29th April 2024

Complaint to the NHS regarding the Gender Identity Research Education Society (GIRES)

Dear NHS England,

1. The NHS directs the public to Gender Identity Research Education Society (GIRES) as a source of information on matters of cross-sex identification. It appears that GIRES influences also NHS content this matter.

2. I would like to make the complaint that GIRES is not a reliable source of information on matters of cross-sex identification.

3. I would consider a successful outcome of my complaint for the NHS to remove content that signposts the public towards GIRES and to ensure that all that content influenced by GIRES is based on research, removing content where necessary.

Cross-sex identification is connected to atypical sexual orientation

4. I have previously complained about GIRES to the Charity Commission. I saw that it was breaking its charitable objects by selectively omitting research into matters of cross-sex identification, namely autogynephilia, (see appendix 1) and misleading the public by suggesting that "gender issues are different from sexual orientation".[1]

5. Research shows that cross-sex identification is connected to atypical sexual orientation, in males for two main reasons: homosexuality, or autogynephilia:

6. "Gender identity disturbance in males is always accompanied by one of two erotic anomalies. All gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the thought or image of themselves as women. … the writer would prefer to replace it with the term autogynephilia ("love of oneself as a woman")"[2]

7. In the first case, a remarkably feminine boy may identify as a girl, which in the majority of cases will desist at the onset of puberty, when they are also more likely to be homosexual, the second, which is a paraphilic version of male heterosexuality, where an otherwise heterosexual male is attracted to the concept of themselves as a woman.

8. The DSM-5 recognises these two "broad trajectories" described above:

9. "In both adolescent and adult natal males, there are two broad trajectories for development of gender dysphoria: early onset and late onset. Early-onset gender dysphoria starts in childhood and continues into adolescence and adulthood; or, there is an intermittent period in which the gender dysphoria desists and these individuals self-identify as gay or homosexual, followed by recurrence of gender dysphoria. Late-onset gender dysphoria occurs around puberty or much later in life. Some of these individuals report having had a desire to be of the other gender in childhood that was not expressed verbally to others.

1 https://web.archive.org/web/20240417055324/https://www.gires.org.uk/wp-content/uploads/2020/07/Information-and-support-for-trans-non-binary-and-non-gender-people-20200416.pdf

2 "The Classification and labelling of nonhomosexual gender dysphorias". Blanchard, R., Ph. D. *Archives of Sexual Behavior* 18(4) 315-334 p. 323.

Others do not recall any signs of childhood gender dysphoria. For adolescent males with late-onset gender dysphoria, parents often report surprise because they did not see signs of gender dysphoria during childhood. Expressions of anatomic dysphoria are more common and salient in adolescents and adults once secondary sex characteristics have developed. Adolescent and adult natal males with early-onset gender dysphoria are almost always sexually attracted to men (androphilic). Adolescents and adults with late-onset gender dysphoria frequently engage in transvestic behavior with sexual excitement. The majority of these individuals are gynephilic or sexually attracted to other post-transition natal males with late-onset gender dysphoria. A substantial percentage of adult males with late-onset gender dysphoria cohabit with or are married to natal females. After gender transition, many self-identify as lesbian. Among adult natal males with gender dysphoria, the early-onset group seeks out clinical care for hormone treatment and reassignment surgery at an earlier age than does the late-onset group. The late-onset group may have more fluctuations in the degree of gender dysphoria and be more ambivalent about and less likely satisfied after gender reassignment surgery."[3]

Presenting cross-sex identification as a "mismatch" between a "gender identity" is unsupported by research

10. GIRES positions itself as a charity that wants to educate the public on matters on cross-sex identification. However I think it is more accurate to say they are a charity that is promoting a narrative that matters of cross-sex identification are all explained by one thing: a "gender identity" that can become "mismatched" with one's sex.

