Spain, a gay man was beaten to death in A Coruña, in July 2021, and there have been violent attacks against LGBTI people in several cities in recent months. ◀ NOTE

57. Killing, harming or threatening another human being because of their sexual orientation, gender identity, gender expression or sex characteristics can never be justified. It is crucial that such motivations be recognised as aggravating circumstances in criminal legislation, and that hate crimes legislation be effective, and applied in practice. Impunity is the worst possible response, as it legitimises anti-LGBTI violence, discrimination and hate. These phenomena are also legitimised by the anti-gender movement, with its dehumanising discourse insisting that people's innermost identities are nothing but so-called "gender ideology".

58. Violent manifestations of hatred towards LGBTI people are not always "simply" random, individual attacks: even more worryingly, some are also highly organised, and even State-sponsored. In September 2017, Azerbaijani police targeted and detained dozens of gay men and transgender women in Baku on dubious charges, ill-treated and humiliated them – including subjecting them to forced medical tests – and imprisoned or fined them. ◀ NOTE Such

actions by the police have moreover emboldened non-State actors to engage in increasingly systematic attacks on LGBTI people.

59. Nowhere, however, has there been more horrifying violence committed against LGBTI people in Europe in recent decades than in the State-sponsored attacks carried out against LGBTI people in Chechnya in 2017, which the Assembly denounced in its [Resolution 2230 \(2018\)](#) “Persecution of LGBTI people in the Chechen Republic (Russian Federation)”. The Assembly noted that a campaign of persecution, including cases of abduction, arbitrary detention and torture of men presumed to be gay, with the direct involvement of Chechen law enforcement officials and on the orders of top-level Chechen authorities, unfolded against the backdrop of serious, systematic and widespread discrimination and harassment against LGBTI people in the Chechen Republic. The leader of the Chechen Republic, Ramzan Kadyrov, responded by publicly vilifying LGBTI people as “devils” and “subhuman”, and denied their very existence in Chechnya. [NOTE](#) In an unambiguous reference to so-called “honour” killings, a human rights violation that continues to be practised in Chechnya, a spokesperson for Mr Kadyrov said, “If there were such people in Chechnya, the law-enforcement organs wouldn’t need to have anything to do with them because their relatives would send them somewhere from which there is no returning.” [NOTE](#) Lesbians and trans people have also been targeted by such attacks. [NOTE](#)

60. This is the single most egregious example of violence against LGBTI people in Europe that has occurred in decades. Those who survived this violence have been not only physically and psychologically scarred, but forced to flee Chechnya, and in many cases the Russian Federation – fearing for their lives. The involvement of law enforcement officials in this persecution, overtly condoned by the leader of the Republic, made it impossible for victims to turn to the police to seek protection. The one complaint that was brought before the Russian authorities, by a man who was able to leave Chechnya and who did not fear reprisals from his own family, has to date produced no results, and this survivor was also subsequently forced to flee the Russian Federation – with his family. [NOTE](#) Calls by the Assembly as well as numerous other international actors for an effective investigation into this persecution, and for the prosecution and punishment of offenders, have however gone unheeded.

61. Such attacks must not be allowed to occur with impunity. The Russian Federation must redouble its efforts to prosecute and punish the perpetrators and prevent similar human rights violations from occurring. Other States must also renew their pressure on the Russian Federation to ensure that justice is carried out, at all levels; and in the meantime, they must intensify their own efforts to provide refuge to those still seeking to flee to safety.

9. The additional impact of the Covid-19 pandemic on LGBTI people and those defending their rights

62. The Covid-19 pandemic has contributed to a stark rise in abuse and hate speech directed against LGBTI people. It has also exposed them to an increased risk of domestic violence, in particular in the case of LGBTI youth locked down in a hostile family situation, and placed those who fled such situations at increased risk of homelessness. [NOTE](#) Few or no measures were adopted by States to ensure that trans people were not subjected to discrimination in the implementation of Covid-19 related interventions. [NOTE](#) The crisis also had severe consequences on lesbian individuals and groups. [NOTE](#)

63. In parallel, LGBTI organisations and other civil society organisations working to defend the rights of LGBTI people have had to divert their resources away from advocacy efforts and towards emergency and humanitarian assistance to LGBTI persons in need. The impact of the pandemic on healthcare systems has had also far-reaching effects on trans and intersex persons, and persons living with HIV. Meanwhile, space for activism has narrowed, Pride parades – crucial events for LGBTI people throughout the world – had to be cancelled in 2020, and some policymakers chose to give less priority to LGBTI rights due to the pandemic. [NOTE](#)

64. My report necessarily draws attention to serious cases of human rights violations, and points to failings in government actions to

10. Governments and parliaments can and must act now

prevent and counter such violations. There are however many actions that governments, parliaments and political leaders can undertake to improve the situation.

65. First, when it comes to the situation within their own State, they must ensure that a strong legal framework is in place to prevent and combat hate-motivated offences, hate speech and discrimination based on sexual orientation, gender identity, gender expression and sex characteristics, including when they are committed online, and that it is applied effectively. This is essential at all times, but all the more so when hostility is increasingly being manifested. Governments and parliaments must prevent backsliding and accelerate their efforts to complete other crucial elements of the legal framework that need to be in place to ensure LGBTI equality, notably as regards legal gender recognition, protection of the bodily autonomy of intersex people, the protection of rainbow families, and the exercise of civil rights such as freedom of expression, association and assembly. Now more than ever, it is crucial for parliaments and governments to restart stalled legislative and policy-making processes and ensure that they bring to fruition commitments and promises made with the purpose of driving progress towards full equality for LGBTI people at home and throughout Europe.

66. All States should also have in place a clear policy of protecting and promoting LGBTI equality, and a strategy and action plan for implementing any changes necessary to achieve equality. In this context, I warmly welcome the adoption by the European Commission in 2020 of its first ever LGBTIQ Equality Strategy. It represents a strong, high-level political commitment to achieving measurable progress towards LGBTIQ equality, tackling discrimination and building LGBTIQ-inclusive societies in Europe and around the world. [NOTE](#)

67. Political leaders must also use existing standards and instruments to hold others to account, both at home and abroad. They must consistently speak out against homophobic, transphobic, biphobic and intersexphobic statements made and acts committed in their own countries, in particular when these come from leading political or public figures

or religious leaders. No room should be left for public opinion to be swayed towards more sexism, misogyny or anti-LGBTI hate. Parliaments and governments must of course also avoid adopting homophobic, transphobic, biphobic or intersexphobic laws, policies and measures.

68. Governments can and must make use of existing international standards and commitments to verify their own legislation, policy and practice and to hold others to account. Within the Council of Europe, Recommendation [CM/Rec\(2010\)5](#) of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity sets out clear lines of action that member States can take to improve the legal protection of LGBTI people and the implementation of these standards in practice. The Assembly has expanded on these standards in several texts adopted since then: [Resolution 1728](#) and [Recommendation 1915 \(2010\)](#).

“Discrimination on the basis of sexual orientation and gender identity”; [Resolution 1948](#) and [Recommendation 2021 \(2013\)](#) “Tackling discrimination on the grounds of sexual orientation and gender identity”; [Resolution 2048 \(2015\)](#), “Discrimination against transgender people in Europe”; [Resolution 2191](#) and [Recommendation 2116 \(2017\)](#), “Promoting the human rights of and eliminating discrimination against intersex people”; and [Resolution 2239 \(2018\)](#), “Private and family life: achieving equality regardless of sexual orientation”. In parallel, the European Court of Human Rights has developed and clarified its own considerable case-law regarding the protection of the rights of LGBTI people afforded by the European Convention on Human Rights, through its judgments in a continuing series of cases brought against States having violated the rights of LGBTI people.

69. Member States should work actively to fulfil these standards, if they do not already fulfil them, and participate constructively in the review process of the implementation of Recommendation CM/Rec(2010)5 which is carried out every few years by the Committee of Ministers. They should work proactively to implement the standards set out by the Assembly in the above-mentioned resolutions, and to bring their domestic legislation and practice into line with the developing case law of the Court, whether or not they are the State concerned by a process of supervision of the execution of a judgment finding against them. They should also support related Council of Europe work, whether in providing technical assistance to States that request it or supporting the monitoring and standard-setting work of the ECRI or the intergovernmental work carried out by the Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI). I welcome in this context the conference organised by the German authorities, during the German Presidency of the Council of Europe, entitled “Towards the full recognition of LGBTI rights across Europe”, on 5 May 2021, and their decision to make the full proceedings available online. ◀ NOTE

70. Governments should also support the work of LGBTI human rights defenders and organisations, including through funding, and ensure their meaningful involvement in the development, implementation and evaluation of legislation, policies and other measures that are of concern to them. All of the speakers at our hearing on 18 May 2021 also emphasised that parliamentarians should engage directly with civil society, read their reports and invite them to parliaments to listen to what they have to say. Parliamentarians should engage with both local organisations that have knowledge of the realities experienced by LGBTI people in their country and umbrella organisations that have studied the patterns reproduced by the anti-gender movement, their strategies and the language used to target LGBTI people across Europe.

71. Finally, campaigns to raise awareness and understanding, promote equality and counter misleading or false narratives are crucial, as paradigm shifts in social and cultural understandings of gender equality and the rights and freedoms of LGBTI people are still needed in many societies in order to achieve genuine equality for LGBTI people.


72. LGBTI people and organisations are today under increasing attack in Europe. Hate crimes and hate speech are rising, and hate speech in particular is coming more and more from religious leaders and high-ranking politicians, and is increasingly being translated into laws that are directly harmful to LGBTI people. This is contrary to internationally recognised human rights standards, and in particular to a significant and growing body of case law of the European Court of Human Rights. It is also contrary to the Assembly’s own standards, as expressed in a series of resolutions and recommendations adopted over the past decade. Impunity and indifference are the worst possible responses, as they legitimise violence, discrimination and hate.

73. International organisations such as our own, and human rights defenders at national and international level, must continue to stand up for the rights of LGBTI people. Nonetheless, the responsibility for respecting human rights lies with governments. While tremendous progress has been achieved for LGBTI and women’s rights, efforts are now urgently needed to prevent backsliding. Public opinion can never be used to justify violations of human rights, or to reproduce or perpetuate historical stigma and discrimination. ◀ NOTE All political leaders must take more courageous, forward-looking stances to promote equality of LGBTI people; they must look beyond the next election results and work now to achieve lasting change for the future.