11. This concept appears to be a reformulation of the "feminine essence narrative", which suggests that "Male-to-female transsexuals are, in some literal sense and not just in a figurative sense, women inside men's bodies".[4]

12. The use of the term "gender identity" in this sense, is much different to the way "gender identity" was originally conceived in the 1960s, which was a term used for the developmental stage when a child came to recognise what sex they were:

13. "Almost everyone starts to develop from birth a fundamental sense of belonging to one sex. The child's awareness – 'I am male' or 'I am female' – is visible to an observer in the first year or so of life."[5]

14. In comparison, the way "gender identity" is used today is not a matter of recognition, but rather appeals to a type of literal "essence" of the opposite sex, e.g. a "trans woman" has a female "gender identity", and that this "gender identity" or "essence" is supposedly knowable, even by children. This appears to have more in common with a belief system, rather than something that can provide a base for medical treatment.

15. It is worth considering examples where matters of cross-sex identification are not explained by a supposed mismatch between a "gender identity" and one's sex.

16. In his analysis of this topic, the philosopher Alex Byrne gives the example of Buck Angel, the female-to-male transsexual: "Testosterone has given Angel impressive muscles, a beard,

3 "Gender Dysphoria" in Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Association. (2022).

4 "Deconstructing the Feminine Essence Narrative", Blanchard, R. PhD. *Archives of Sexual Behavior* (2008) 37:434–438.

5 Stoller, quoted in *Trouble with Gender: Sex Facts, Gender Fictions* by Alex Byrne (Polity, 2023).

and other physical trappings of maleness. He has found peace moving through the world as male and is happy to be identified and treated by others as a man… But his core gender identity is not male – he his not shy about saying that he is female".

17. Debbie Hayton has written that their cross-sex identification is a matter of autogynephilia,[6] not a "mismatch" between "gender identity" and sex. Arguably, the phenomenon of autogynephilia accounts for the majority of male-to-female cross-sex identification that can seen in public life today.[7]

18. I attempted to raise this matter with GIRES, however they refused to consider any research on this topic. I consider that they are misleading the public regarding this issue.

19. The Charity Commission came to the conclusion that they lack the expertise to assess my complaint.[8] However, I think that the NHS should be able to see from reading my correspondence with GIRES, that GIRES are not an unbiased organisation that is interested in neutrally reproducing the research on matters of cross-sex identification for the public, but has been promoting something more akin to a belief, that has resulted in unsafe medical treatment.

The NHS and GIRES now conflict in their opinion on puberty blockers

20. My second point I would like to raise, is that the Cass Review has shown that GIRES is promoting the use of puberty blockers without evidence. The Cass Review concluded that:

21. "The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The effect on cognitive and psychosexual development remains unknown."[9]

22. In comparison, GIRES says that puberty blockers are a "safe, reversible intervention":

23. "Gender discomfort may emerge in early childhood or adolescence and continue into adulthood. Stress is increased during puberty with the development of unwanted changes to the body. Some young people access safe, reversible intervention to interrupt puberty (hormone blockers), allowing more time to confirm how they wish to live in their adult lives…"[10]

24. Furthermore, the NHS has been using teaching material produced by GIRES (see appendix 2) that says:

25. "The benefits of hormone-blockers are significant. They produce an opportunity for careful reflection regarding the future, against a background that is free from worry about physical development."[11]

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6 https://debbiehayton.com/2022/05/16/my-autogynephilia-story/
7 https://genspect.org/the-truth-about-trans/
8 "The Commission has considered the issues raised and our assessment its that we lack the expertise and knowledge of complicated psychological and medical issues connected to gender identities to be able to form a definitive view on the issues you have raised." https://since2010.substack.com/p/complaint-to-the-charity-commission
9 https://cass.independent-review.uk/home/publications/final-report/
10 https://web.archive.org/web/20240422124103/https://www.gires.org.uk/transgender-experiences-information-and-support-for-trans-non-binary-and-non-gender-people/
11 https://web.archive.org/web/20240422140701/https://www.gires.org.uk/elearning-sgdcyp-oa/story_html5.html

26. These are claims, which, when looking at the Cass Review, are unsubstantiated by research. I have raised this matter with GIRES, who says that despite the findings of the Cass Review, they will not be removing any of their content (see appendix 3).

27. A conflict therefore exists between the opinion of the NHS and the opinion of GIRES on puberty blockers.

28. I think at the root of this issue is found again in what GIRES appears to believe regarding cross-sex identification: that transsexuals in some way have the "essence" or "gender identity" of the opposite sex.

29. I think if one believes this, then advocating for puberty blockers without research may appear reasonable, as children are also presumed capable of an infallible knowledge of their own "essence" or "gender identity".