74. As I stated in my declaration for the International Day against Homophobia, Transphobia, Biphobia and Intersexphobia on 17 May 2021, governments and parliaments in Council of Europe member States must tackle hatred and discrimination against LGBTI people within their national borders with renewed energy and urgency, speak out against homophobia, transphobia, biphobia and intersexphobia in discourse, practice and policy wherever they occur, and use the numerous Assembly and Council of Europe standards and instruments at their disposal to hold others to account. We must stop failing LGBTI people in their quest for equality throughout Europe, and work actively to achieve it. ◀ NOTE

75. I wish to emphasise in addition here that measures to combat hatred against LGBTI people will not be effective if they only seek to address its individual manifestations. Governments and parliaments must also work actively to put an end to the deliberate and coordinated attacks against LGBTI people that are occurring throughout Europe. They must redouble their efforts to dismantle the heteronormative structures and anti-gender movements in our societies, which perpetuate gender inequality and prevent the acceptance of LGBTI people as equals – and which, in so doing, deny LGBTI people (and all women) dignity and respect.

76. LGBTI equality is not a zero-sum game, nor is it a battle for revolutionary ideas. It is a question of dignity and fundamental rights. The recognition of LGBTI people’s human rights does not harm society, women, or children: on the

contrary, it ensures a safe and welcoming society for all. In the words of Ursula von der Leyen, "Being yourself is not your ideology. It's your identity."  None of us can rest until everyone is safe and free to be who they are and love who they love.



LGB Alliance
@ALLIANCELGB



Many groups/programmes are involved in the gender propaganda targeting children: Stonewall, Mermaids, Gendered Intelligence, No Outsiders, GIRES, Educate and Celebrate. There is profound homophobia at the heart of gender identity theory. #LGBIssues



[Redacted] · May 3, 2020

That NHS training. Module Two. This is, allegedly, to support families with "Gender Variant" children. Note the sleight of hand to move from "Gender non-conforming" to "You really have a daughter". Dangerous, ideologically predicated, over-reach. Mermaids & Gendered Intelligence

[Show this thread](#)

Done < > Not Secure — cs1.e-learningforhealthcare.org.uk

How to create supportive family settings for gender variant people

In this module you will learn that supportive families make all the difference.

Sadly, having a gender non-conforming child can put an emotional strain on the whole family. For example, parents can mourn the loss of a 'daughter' or 'son'; it can lead to households splitting up; and siblings can find it difficult, for example, because they think that they will be bullied.

However it doesn't have to be this way and it is vital to help families to understand that it is very possible to achieve long term positive outcomes. Many families find that life can continue in a surprisingly stable and happy way. Attending support groups, such as Mermaids or Gendered Intelligence, can be a great way to start to move forward.

Holistic support for the family, as a unit, helps to bring them on board so that they become advocates for their children in school and other social environments. They are also able to provide direct practical and emotional assistance, and their child will benefit from being loved and respected for who they are.



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10:20 PM · May 5, 2020 · Twitter for iPhone



Malcolm Clark
@TwisterFilm



19./ The gender identity lobby has embarked on a wholesale erasure of gay history, is steeped in homophobic contempt for gays (and transsexuals for that matter) and wants to medicalise young lesbians and gays. How will we overcome it? In part by following Larry Kramer's example.

8:42 PM · May 31, 2020 · Twitter Web App



LGB Alliance @ALLIANCELGB · Mar 23, 2020



Also WPATH: "Early use of puberty-suppressing hormones may avert negative social and emotional consequences of gender dysphoria more effectively than their later use would." But what about the 77% to 94% who would otherwise grow up as (almost entirely) LGB adults? [#LGBIssues](#)



3



1



26



LGB Alliance
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This article supports the thesis that much of the drive to medicalise gender non-conforming children, along with all the redundant jargon, is motivated by homophobia and funded by self-serving individuals, companies and organizations. [#SexNotGender](#)

10:10 AM · Mar 23, 2020 · Twitter for iPhone



Allison Bailey
@BluskyeAllison



We must never forget that transgenderism is considered a solution to homosexuality by many within the trans movement.

The implications of this couldn't be more obvious or chilling.



2:03 PM · Jan 14, 2022 · Twitter Web App



Response to the letter by Taiwo Owatemi, Shadow Secretary of State for Women and Equalities in the UK

Misc

Title

Statement by Bev Jackson of LGB Alliance in response to the letter by Taiwo Owatemi, Shadow Secretary of State for Women and Equalities in the UK

The letter by Taiwo Owatemi, Shadow Minister for Women and Equalities, replying to a constituent concerned about the recent escalation of attacks on Professor Kathleen Stock, contains a catalogue of lies and misrepresentations about our organisation, the charity LGB Alliance. We refute them utterly and call upon the Shadow Minister to issue a retraction.

1.

Owatemi writes that LGB Alliance “should be rejected by all those who believe in equality.” On the contrary, our organisation was formed to campaign for preserving the rights, as enshrined in the Equality Act 2010, of people with same-sex sexual orientation. It is impossible to guarantee those rights if the word “sex” is replaced by subjective, self-defined “gender.” We need to point this out repeatedly, since almost all LGBT+ groups, those who, as the Shadow Minister states, opposed the decision to grant us charitable status, now deny the central importance of biological sex. Remarkably many LGBT+ groups even claim that to insist on the use of the word sex is a “dog whistle” for “transphobia”. In the

space of less than 10 years, we've lost the ability to describe our sexual orientation and discuss our rights in law without being deemed transphobic.

2.

The equality of lesbians, in particular, is under attack. It is no coincidence that LGB Alliance was founded by two lesbians, one being a founding member of the Gay Liberation Front and the other being a former volunteer fundraiser for Stonewall. Those who point out that being a lesbian means being exclusively attracted to other biological females are being vilified by LGBTQ+ groups as "genital fetishists" and "transphobes". There is a word for this kind of vilification. It is homophobia. 30 years ago, homophobes used to argue lesbians should consider sleeping with men. Nowadays, new-style homophobes from within the LGBTQ+ movement say exactly the same thing ...that lesbians should consider having sex with "lesbians who have a penis" – that is, men.

3.

Are we saying that all the LGBTQ+ groups around the country are essentially now homophobic? That is precisely what we are saying. The fact that they do not realise the depth of their homophobia is a sign of how far they have been captured by the convoluted logic of strange new language and ideas.

4.

The Shadow Minister further states that LGB Alliance opposes reform of the Gender Recognition Act. What we oppose is the introduction of gender "self-ID", according to which any person, without any medical diagnosis, can change their legal sex. The havoc already being caused by moves in this direction, in women's sport, in women's prisons, in women's rape shelters, in women's hospital wards, is well documented. Less well documented is the damage being inflicted on lesbian and gay teens, who are repeatedly hearing that they may have been "born in the wrong body" and need to "change sex". This too is homophobia. As an organisation representing LGB people we staunchly reject self-ID and all suggestions that same-sex attracted people might have been "born in the wrong body".

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5.

The Shadow Minister writes that we oppose “LGBT+ inclusive education”. Of course we welcome good RSE education that teaches children about gay and straight relationships, about the changes of puberty, and also teaches them to be tolerant of people who are different. What we oppose is teaching children that everyone has a “gender identity” that may differ from their birth sex. This, again, encourages the false and harmful notion that it is possible to be “born in the wrong body”.

6.

The Shadow Minister further writes that we believe “adolescents should not be able to access puberty blockers” as part of a process of “gender transition”. This is correct. We are pleased to see that “gender experts” from Sweden¹ and Finland² to Australia and New Zealand,³ and even in the United States,⁴ are increasingly expressing concern about the use of puberty blockers. The majority of teens referred to gender clinics are girls. The evidence shows that the majority of those girls will turn out to be lesbian or bisexual.⁵ It also shows that some 98% of children who take puberty blockers go on to take cross-sex hormones,⁶ which eventually lead to sterility. All those who oppose medicalisation that ends up sterilising “gender-non-conforming youth” should support LGB Alliance.

7.

The growing group of detransitioners, most of them women in their twenties, repeatedly express the wish that they had received better care. Better care does not mean drugs and surgery. It means careful, non-judgmental, impartial psychotherapy to help them explore the reasons for their profound sense of alienation from their bodies.

8.

The Shadow Minister states that opposing the use of puberty blockers is “in flagrant disregard of the entire concept of ‘Gillick competency’”. This is a misrepresentation of Gillick competency, which was introduced to protect girls wanting to take contraception or to have an abortion without the consent of their parents. Applying this to a medical pathway applicable to children

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as young as 10 years of age that leads eventually to sterilisation is a gross abuse of the concept, and we are confident that the Supreme Court will settle this matter in its consideration of the Keira Bell case.

9.

The Shadow Minister writes that we criticise measures to make conversion “therapy” illegal. Gay “conversion therapy” is abhorrent and we utterly condemn it. What we dispute is the definition of “conversion therapy”. Former clinicians at the Tavistock GIDS clinic have described the process of prescribing drugs and surgery for gender non-conforming youth as a form of “gay conversion therapy”.

10.

We criticise proposals to ban “gender identity conversion therapy” because it essentially means enforcing the “affirmative approach” to gender dysphoria. We already hear from UK doctors who tell us that they are instructed by the GMC that the girls coming to their clinic who “identify” as boys must be affirmed as boys and referred to a gender clinic. The irony is that the proposed ban on “gender identity conversion therapy” would actually lead to “conversion therapy” of teens likely to grow up LGB. Suggesting a child who is attracted to someone of the same sex might need hormones and surgery – *that* is a form of “gay conversion therapy” and we strongly oppose it.

11.

The Shadow Minister says we oppose the “very existence of non-binary people”. We do not oppose the existence of anyone. People can “identify” however they choose, but these chosen identities cannot be used to infringe on existing rights of other minorities under law.

12.

The Shadow Minister further writes that we “refuse to condemn as homophobic those who would deny same-sex couples the right to marry”. Here the Shadow Minister remembers the phrase “same-sex”. We strongly support all legal measures to allow same-sex couples to marry. The misrepresentation here arises from the fact that marriage is, and always has been, a controversial concept

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within the gay and lesbian community. Stonewall opposed it for many years before changing its mind. Many gays and lesbians see marriage as a traditional, conservative, establishment institution that they have no wish to imitate. Some of our supporters will take this view, while others disagree and are happily married. Of course the legal possibility to marry must exist. And of course those who dislike the institution of marriage, whether they are gay or straight, have every right to say so and to remain unmarried.

13.

The Shadow Minister admits that she is “not familiar with Professor Stock’s philosophical writings” yet feels able to be “greatly concerned by her work as a Trustee for the LGB Alliance group”. It is an utter disgrace that an eminent philosopher who was awarded an OBE for services to higher education, and who practises her profession with a scrupulous regard for truth and respect for other views, should be vilified in this way.

14.

Though we are appalled by the casual way in which the Shadow Secretary has seen fit to parrot these lies and misrepresentations about our organisation, and to abuse Professor Stock by association, it should be noted that this malicious communication is only the tip of the iceberg. All around the UK, those who emphasise the importance of biological sex to the rights of women and LGB people are going in fear of losing their livelihood. Many write to us and tell us they agree with us but are silent for fear of losing their jobs.

15.

The Shadow Minister’s trashing of our organisation also signals something that has gone very wrong with the Labour Party and indeed in all the UK’s public institutions. When we hear Keir Starmer say that it is “not right” to say that only women have a cervix, and when we hear David Lammy say that he has heard it is possible to grow a cervix with the use of hormones and other treatment we know we have entered a twilight world, in which you can be attacked, as we saw recently on Twitter, for “fact shaming”. Facts exist. Ignore them at your peril.

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16.

Those who want to gain an understanding of how this sorry and increasingly dangerous state of affairs has been allowed to come about are advised to listen to the new 10-part podcast “Nolan Investigates” on Stonewall, which can be found on BBC Sounds.

17.

We expect an apology and a full retraction from the Shadow Secretary for Women and Equalities, to be published at the earliest opportunity.

Bev Jackson

Co-founder, LGB Alliance

Title



Allison Bailey
@BluskyeAllison



This is unbearably sinister; child abuse by another name. We need a moratorium on the use of puberty blockers & a public inquiry into this debacle right now. Support trans identified children without chemically castrating them. #ROGD #mermaids #transkids



thetimes.co.uk

Transgender lobby group Mermaids urges puberty-blockers for 12-year-olds
Teachers have been told in a training session that some children as young as 12 who question their gender identity should be offered hormones to block ...

2:56 AM · Sep 15, 2019 · Twitter Web App



LGB Alliance
@ALLIANCELGB



A superb exposé of @Mermaids_Gender by @jo_bartosch. Despite its controversial lobbying for underage children to be given drugs with some permanent & some untested side effects, & its ill-informed campaign against the much-respected @Transgendertrd,/1of3



spiked-online.com

Mermaids: leading children up the trans path
The charity claims to be helping 'gender-diverse' kids. But it really isn't.

10:27 AM · Jul 4, 2020 · Twitter for iPhone



Allison Bailey
@BluskyeAllison

...

A 14-year-old child is not 'trans' they're experiencing gender dysphoria that they'll likely grow out of. There's nothing honourable or romantic about adults celebrating a life of medicalisation & surgery of a healthy young female body. Children are not a political project.



Nigella Lawson @Nigella_Lawson · Aug 29, 2020

A still small voice of calm independent.co.uk/voices/transge...

4:05 PM · Aug 30, 2020 · Twitter Web App



Malcolm Clark
@TwisterFilm

...

1./ What's the best care for young people who think they're trans? A noisy lobby insists we must affirm their gender identity, give puberty blockers to under 16s and surgery as soon as they want it. To do otherwise is "hateful". Here's why Jolyon is wrong.



vice.com

'It Will Be Difficult, but We Have to Try': The Lawyers Fighting for Trans Rights in ...
The Good Law Project made its name scrutinising government contracts during the pandemic, now it's turning its legal expertise to trans rights.

2:01 AM · Mar 30, 2021 · Twitter Web App



Bev Jackson
@BevJacksonAuth



I am furious that rampant homophobia is leading children, especially girls, to seek and obtain hormones and surgery to be their "true selves". Including sterilisation FFS. With the full collaboration of the medics who are either profiting or spineless.



thecritic.co.uk

Maiming a generation | Rob Jessel and Sarah Phillimore | The Critic Magazine

In 1961 an Australian doctor, William McBride, wrote to the Lancet about a significant rise in the number of babies born with serious deformities at his ...



LGB Alliance
@ALLIANCELGB



We believe children should be loved, accepted & safe exactly as they are. We don't believe that a child can be born in wrong body, nor that it's ethical to give children untested drugs & hormone treatment, nor to give girls double mastectomies. [#LGBRights](#) [#SexNotGender](#)

LGBT Foundation @LGBTfdn · Oct 16, 2020

Do you believe all children and young people should be safe to be who they are?

51% of trans young people (aged 11-19) have been bullied for being trans at school.

Together we can let everyone know that they are loved and accepted
togetherlgbt.com

[#TogetherWithTrans](#)



3:19 PM · Oct 16, 2020 · Twitter Web App

 **Bev Jackson**
@BevJacksonAuth

"Big Lottery funding should be suspended immediately pending the results of a proper inquiry. Action needs to be taken now and to this end, as a matter of urgency, we call... for an immediate moratorium on all scientifically questionable 'gender identity' teaching within schools."

 **TransgenderTrend** @Transgendertrd · Jun 16, 2019
Our response to today's revelations about Mermaids reported in the Sunday Times. #EnoughIsEnough transgendertrend.com/response-revel...

9:11 PM · Jun 16, 2019 · Twitter Web Client

 **Malcolm Clark**
@TwisterFilm

What a lovely, sunny day in Edinburgh. Time for great coffee from a company that doesn't fund the medical abuse of children (or mermaids) and the Scotsman is a particularly uplifting read today. Please retweet. ☺☺☺




10:38 AM · Mar 6, 2020 from Edinburgh, Scotland · Twitter for iPhone



LGB Alliance
@AllianceLGB

Excellent thread. Time to review the Lottery funding of a group which actively promotes transitioning of children under 18?

 13h
A rather panicky statement from Mermaids here which doesn't make any sense. They must know now their *raison d'être* is over. Let's hope this is the beginning of the end for gender identity ideology. [mermaidsuk.org.uk/...](http://mermaidsuk.org.uk/)

10:48 · 23 Apr 20 · Twitter for iPhone



Emma Watson @EmmaWatson · Jun 10, 2020

Trans people are who they say they are and deserve to live their lives without being constantly questioned or told they aren't who they say they are.

9.5K 178.8K 925.5K



Emma Watson @EmmaWatson · Jun 10, 2020

I want my trans followers to know that I and so many other people around the world see you, respect you and love you for who you are.

713 14.1K 157.4K



Emma Watson @EmmaWatson · Jun 10, 2020

I donate to @Mermaids_Gender and @mamacash. If you can, perhaps you'll feel inclined to do the same. ❤️

877 4.8K 86K



LGB Alliance
@ALLIANCELGB

Replying to @EmmaWatson @Mermaids_Gender and 

How embarrassing.

3:57 PM · Aug 10, 2020 · Twitter for iPhone

LGB Alliance @ALLIANCELGB · Jun 19, 2020
The @BBCNewsnight segment on Tavistock GIDS clinic provided stark evidence for what we & others have long been saying. Gender-confused kids are often struggling with sexual orientation. Homophobia plays a major role. The clinic is in the business of "transing away the gay". /1of7

LGB Alliance @ALLIANCELGB · Jun 19, 2020
So how extraordinary that after this shocking exposé the @BBC advised viewers to take their concerns to Mermaids, Gender Trust, LGBT Foundation & GIREs - groups that teach the myth of gender identity as fact and tell kids it is possible to be born in the wrong body. /2of7

LGB Alliance @ALLIANCELGB

These are the groups that refer kids to GIDS. How many people know that last year e.g. @Mermaids_gender received £500,000 from Nat. Lottery and @LGBTFoundation received £2.1 million in funds, including funds from Manchester & Salford City Council, DeptofHealth & @NHSuk. /3of7

2:20 PM · Jun 19, 2020 · Twitter Web App

13 Retweets 2 Quote Tweets 91 Likes



Reply

LGB Alliance @ALLIANCELGB · Jun 19, 2020
Replying to @ALLIANCELGB
So why didn't the @BBC include any groups that help gender-confused kids explore whether their problems may relate to homophobia in their family or surroundings, or to explore deep concerns about their sexual orientation. Because no such groups exist. They don't exist. /4of7

LGB Alliance @ALLIANCELGB · Jun 19, 2020
We're still just a small band of volunteers. Once we're established on a professional basis, our first priority will be to set up a helpline & lobby the NHS to provide a fully-rounded service run by experts who'll help kids explore all the issues they may be struggling with. /5of7

LGB Alliance @ALLIANCELGB · Jun 19, 2020
Meanwhile, we're going to the root of the problem. Kids are being taught genderwoo: that boyish girls & girlish boys may have been born in the wrong body. The situation will get much worse if Stonewall's gender-filled curriculum is introduced in September, according to plan. /6of7

LGB Alliance @ALLIANCELGB · Jun 19, 2020
Most people have no idea this is going on. We urgently need to publicise this issue. Please donate to our fundraiser for an ad in a national newspaper. It's really expensive. Thank you! #TruthMatters #StopTheNewHomophobia /7of7

LGB Alliance @ALLIANCELGB · Aug 13, 2020
It seems that [@jk_rowling](#) was right to warn about the huge rise in childhood transition. LGB youth are especially at risk. So when will [@stonewalluk](#), [@PinkNewsAction](#) and [@Mermaids_Gender](#) express concern?/1of2



theaustralian.com.au
Trans caution urged after scandal
Australias psychiatrists have been urged to be very cautious about giving official backing to gender clinic treatments for under-18s after a...