30. I think that if one does not believe this, then what is happening appears unsafe, likely to harm children, and is a supposed treatment that goes beyond the capability of clinicians.

31. As Blanchard has said in interview: "Oh, for sure. I mean, the people who approve, who are in favour of transition in children, who are in favour of earlier medical interventions, whether it's puberty preventing medications, whether it's testosterone for young girls, whether it's surgical procedures carried out on kids as young as 16, I think they all believe that they know — they know what's going to happen to this person in 10 years or 20 years. These people believe they know: that they can see into somebody's soul, and they know how things are going to be. I'm not that good."[12]

Yours,

Orlando

12 "The Life & Research of Dr. Ray Blanchard", interview with Benjamin A. Boyce. https://www.youtube.com/watch?v=eEQKFIYGnFw

Appendix 1

16th February 2022

Dear Sir/Madam,

32. I would like to make a complaint about the resource you are publishing on your website "Gender Identity and Transsexualism". (https://www.gires.org.uk/wp-content/uploads/2020/07/Information-and-support-for-trans-non-binary-and-non-gender-people-20200416.pdf)

33. My complaint is that your assertion that "gender issues are different from sexual orientation", has no basis in research on transsexualism in males. It is untrue for males to say "Trans people may have any of these sexual orientations", as this suggests that gender identity disorders and sexual orientation vary independently for males, when in fact the two are connected.

34. I know this, as as a teenage boy, at the onset of puberty, at around the age of 13/14, I had difficulty understanding who I was. I found I was both attracted to women, but I was also attracted to the concept of being a woman myself. The feeling, though not the reality, was that I was "born in the wrong body". Today, I would describe this as "gender dysphoria".

35. As a teenage boy, I researched online and found out about the concept of "autogynephilia" ("love of the concept of oneself as a woman"), which is a neologism coined by Professor Ray Blanchard, a researcher in the field of gender identity disorders.

36. After I read a few sentences of Dr. Ray Blanchard's research on autogynephilia, it immediately answered my questions whether I was somehow born in the "wrong body". I understood that what I felt was connected to my male heterosexuality "turning inwards", and his research showed that I was by no means alone with how I felt.

37. As a teenager, I did not know autogynephilia was connected to being transsexual. I am also glad I did not research it much further at the time. It was not until adulthood that I found that for a small minority of males, autogynephilia will be one reason behind transsexualism.

38. As an adult, I researched the issue further and found the other reason why males may disassociate from their sex is feminine male homosexuality. In other words, contrary to your assertion that "gender issues are different from sexual orientation", gender issues and sexual orientation in males are directly linked, being either feminine male homosexuality, e.g. the YouTuber Blaire White or "autogynephilia", e.g. Caitlyn Jenner, which can be seen as male heterosexuality "turned inwards".

39. The research in this area is not new. The two routes to issues around transsexuality in males can be seen as early in as in the early 1900s in research by Magnus Hirschfeld. Please could you update or remove the resources you are presenting to the public, as your assertions are not true in the case of male transsexuality.

40. The following resources are useful in understanding this issue: the research by Dr Ray Blanchard http://individual.utoronto.ca/ray_blanchard/, narratives of autogynephilic transsexualism by Anne Lawrence "Men Trapped in Men's Bodies" (2012), the popular

introduction to this issue “The Man Who Would Be Queen” (2003) by the researcher J. Michael Bailey, historical research by Magnus Hirschfeld “Die Transvestiten” (1910).

Yours faithfully,

[Orlando]

23 February 2022 12:11

Good afternoon

41. Thank you for your email, I have asked the Trustees to respond to your points in the next 7-10 days as they do not work directly for GIRES they need to agree who will respond. So if you can bear with us we will respond but want to make sure that we give you a full and comprehensive response to the points you have raised.

Thanks

[Redacted]

Pronouns: She / Her

23 February 2022 19:06

Good evening

42. GIRES respects the right of all individuals to identify in the way that suits themselves. Some individuals may wish to describe themselves as autogynephiliac [sic]. Nonetheless, there is ample scientific evidence to support the retention of the phrase “gender issues are different from sexual orientation” in the charity’s website, literature and training.