← **Thread** 311 1K

LGB Alliance @ALLIANCELGB

We hope you are taking note, [@lottery_uk](#), [@Starbucks](#) and all others who pledge support to [#Mermaids](#). There is a scandal brewing here: “transing away the gay” is happening right now in our society and it’s happening to kids. [#LGBIssue](#)? You bet./2of2

11:30 AM · Aug 13, 2020 · Twitter for iPhone

LGB Alliance @ALLIANCELGB

Why are [@metpoliceuk](#) & [@NationalHCAW](#) hosting Susie Green from [@Mermaids_Gender](#) on hate crime seminar? Grossly irresponsible. Mermaids has been thoroughly discredited for its active promotion of untested drugs on children, yet the police applauded Green's efforts. [#FactNotFiction](#)

1:06 PM · Oct 16, 2020 · Twitter Web App



Allison Bailey
@BluskyeAllison



[@ALLIANCELGB](#) is the only credible alternative for LGB people not captured by the gender lobby.

The utter state of this. So called *lesbian* advocacy groups ignoring a lesbian irreparably harmed by 'trans healthcare' to worship at the trans altar.

Cut their funding immediately.

LGBT Foundation @LGBTfdn · Dec 2, 2020

Today sending our love and solidarity to @Mermaids_Gender and @green_susie100 🏳️‍🌈

Thank you Susie for speaking so passionately on behalf of young trans people about how worrying the High Court ruling is [twitter.com/BBCNewsnight/s...](https://twitter.com/BBCNewsnight/status/1304888888888888888)

2:18 PM · Dec 2, 2020 · Twitter Web App



Malcolm Clark
@TwisterFilm



Unbelievable. [@BluskyeAllison](#) is exactly right. The High Court revealed the Tavistock has been incompetent, careless and downright homophobic. Yet [@LGBTfdn](#) reserves its sympathy not for the victims (many of them gay) but for the monsters of [@Mermaids_Gender](#). Cut their funding.

Allison Bailey @BluskyeAllison · Dec 2, 2020

[@ALLIANCELGB](#) is the only credible alternative for LGB people not captured by the gender lobby.

The utter state of this. So called *lesbian* advocacy groups ignoring a lesbian irreparably harmed by 'trans healthcare' to worship at the trans altar.

Cut their funding immediately. [twitter.com/LGBTfdn/status...](https://twitter.com/LGBTfdn/status/1304888888888888888)

3:40 PM · Dec 2, 2020 · Twitter Web App



The truth is that groups like us who oppose the current work of wealthy, publicly funded gender identity lobby groups like @stonewalluk & @Mermaids_Gender, are all run by volunteers who take neither expenses nor salaries. If you'd like to know more about us join our webinar. 6/7

2:45 PM · Oct 19, 2020 · Twitter Web App



Here's a roll call of UK Gender Identity Lobby Groups. All promote a regressive world view of gender stereotypes, where young LGB people are probably trans, biology is less important than "identity" & it's transphobic to be LGB. #LetsWakeUp #TimeToTalk



mermaidsuk.org.uk

A joint complaint to the BBC on behalf of UK LGBTQ+ organisations - Mermaids
The below letter was submitted today (31 July 2020) to the BBC on behalf of the UK's leading LGBTQ+ organisations. We are calling, in one voice, for a full and ...

10:27 AM · Aug 3, 2020 · Twitter Web App



Whenever you feel disheartened by the way in which homophobic, misogynist ideas have been sold as "progressive", just remember this: the gender identity lobby has only gained its successes by operating in the shadows. As the public becomes better informed, the tide is turning.

12:52 PM · Oct 24, 2020 · Twitter for iPhone

 **LGB Alliance**
@ALLIANCELGB

Replying to [REDACTED]

It's a fundamental misunderstanding to think that if a dictionary succumbs to pressure from an aggressive group of campaigners, its changes are descriptive of usage in society at large. The gender identity lobby exerts far too much influence. It does not represent the majority.

6:26 PM · Sep 4, 2020 · Twitter for iPhone

 **LGB Alliance**
@ALLIANCELGB

Thank you @ForwomenScot for this comprehensive thread. Unlike gender identity lobby groups who encourage supporters to try & change the law "under the radar" we will always shine a light on the full implications of Self-ID & the need for single sex spaces [#ProgressiveLGBPolitics](#)

 **For Women Scotland** @ForwomenScot · Sep 25, 2020

We promised further thoughts on the session yesterday. We forgot to mention @FelicityBuchan who raised the issue of women's prisons and we thank her now for bringing attention to this. We hope @trussliz will work to bring guidance on single-sex space.

Thread follows on the rest
[Show this thread](#)

5:51 PM · Sep 25, 2020 · Twitter Web App



"The government must now pledge to remove lobby groups such as Stonewall and Mermaids from children's healthcare and education". Letter to the editor in today's Times, from Stephanie Arai of the excellent [@Transgendertrd](#) Esp. urgent after [@BBCNewsnight](#) exposé of Tavistock GIDS.

← Comment
☆
↪

Edward Halse, Manchester

THE TIDE TURNS ON TRANS RADICALS

The scrapping of plans to enable people to change their legal gender by "self-identification" is welcome ([News, last week](#)). In schools a system of self-identification has been implemented through an experimental "affirmation" approach towards children with gender dysphoria, together with policies allowing children to use facilities based on their gender identity rather than their sex. The commitment by government to re-establish single-sex facilities such as lavatories in public buildings must extend to schools, for the privacy of all children and the safeguarding of girls.

The government must now pledge to remove lobby groups such as Stonewall and Mermaids from children's healthcare and education. Urgent work needs to be done to combat the misinformation already disseminated in schools over the past decade.

Stephanie Davies-Arai, director, Transgender Trend

12:52 PM · Jun 21, 2020 · Twitter for iPhone

Messag



LGB Alliance @ALLIANCELGB · Jul 4, 2020



It is bad enough that @Mermaids_Gender continue to promote their trans affirmation model for kids with gender dysphoria, despite the @BBCNewsnight exposé revealing that this often comes down to “transing away the gay”./1of2



15 replies, 59 retweets, 205 likes



LGB Alliance
@ALLIANCELGB



What is much worse, and quite frightening, is that @UKGOV jumps at their demands. Why is this? @10DowningStreet take action. #ListenToOtherVoices/2of2

10:48 AM · Jul 4, 2020 · Twitter for iPhone

LGB Alliance @ALLIANCELGB · Jul 4, 2020
Mermaids is welcomed as an expert by govt departments. It is a consistent lobbying presence at Tavistock Clinic. In a @BBCNewsnight report of 18 June, the clinic's policy towards gender non-conforming kids is described by former GIDS clinicians as "transing away the gay". /2of3

1 13 74

LGB Alliance
@ALLIANCELGB

It is time for a full parliamentary investigation into the influence of Mermaids on the NHS-funded work of the Tavistock GIDS Clinic, and of the leadership of the clinic where so many young LGB lives are being destroyed./3of3

LGB Alliance
@ALLIANCELGB

We are pleased that the BBC has dropped Mermaids and other trans groups from its advice line: "Mermaids advises schools, the police and social workers but has been accused of promoting gender reassignment for children."/1of2



thetimes.co.uk

Mermaids and other trans groups dropped by BBC Advice Line service

The BBC has dropped leading transgender charities from its Advice Line for viewers. Mermaids, which supports transgender children and young people, is th...

11:19 AM · Jul 30, 2020 · Twitter for iPhone



LGB Alliance
@ALLIANCELGB

...

Why did @BBCNewsnight give airtime to someone who has a record of spreading disinformation on this? The judges refused @Mermaids_Gender permission to intervene as its submission was found to contain no factual evidence that was relevant to this case,/1of2



BBC Newsnight @BBCNewsnight · Dec 1, 2020

"This is ushering in a new era of discrimination against trans people."

Susie Green, CEO @Mermaids_Gender, says today's High Court ruling that under 16s are 'unlikely' to be able to give informed consent on puberty blockers, is "a disaster"

#Newsnight

[Show this thread](#)



9:39 AM · Dec 2, 2020 · Twitter for iPhone



Malcolm Clark
@TwisterFilm

...

Wow. @mermaids_gender is one of the most insidious organisations in Britain. With luck ...one day soon everyone who played a prominent role will be behind bars. The good news is some rats seem to be gathering their case files as water floods the ship. 📌



Dec 30, 2021

A former trustee of @Mermaids_Gender has reached out to me, having been asked to leave the organisation after raising safeguarding concerns internally.

Myself and others are starting to build a portfolio of evidence and are considering our options. We must keep children safe.

[Show this thread](#)

10:53 PM · Dec 30, 2021 from Glasgow, Scotland · Twitter for iPhone



LGB ALLIANCE PRESS STATEMENT 22 SEP 2020

LGB Alliance welcomes the announcement by *Rt Hon Liz Truss MP*, Secretary of State for International Trade and President of the Board of Trade and Minister for Women and Equalities.

LGB Alliance is a group set up in October 2019 to promote the rights of LGB people; to state that biological sex is real and cannot be changed; to promote the education of the public at large around issues of sex and gender and to encourage reasoned, fact-based discussion.

Title

Kate Harris, co-founder of LGB Alliance commented:

Today, 22 Sep 2020, will go down in history as a turning point for the rights of LGB people and women.

We established LGB Alliance to promote and defend the rights of LGB people. Just as important, LGB Alliance has always made clear that biological sex exists, that it cannot be changed under any circumstances, and that children should not be taught the fanciful and dangerous notion that everyone has a '*gender identity*' as if it is fact. Today's statement makes clear that the Government has recognized these facts and is determined to balance the rights of different groups fairly.

We have always supported the right of transsexuals to equality under the law and it is reassuring that the Secretary of State has listened to the concerns of transsexuals. As she has said, the key concern of transsexuals with whom she has consulted are about making the process easier and cheaper – which she has done – and even more important, focusing on the need for proper health care of those who wish to undertake this life-long process of transition.

Bev Jackson co-founder of LGB Alliance adds:

Today is a great day – it has been like the Wild West out there. Publicly funded organisations like the Equality and Human Rights Commission, Stonewall, Mermaids and others, have been spreading **disinformation** for a decade or more. They have been saying, and training others to say, that the characteristics which are protected in the Equality Act are gender rather than sex, and gender identity rather than gender reassignment. We are delighted that this will now have to stop. No more can groups like these advance their own version of the Equality Act. It's going to be a big job to sort this out. We are calling on the Government Equalities Office to revise all government publications where the words "*sex*" and "*gender*" are used inaccurately.

In addition, we will be requesting a meeting with Rt Hon Gavin Williamson, Secretary of State for Education. The majority of the materials currently being used in schools have been produced by gender identity lobby groups like Stonewall and Mermaids. These teach children aged five and above that "*everyone has a gender identity*". This must now stop. The materials must be withdrawn and rewritten to conform with the Government's own guidelines – that Relationships and Sex Education must be legally correct, and evidence based. We can no longer stand by while young children are being upset and confused by teaching which is not supported in law or biology.

Title

Malcolm Clark from LGB Alliance said:

For too long the bureaucrats of the gender identity lobby groups have championed the idea of 'self-ID'. They fail to acknowledge it undermines gay rights under the law, and prevents lesbians, gay men and bisexuals from defining ourselves as same-sex attracted. Self-ID is not only a ridiculous notion, it's dangerous. It would have allowed people to rewrite the sex on their birth certificate and gain legal recognition as the opposite sex just by asking for it.

LGB Alliance was founded less than a year ago and we are proud to have played a small part in reversing the rush towards making self-ID official. We are also proud to live in a country that interrogates proposed changes in the law properly. Too many other countries have rushed to adopt self-ID without thinking through the consequences. Britain has refused to follow the crowd. Good thing too.



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Title

Dear Sir/Madam,

LGB Alliance: Application number 5154625 (“the Charity”) – request for expedition

We are writing on behalf of the Charity named above to request that the application for charitable status made by the Charity (application number 5154625) be expedited and reviewed by a case officer as soon as possible.

Our original application to the Charity Commission was made on 13 March 2020 and we received an e-mail from the Commission on 17 March 2020 informing us that the it had been unable to make an early registration decision about the application and that the application would need to be reviewed by a specialist caseworker, and that the team was currently considering applications that had been initially assessed in February 2020.

Full information on the work that the Charity carries out can be found in the original application, but by way of summary, the Charity was set up to further the rights and interests of lesbians, gay men and bisexuals, and to campaign for respectful freedom of speech and informed dialogue on issues affecting the LGB community by educating the public and raising awareness of these issues.

We request that the Charity’s application be expedited for the following reasons:

1. The Charity was launched in November 2019, making it a new organisation. Although the Charity has secured initial funding through a JustGiving campaign, ticket fees for events and donations from attendees to these events, the Charity is finding it increasingly difficult to obtain funding from other sources whilst it awaits confirmation of registered charity status. The Charity urgently needs to be able to accept more donations as it is currently relying on a loan from an individual who initially wished to make a donation in order to honour its financial commitments. The Charity has two prospective donors who are keen to support its work. However, it is unable to continue conversations with these potential donors until it obtains registered charity status as these donors require the Charity to first register with the Charity Commission. This funding is vital to continue operating the Charity. These prospects include the potential donors listed below, from whom the Charity expects to raise a minimum of £25,000 following its registration:
 - Larkhall Charitable Trust – donation of £25,000 anticipated, and
 - a high net-worth individual – level of donation not yet confirmed.
2. The Charity is planning a major public event, which was initially scheduled to take place in June 2020. This event will further the Charity’s objects by educating the public through talks and panel discussions with leading thinkers in the area of LGB rights and it is hoped that this event will also raise significant funding to help the Charity move to the next stage of its work. Due to the COVID-19 pandemic, the Charity has now postponed this event to October 2020.

The Charity intends to give its supporters the opportunity to make a donation to the Charity when purchasing tickets to the event, and it would be hugely advantageous to the Charity to be able to claim gift aid on these donations in order to best use the opportunity presented by the event for the benefit of the Charity. At the October event, the Charity also intends to seek donations from a number of individuals and requires registered charity status in order to garner greater support and publicity for its programmes and in order to claim Gift Aid on the donations. As a result of the event being postponed, the Charity is also facing a significant gap in the its fundraising plan before the planned event can take place and have to rely on trusts and other grant making bodies to receive funding. The grant funding options available to the Charity are also restricted while the Charity waits to be registered and, as mentioned above, the Charity is unable to continue conversations with potential donors until it obtains registered charity status.

3. The need for the Charity's work is even more pressing in the light of the current COVID-19 pandemic, as many young LGB people are unable to work or go to university, which means that they are required to return to live at home with potentially unsympathetic parents who may not be supportive of the challenges they face. The Charity considers that these young people will not only feel the general strain of the lockdown measures but will potentially face additional anxiety at home due to the prejudice they may be facing. The Charity is keen to start providing a platform on which people can have constructive and balanced conversations around the areas concerning the LGB community. Moreover, it would like to set up its planned helpline as soon as possible so it can support its beneficiaries at this time, but in order to do so it is essential that the Charity obtains further funding.
4. The Charity is already involved in discussions with the Metropolitan Police, the Equality and Human Rights Commission and the Government Equalities Office to find more ways through which the Charity can support LGB people. However, it would be beneficial for the Charity to have registered charity status so that these discussions may be formalised.

We hope that the above has highlighted the reasons why this particular application should be expedited.

If you have any queries regarding the above please do not hesitate to contact me.

Best wishes

██████████
Paralegal
Charity & Social Enterprise

10 Queen Street Place, London, EC4R 1BE
DD: ██████████ | Tel: +44 (0)20 7551 7777
bateswells.co.uk

As we are working remotely, please use email or the direct extension number listed above (DD) to contact me.

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LGB Alliance
@ALLIANCELGB



Message to supporters: charity status changes everything. We now focus on promoting our charitable objectives. As soon as we can we will be announcing new structure & plans. We are positive, driven & motivated by your fantastic support. Ignore the doubters & enjoy the progress!

7:21 PM · Apr 22, 2021 · Twitter Web App



LGB Alliance
@ALLIANCELGB



To all those asking how to donate now we're a charity - please be patient! We're working through various tasks & as soon as gift aid is enabled we'll let you know!

Thank you for all the amazing support throughout this tumultuous journey: we're now at the start of the beginning!

6:34 PM · Apr 22, 2021 · Twitter for iPhone



LGB Alliance
@ALLIANCELGB



For those who make purchases through Amazon: we are now registered with [#AmazonSmile](#).

1:35 PM · Aug 18, 2021 · Twitter for iPhone



LGB Alliance Donations

We rely on donations from individuals across the world who refuse to be silenced and who want to stand up for the truth. They are mainly lesbians, gays and bisexuals but we have many straight allies and we are particularly grateful for the support of trans friends who know we wish them well.

Our entire team works as unpaid volunteers. We do of course hire the services of specialists such as lawyers, IT professionals and branding experts on an ad hoc basis. This has been the case since we were founded in October 2019. All the money we raise goes towards the cost of running the organisation which involves fighting on many fronts simultaneously. So far this has included everything from running stalls at conferences to conducting detailed research on puberty blockers. We provide factual information to MPs, MSPs, MSs (Wales) and MLAs (NI) and campaign on issues like education and prisons.

A significant amount of our money is spent on legal advice. Our lawyers have produced documents that we believe will turn out to be historically important including challenges to the EHRC and other institutions. Other additional costs include IT, stationery, branding, merchandise and newspaper advertising on campaigns such as that against the Hate Crime Bill and Gender Recognition Act Reform in Scotland.

Like all companies LGB Alliance files its accounts annually and these will be available on the Companies House website in due course. We have nothing to hide. Feel free to ask us questions about how your donation will be used.

Donate to LGB Alliance now

Your name

Title

First Name*

Last Name*

Your address

Street / Road Name

Town / City

County / State

Postcode

Country



Your email address*

Email Address*

Your phone number

Phone Number

Do you want to make a recurring or a one off donation?

Monthly Donation

Annual Donation

One Off Donation

How much do you want to give?

£5

£10

£20

or enter the amount you would like to give

£

How would you like to give?

Monthly Direct Debit

Monthly Card Payment

Would you like to Gift Aid your donation? Every £1 will be worth £1.25 to us at no extra cost to you

Yes I would like you to claim Gift Aid on my donations (Please make sure you have entered your address above)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please enter any message to go with your donation

Donate

Staying in touch with us

Can we send you emails?

Yes

No

1/30/22, 12:11 PM

Donate to LGB Alliance

Can we send you mail?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Can we phone you?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Can we send you text messages?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
How would you prefer us to get in touch with you?		
<input type="radio"/> Mail	<input type="radio"/> Phone	<input type="radio"/> Email

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Myths & Truths

Facts matter. We believe in taking an evidence-based, factual approach and we follow the [International Fact Checking Network's](#) code of principles. For any fact related content on the website (and in our social media posts) we will seek to provide source links so you can find out more yourself. If something we've said is incorrect, we will not only correct it but also explain what we got wrong.

Please contact us if you have any myths that you'd like us to fact check and add to this page.

Title

Myth: LGB Alliance is a hate group. ⊖

Truth: We hate waiting in for a late delivery. We hate it when the WiFi drops for no reason. We hate trailers that give away the whole movie. But we don't hate people. We don't practice or advocate hatred, hostility of violence towards any one or any group. If we disagree with someone, it doesn't mean we hate them or wish them any harm.

It is perfectly possible to disagree with a person's view or opinion without hating them or the group they are part of. Where disagreement exists it's important to be able to have open and honest discussions; especially when it comes to human rights. So, we're always happy to talk. In fact, that's something we love.

We are a charity registered with the Charity Commission of England and Wales (number 1194148) and would not be able to be registered if we were a hate group. You can read the Charity Commission's evidence-based decision to register us here: <https://www.gov.uk/government/publications/lgb-alliance/lgb-alliance-full-decision>

To read more about what we're all about, go to: <https://lgballiance.org.uk/about>

Source: <https://voidifremoved.substack.com/p/fact-checking-oz-katerji>

Myth: LGB Alliance is transphobic and is seeking to erase trans people ⊕

Myth: LGB Alliance wants to exclude the T from LGBT+ ⊕

Myth: LGB Alliance is funded by the Christian far right



Myth: LGB Alliance isn't even run by LGB people



Myth: Sex is a spectrum / Sex is not binary



Myth: Intersex people are proof biological sex isn't binary



Myth: Sex is assigned at birth



Myth: There is no homophobia anymore



Title

Myth: Gender transition has nothing to do with homophobia



Myth: LGB people who don't include trans people in their dating pool are transphobic.



Myth: Children with gender dysphoria are at a high risk of suicide if they don't transition



Myth: Large numbers of transgender people are murdered



Myth: Puberty blockers just 'press pause' on puberty and are fully reversible



Myth: The Keira Bell court judgment on puberty blockers undermines Gillick competency





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Title

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Could you be our first Managing Director?

LGB Alliance is granted charitable status: Jo Bartosch reports on how the Charity Commission have rejected "sinister hate group" claims by MPs

Home > Reports

by Jo Bartosch — April 21, 2021 in Reports 3 min read



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At midday today it was announced by the Charity Commission that the LGB Alliance had been granted charitable status following an extensive investigative process. The 4,000+ word report accompanying the announcement made it clear that a number of objections were raised, all of which were comprehensively considered before being dismissed. This has left a number of politicians and minor celebrities looking rather silly.

The Charity Commission "concluded that the purposes of LGB Alliance, as properly construed in accordance with the legal framework, are charitable and beneficial." This is at odds with the 'sinister' 'hate group' described by John Nicolson MP, a politician who alongside Baroness Barker urged the BBC not to offer a platform to the LGB Alliance. Nicolson and Barker are not the only politicians sheltering behind parliamentary privilege, Kirsty Blackman MP and Jamie Stone MP have also smeared the LGB Alliance as hateful and transphobic.

You may also like

- ▶ **Conversion therapy consultation extended to February 2022 as officials reported to be "shocked" by responses so far and had not anticipated the "sensitive and complex" debate around gender identity**
- ▶ **Government announce a major new HIV Action Plan and that people with HIV will be allowed to join the armed forces**
- ▶ **"Where were all the LGBT lobby groups when my daughter was subjected to years of homophobic bullying?" The mother of a lesbian teenager gives Gary Powell a harrowing account of her school's collusion with gender lobbyists.**
- ▶ **Watch Allison Bailey's Keynote Speech: "Lord Nick Herbert, do not make participation in next year's global conference on LGBT rights, conditional on LGB people supporting gender identity."**

The Charity Commission "concluded that the purposes of LGB Alliance, as properly construed in accordance with the legal framework, are charitable and beneficial."

The report from the Charity Commission "looked at whether LGB Alliance's purpose invariably involves the denigration of the rights of transgender people and considered that it did not." Presumably, the public figures who smeared the LGB Alliance as transphobic are now drafting apologies.

The LGB Alliance have been dogged by baseless accusations of funding from US-based conservative groups. This runs counter to the findings of the Charity Commission who were clear that they "found no evidence to support allegations of dishonesty or a sham." Now that the LGB Alliance are a registered charity they will be able to publish their accounts in 2022.

The report from the Charity Commission "looked at whether LGB Alliance's

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When it was revealed that the LGB Alliance were applying for charitable status, a petition was started [REDACTED] ed. Addressed to Baroness Tina Stowell, former chair of the Charity Commission, amongst other accusations the petition criticised the LGB Alliance for believing in "the concept of 'adult human female'." A further petition drafted by high profile anti-LGB Alliance activist and former Holby City actor David Paisley was entitled: 'UK Media: Stop Uncritically Platforming LGB Alliance "Hate Group".'

Despite today's victory, it remains unclear why a group advocating for the rights of those who are same-sex attracted should attract such hostility. This question is particularly relevant when one considers that this was the default focus of all the main organisations until the granting of same-sex marriage forced them to widen their remit. Furthermore, many groups exist to support and advocate for those who identify as trans.

It is clear that the big beasts of the LGBT world have their snouts in the trans trough, promoting a questionable ideology in order to keep the funds rolling in. Furthermore, some such as Stonewall have lent their support to controversial campaigns such as the full decriminalisation of the sex industry. It is fair to ask how their current preoccupation with people who identify as asexual, non-binary or 'sex workers' serves those who are same sex attracted. LGB people deserve and need an organisation that is solely focused on our rights and needs.

The Charity Commission noted "Evidence of public benefit was presented by LGB Alliance in support of its application to include raising awareness and educating the public about equality and diversity issues and providing support to lesbian, gay and bisexual people."

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The Charity Commission noted "Evidence of public benefit was presented by LGB Alliance in support of its [redacted] and educating the public about equality and diversity issues and providing support to lesbian, gay and bisexual people." Given this, it will be much harder for those with ideological motives for criticising the LGB Alliance to hide behind parliamentary privilege.

Ultimately, this ruling is not just a victory for the LGB Alliance, it is a vindication of the workings of the state. The ideological creep that has seen the adoption of *de facto* self-identification across civil society is now being scrutinised by those with the authority to challenge it. Upcoming legal challenges including Allison Bailey's case against Stonewall and Garden Court Chambers, Keira Bell's against the Tavistock and Maya Forstater's against her former employer are forcing these issues into the sunlight. Decisions such as that made by the Charity Commission today are tugging at the curtain hiding the great and terrible Wizard of Oz, revealing him as his true authentic self; a withered old fraud with a loud hailer.

You can donate to the LGB Alliance, registered charity number 1194148, [here](#).

You can read the full Charity Commission decision confirming the registration of the LGB Alliance [here](#).

Tags: [Jo Bartosch](#) [LGB Alliance](#)

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Claire Heuchan: 'Gender-neutral' toilets don't work for women

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Canada is medically harming gender non-conforming children, and parents are powerless to intervene.

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A victory for the LGB Alliance

The group has been given charitable status, despite the outrage of trans activists. This feels like a turning point.



JO BARTOSCH

21st April 2021

Topics **FREE SPEECH** **IDENTITY POLITICS** **POLITICS** **UK**

Yesterday, there was a collective stomping of feet and a whine of ‘it’s not fair’ from transgender activists across the British Isles. This followed the granting of charitable status to the [LGB Alliance](#), a group formed primarily to ‘advance the interests of LGB people’. In anticipation of the backlash, the Charity Commission published a comprehensive, 4,000-word [legal statement](#) to back up its decision. It seems after

years of getting their own way and crying ‘transphobia’ at the slightest challenge, trans activists were forced to acknowledge that people have the right to hold opinions of which they might disapprove.

The explanatory bumf from the Charity Commission did little to placate critics. [Ryan John Butcher](#), editor of *Pink News*, tweeted ‘the lgb alliance – widely regarded as a transphobic hate group, with links to anti-lgbt+ and anti-abortion groups, which refuses to denounce neo-nazi and homophobic supporters – has been awarded charity status by the charity commission’. The newly formed [Northern Independence Party](#) appealed to its core voters by tweeting: ‘The so-called LGB Alliance is a hate group with no place in modern society. The decision taken today by the Charity Commission was the wrong one.’ Writer Charlie Stross [complained](#), ‘This is an outrage. (Yes, I’m serious: LGB Alliance is a hate group fuelled by US Christian conservatives).’

These slurs, although persistent, are totally unsupported by the facts. The Charity Commission report was clear that the activities of the LGB Alliance ‘are charitable and beneficial to the public’ and that there is ‘no evidence to support allegations of dishonesty or a sham’.

At this juncture I should admit I am not impartial. Unlike its detractors, I know most of the founders of the LGB Alliance, and can confirm that they are nice and accommodating people. Kate Harris is a liberal-minded lesbian who, alongside her career, has spent her life campaigning for equality. Far from being a 'neo-Nazi', Bev Jackson is a left-of-centre Jewish lesbian and 50 years ago was one of the key players in the formation of the UK Gay Liberation Front. Other key people include the black lesbian barrister Allison Bailey and gay filmmaker Malcolm Clark. The idea that they have links to the far right would be laughable were it not so offensive.

It seems in 2021, despite much apparent progress, the idea that a group might exist to advocate simply for lesbian, gay and bisexual people is unacceptable. Arguably, this is because the threat to the rights of same-sex-attracted people does not come from the state or even an intolerant public, but rather from a fringe of trans extremists who have the ear of the liberal media.

The current vogue for identity politics has opened up a new market for LGBT organisations. After the introduction of same-sex marriage in 2013, these groups were at risk of being legislated out of existence. Instead, they opted firstly to include people who identify as trans within their remit, and latterly 'asexuals', 'non-binaries' and so-called 'aromantics'. Bets are on as to whether the gluten intolerant or aesthetically challenged will be next to be included in the LGBTQWERTY acronym.

Homosexuality itself has been redefined by Stonewall to mean same 'gender' attraction. This is so as not to offend males who identify as lesbian and females who identify as gay men. Actual homosexuals are now routinely referred to as 'genital fetishists' by transgender activists. The new line is that some lesbians have penises. Those who are bisexual are under increasing pressure to refer to themselves as

‘pansexual’ so as to reflect the supposed multiplicity of ‘gender identities’, rather than the reality of two sexes. Despite purporting to be inclusive, those who act as gatekeepers for community events are quick to exclude wrong-thinkers lest they tarnish the brand.

The LGB Alliance has been repeatedly smeared without evidence by politicians and public figures. Last year, a declaration signed by Labour Party leadership candidates Lisa Nandy and Rebecca Long-Bailey, and deputy hopefuls Angela Rayner and Dawn Butler, described the LGB Alliance as a ‘trans-exclusionist hate group’. John Nicolson MP told the head of Ofcom that the LGB Alliance ought not be platformed by the BBC. Other politicians, including Crispin Blunt, Jamie Stone and Kirsty Blackman, have all made statements denigrating the work and purpose of the LGB Alliance.

The granting of charitable status to the LGB Alliance threatens to derail the identity-politics gravy train. The Charity Commission did what a public body ought to – it investigated without ideological bias and made a transparent, evidence-based decision. A reckoning is coming, when hard questions will be asked of those who have silenced critics with shouts of ‘transphobia’. It will be interesting to see over the coming days whether those who have repeated baseless falsehoods about LGB Alliance apologise or continue in their crusade against reality.

Jo Bartosch is a journalist campaigning for the rights of women and girls.

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Kirsty Blackman @KirstySNP · Jan 27, 2021
Because you are a hate group. Your tweets are, as I said before, transphobic and increasingly biphobic. My SNP colleagues and I have met with many LGBT people and we will continue to do so, but I will not meet your hate-centred organisation.

LGB Alliance @ALLIANCELGB · Jan 27, 2021
Replying to @lanblackford_MP and @theSNP
It's strange then @lanblackford_MP that your party at Westminster is the only one that declines to meet us. Why won't @theSNP talk to LGBT people? Are you only interested in gender identity groups who say that being LGBT is transphobic? #WakeUp #FactsMatter #SexNotGender

45 95 771

Leya @_Leyanelle_

Replying to @KirstySNP

Now @ALLIANCELGB are a registered charity - & I am sure you know hate groups cannot become registered charities in any part of the UK - are you going to apologise for your smears? Especially important since the Scottish Govt should be engaging with them re LGBT policies very soon.

9:19 PM · Apr 20, 2021 · Twitter for iPhone

Dr Rosena Allin-Khan @DrRosena · Apr 19, 2021
I've met with parents whose children have taken their own lives while at university. Many feel their intervention may have saved their child but they were unaware of any issues. There isn't a simple solution but this is a very thoughtful piece navigating the complexities of it.

BBC News (UK) @BBCNews · Apr 18, 2021
Would universities call parents in a mental health crisis? bbc.in/3dqxLr3

Tweet 16 107

[Redacted]

Replying to @DrRosena

Hi @DrRosena
Please will you congratulate @ALLIANCELGB on becoming a registered charity and apologize for having called them a "transphobic organisation" and a "hate group" (when you signed the @Labour_Trans pledges last year)?
Best regards - Ben

Charity Commission @ChtyCommission · Apr 20, 2021
LGB Alliance to be entered onto the Register of Charities.
Read our decision: gov.uk/government/new...

12:42 PM · Apr 20, 2021 · Twitter Web App

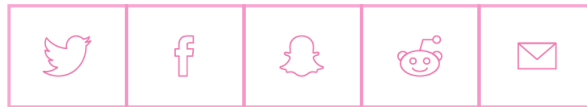


UK

Government-owned venue 'content' to host LGB Alliance conference despite its anti-trans rhetoric

JOSH MILTON | OCTOBER 19, 2021

SAVE FOR LATER



Graham Linehan and Rosie Duffield are both slated to appear at the LGB Alliance conference. (Getty/Parliament)

A government-owned conference hall has said it is "content" to host the LGB Alliance's upcoming conference.

The Queen Elizabeth II Centre, otherwise known as the QEII Centre, is one of the largest conference spaces in central London and has hosted both political party campaign launches and [Stonewall workplace conferences](#) alike.

It is operated as an "executive agency" sponsored by the Department for Levelling Up, Housing and Communities, meaning it is not reliant on taxpayer funds and runs independently from but is accountable to government.

The sprawling building will welcome the LGB Alliance conference Thursday (21 October), with tickets ranging from £50 to £100.



The LGB Alliance shared this conference schedule. (Twitter)

Topics on the schedule range from whether the term gender identity amounts to "child abuse or child conversion", to a talk on "cancel culture and free speech".

QEII 'content' with hosting LGB Alliance conference

A QEII Centre boss told *PinkNews* that the venue is "apolitical" and "impartial". The LGB Alliance hiring the space, it said, is not representative of the centre's views.



"The venue is apolitical and operates as an impartial hub for trade, education and communication and does not represent, endorse or support the views of any organisation hiring its event space.

"Having undertaken due diligence, the QEII Centre is content for the LGB Alliance, a government registered charity, to proceed with their event."

The LGB Alliance is among Britain's most high-decibel anti-trans groups – one awarded charitable status in April this year by the government's charity regulator, Charity Commission for England and Wales.

Mermaids, a trans youth charity, is set to launch a legal appeal against the commission's decision. The [appeal is being supported](#) by the Good Law Project and the LGBT+ Consortium alongside LGBT+ groups Gendered Intelligence, Trans Actual and the LGBT Foundation.

In its [appeal](#), Mermaids argue that the LGB Alliance's claim that it fights for lesbian, gay and bisexual Brits is one that acts as a smokescreen to disguise its real campaign, "[rejecting] the rights – and in some cases, existence – of trans people".

Indeed, countless LGBT+ activists, politicians and advocacy groups have branded the LGB Alliance a "hate group", including Pride in London, gay Scottish National Party MP John Nicolson, the LGBT+ Lib Dems, journalist Owen Jones and gay Scottish actor and activist David Paisley.

The LGB Alliance has [compared LGBT+ inclusion to bestiality, refused to denounce its neo-Nazi and homophobic support base](#) and defended working with the [anti-LGBT+ and anti-abortion Heritage Foundation](#).

Labour's new shadow minister for women and equalities, Taiwo Owatemi, recently said the group "should be rejected by all those who believe in equality". The Tories recently welcomed the LGB Alliance to its party conference.



More: [lgb alliance](#)

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Joanna Cherry QC ✓
@joannaccherry



How dare the newly appointed U.K. Govt Equalities Minister Mike Freer refuse to meet with the only #LGB rights charity in the country? #LGBAlliance2021

2:55 PM · Oct 21, 2021 · Twitter for iPhone



Bev Jackson
@BevJacksonAuth



We had a wonderful day yesterday at our LGB Alliance conference. I noticed various odd accusations floating around. LGB Alliance is a charity. Our conference was open to everyone. That includes people who disagree with each other on a range of issues.

1:07 PM · Oct 22, 2021 · Twitter for iPhone



TRANS

Trans comedian called a 'homophobic nonce' and a 'mentally ill pervert' at LGB Alliance conference

VIC PARSONS | OCTOBER 25, 2021

SAVE FOR LATER



Transgender Action Block activists and supporters protest outside the first annual LGB Alliance conference on 21 October 2021. (Mark Kerrison/In Pictures via Getty)

A trans woman was called a "homophobic nonce" and a "f**king pervert" while attending the conference of anti-trans charity LGB Alliance.

The conference, held on 21 October at the Queen Elizabeth II Centre in central London, was attended by many prominent "gender critical" campaigners.

Those invited to speak on panels about "free speech" and the threat of "transgender ideology" included many straight supporters of the LGB Alliance, such as comedy writer [Graham Linehan](#), Labour MP [Rosie Duffield](#) and Tory MP [Jackie Doyle-Price](#). JK Rowling did not attend, but the LGB Alliance

<https://www.pinknews.co.uk/2021/10/25/lgb-alliance-conference-trans-jen-ives/>

paid for a cut-out of her to be brought to the conference centre so attendees could **pose with the controversial author**.

Anti-trans groups including **Transgender Trend** and the Women's Human Rights Campaign, which calls for the "elimination" of "**the practice of transgenderism**", had stalls at the conference.

Reports on social media suggest that the number of attendees were in the low hundreds.

Trans woman called 'nonce' at LGB Alliance conference

The upsetting incident happened after Jen Ives, a bisexual trans woman and a comedian, had a "nice chat" with two men. One of them she recognised as Alex Bramham, an LGB Alliance supporter who was **escorted away from Manchester Pride** this summer by police, and the other she did not.

"We were just having a nice chat," Jen told *PinkNews*. "He [Alex] knew I was trans at this point, and was respecting my pronouns and all that kind of stuff. But there was another guy who was with us, who was a bit taller, and when he found out I was trans he went away. He made a beeline back to the conference hall."

After a couple of minutes, Jen finished talking to Alex and headed towards her friends, saying she needed to use the bathroom. She'd already used the women's toilets twice that day, and while they had been "full of gender-critical women" she says "nobody said a word to me or batted an eyelid".

But this time, "I didn't actually get to the toilets", Jen says. The taller man she'd been talking to ran back out of the conference hall area and ran towards her, pointing a camera at her.

"He was much taller than me, leaning over me with his camera out," she remembers. "He was calling me a nonce, a f**king pervert. He was ranting about oestrogen and hormones and all kinds of stuff."

In a recording of the incident heard by *PinkNews*, the man says: "I couldn't get a blood test the other day, but you get a blood test for stopping your f**king perverted hormone levels from f**king tanking."

He continues: "You're noncey as f**k." Later he says: "You are a mentally ill pervert" and calls Jen a "homophobic man".

Other voices saying "get out, we don't want you here!" can also be heard shouting in the background, as well as others shouting "You are a man! You are a man!"



Bisexual comedian Jen Ives was called a 'nonce' by attendees of an LGB Alliance conference. (Supplied/Jen Ives)

'Security just stood there'

People in the hall began coming over, as did LGB Alliance conference attendees leaving a talk. "With security just watching on, not intervening, him quite close to me with his camera," Jen says. "One [security officer] was standing right by the doors, about five feet away, just watching on. Then more arrived, but they still didn't intervene. The only people who intervened were a couple of people from the LGB Alliance, but they were trying to do damage control, they were just telling him not to engage."

But then some LGB Alliance members "began making their own arguments against me", she says. "A lot of people came at me halfway through the altercation, not knowing what was going on, just blaming me and saying: 'You were trying to use the women's toilet.'"

Jen continues: "A few women came over, telling me that I was trying to be provocative. Telling me that I had 'brought this on myself', that I could use the men's toilets if I want to. They told me I was endangering women's safety. Someone near me said that someone's baby was raped in a Morrison's recently. I don't know what they were talking about."

"And the man [who had called Jen noncey as f**k] kept saying, 'You're going into the women's toilets, you're a man, an autogynephilic male,' is what he kept saying."

The man, who had been standing over Jen while all this was happening, eventually went away. Some LGB Alliance women told Jen she should leave, and that she was "not welcome there".

Jen says that a man who identified himself as the LGB Alliance's press officer then came up to her, the two talked about what had happened and he apologised to her.

By this point, Jen had spent more than six hours at the Queen Elizabeth II Centre where the LGB Alliance conference was held. She had paid for her ticket and picked up some merchandise while she was there – an LGB Alliance t-shirt with the phrase “the female penis does not stand up” on it.

She wanted to make a formal complaint to security about the incident, but after waiting for more than two hours for someone to take her statement, she left.

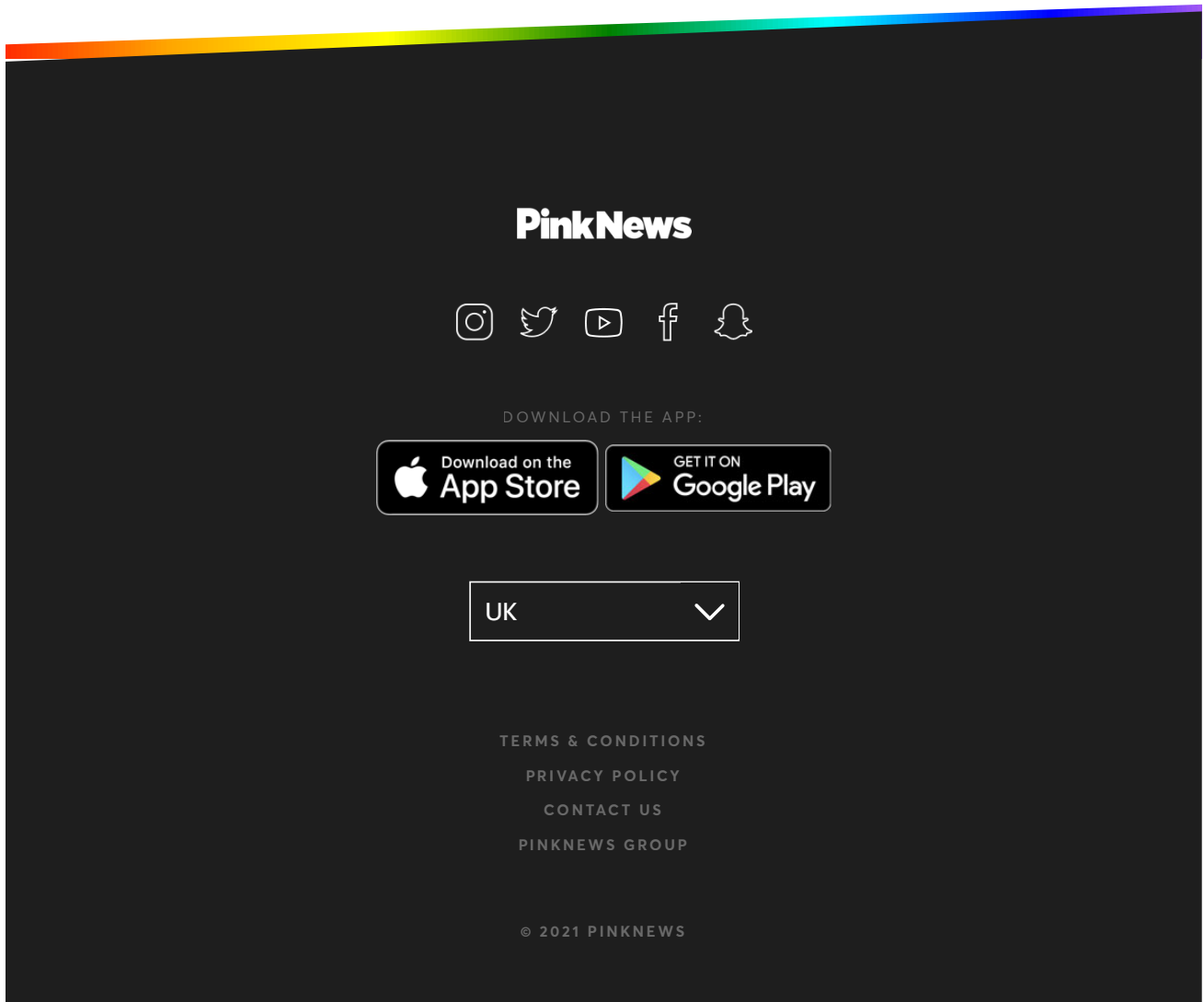
PinkNews has contacted the LGB Alliance for comment.



More: [lgb alliance](#), [Trans](#), [transphobia](#)

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The image shows the footer of a mobile application for PinkNews. At the top, there is a horizontal rainbow gradient bar. Below it, the word "PinkNews" is centered in a white, bold, sans-serif font. Underneath the name are five social media icons: Instagram, Twitter, YouTube, Facebook, and Snapchat, all in white. Below the icons, the text "DOWNLOAD THE APP:" is centered in a small, white, uppercase font. This is followed by two buttons: "Download on the App Store" with the Apple logo and "GET IT ON Google Play" with the Google Play logo. Below these buttons is a white-bordered box containing the text "UK" and a downward-pointing chevron icon. At the bottom of the footer, there is a list of links in white, uppercase text: "TERMS & CONDITIONS", "PRIVACY POLICY", "CONTACT US", and "PINKNEWS GROUP". At the very bottom, the copyright notice "© 2021 PINKNEWS" is centered in a small, white font.



Conversion Therapy Update

Misc

On January 20th, we were delighted to meet Mike Freer, Baroness Stedman-Scott and the team working on the UK’s proposed conversion therapy ban. We believe we made progress in showing how the wrong type of ban could end up harming LGB youth.

Our key concern is that there’s a huge conversion therapy programme underway right now in the UK which the proposed Bill ignores. In 2020, BBC Newsnight revealed homophobic parents and therapists often conspire to push LGB teens towards thinking they were ‘born in the wrong body.’

Title

NHS child gender clinic: Staff welfa...



For 2 years we've been trying to get the government and NHS to protect young LGB people from this sort of misdiagnosis. If the government gets this Ban wrong it could add fuel to the fire and the 4400% increase in girls in particular being referred to GI clinics will increase even more.



We were disappointed to learn the government doesn't seem to be sufficiently aware of studies that show the vast majority of young people being referred to GI clinics and being prescribed experimental puberty blockers say they are same sex attracted.

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

What's more, around 60% of young people diagnosed with gender dysphoria find their discomfort with their body lessens and often disappears if they are allowed to go through puberty:

<https://pubmed.ncbi.nlm.nih.gov/23702447/>

In fact, one recent study puts this figure as high as 88%:

<https://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full>

Many settle into happy LGB lives in adulthood.

We want young people with gender dysphoria to get all the care they need. A minority will never change in their conviction they are trans. We wish them well.

But the evidence suggests a large group of young LGB people are being wrongly diagnosed and they need protection too.

Perhaps this idea, and the facts that support it, are being ignored by the government because the research it relies on, such as a study it recently commissioned, and publicised as part of its consultation process, is so shockingly poor and biased.

<https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study>

A sign the research from Coventry University may be unreliable is that a third of the respondents who'd gone through conversion therapy said they'd found "positive secondary benefits" from the 'therapy' such as meeting new friends. This is a distinctly bizarre discovery.

Findings from the qualitative research

Although not a representative sample, the majority of the UK-based interviewees reported no benefits of engaging in conversion therapy, but a third reported experiencing some secondary benefits. These were reported mainly by cisgender men who had taken part in conversion therapy in a group setting with other men with unwanted same-sex attraction. The most common benefit reported was experiencing a sense of belonging and connection with other men in the same situation. In several cases, the group element provided an opportunity to meet other men like themselves which reduced their feeling of being different. For some it was the first time they had met other people with a same-sex sexual orientation. In some cases, lasting friendships were formed with those they met at conversion therapy weekend retreats and a sense of community was formed outside of the conversion therapy context.

"I had always felt that I was a weird human being, that there was something wrong with me, and then suddenly I see all these great men, it was a feeling of being part of something."

The reason for such a strange finding may be that the research consisted of a tiny sample of just 30 interviews which were self-selected and relied on memories of events years ago. We know this makes the results less reliable because the small print in the study warns us:

The study says "such accounts may not always be accurate", "their memories ...may become distorted over time" and "their experiences may not represent current practices". As for self-selection in general? We're warned that "such sampling strategies may introduce biases".

The numbers of transgender or non-binary people who were interviewed for the government's research was just 6; only 3 of whom said they'd gone through conversion therapy for 'gender identity'. Can it be true that legislation is being justified by interviews with just THREE people?

Yes, it can. The type of proposed ban is being shaped by interviews with 3 people whose self-selection we're warned may "introduce biases", whose memories "may become distorted over time" and "may not represent current practices". We think this is a national embarrassment.

We think it's explained by the fact that too many institutions have come to rely on a few noisy lobby groups which push poorly evidenced messages. This leads to groupthink and creates powerful

disincentives for staff who want to ask uncomfortable questions or point out flaws.

While we expressed strong support for the government’s proposed ban on conversion therapy for sexual orientation, we argued there are so many unanswered questions about the proposed ban on “transgender conversion” it should press pause on that and do more and better research.

One of these unanswered questions is how transgender will be defined in practice. We were told it will not include novel gender identities such as demi-fluid or demi-flux. But the government’s own definition in its consultation would cover those identities and many more.



And more are on the way. We are concerned that WPATH, the World Professional Association for Transgender Health is consulting on a new chapter for its SOC8 guidelines to cover the addition of ‘eunuchs’. Does the government really think this gender identity should be affirmed?

Title



This suggests some young people are embracing surgery for its own sake. Here’s a popular influencer explaining (at 2m:30s) it was surgery they wanted above all. The government should research whether Gender identity claims are increasingly being used to access body modification.



Nonbinary: Memoirs of Gender and...



Title

For young LGB people who feel particularly alienated from both gender stereotypes and often their bodies all this may be particularly alluring. Shouldn't it be the job of clinicians to be gatekeepers and protect these young people from irrevocable decisions... and themselves?

Our stance is resolutely against any wilful attempt to talk young people out of their convictions. But the risks of puberty blockers, a lifetime of hormones and life-changing surgery are massive. Clinicians need the freedom to emphasise that and warn of consequences.

It remains unclear whether this emphasis on risks could be interpreted as an attempt to convert. This uncertainty and the potential for a lawsuit from a troubled young person will tragically mean fewer clinicians will be willing to assist the gender dysphoric.

We look forward to continuing to provide a different perspective to the government on this important issue. We've come a long way in just over 2 years from a fearful meeting at the **Conway** Hall to representing the interests of LGB people, at the highest levels of government.







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