Thanks

[Redacted]

Pronouns: She / Her

24th February 2022

Dear [Redacted],

Thank you for your email.

43. I'm not solely an individual describing myself. In my complaint I cited research that describes issues around gender identity as connected to sexuality. These studies were not conducted by those who have autogynephilia, they were conducted by researchers into gender identity disorders, one of whom coined “autogynephilia” to describe what they observed.

44. Only by ignoring these studies, can you say that "gender issues are different from sexual orientation". At most, you could say "The research around whether gender issues are different from sexual orientation is disputed", if you want to dispute it.

45. To suggest otherwise is to mislead to the public regarding research around this issue, and is breaking your charitable object "to advance education regarding all forms of gender identity and intersex issues, and in particular".

46. I don't consider your email a "full and comprehensive response to the points you have raised." Please could you continue to raise my complaint with the trustees, if that is necessary for a full and comprehensive response to my complaint.

    Yours,

    [Orlando]

    26th February 2022

47. The response you received from GIRES was approved by its trustees.

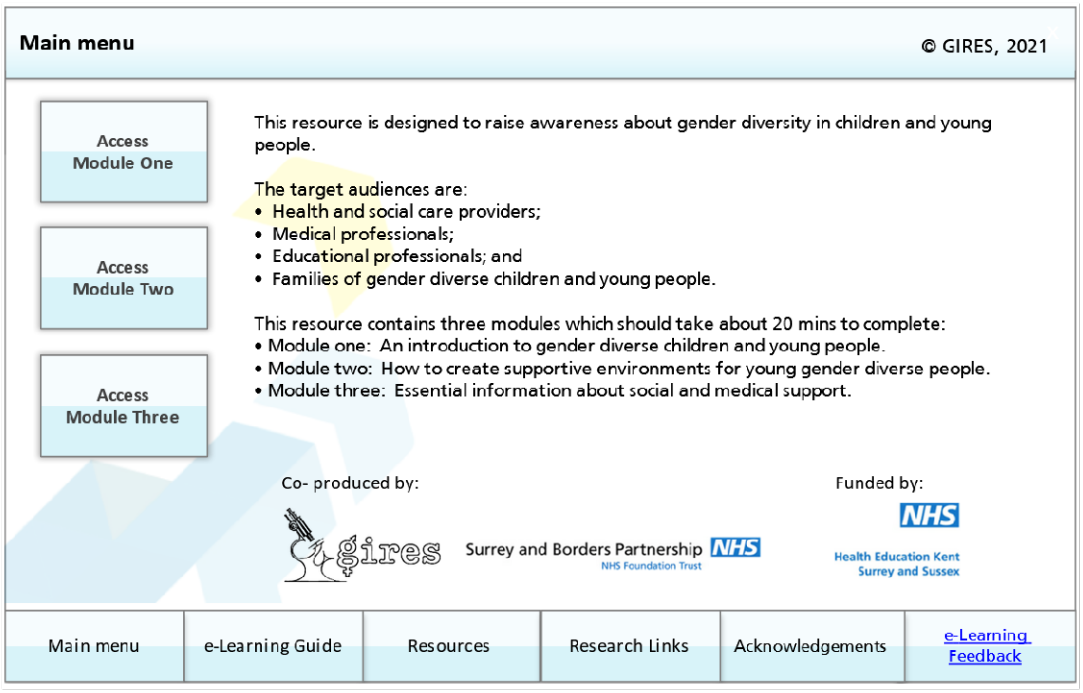
48. We now consider this matter closed and will not respond further.

    Thanks

    [Redacted]

    Pronouns: She / Her

Appendix 2


Main menu
© GIRES, 2021
Access Module One
Access Module Two
Access Module Three
This resource is designed to raise awareness about gender diversity in children and young people.
The target audiences are:
• Health and social care providers;
• Medical professionals;
• Educational professionals; and
• Families of gender diverse children and young people.
This resource contains three modules which should take about 20 mins to complete:
• Module one: An introduction to gender diverse children and young people.
• Module two: How to create supportive environments for young gender diverse people.
• Module three: Essential information about social and medical support.
Co- produced by:
gires
Surrey and Borders Partnership NHS
NHS Foundation Trust
Funded by:
NHS
Health Education Kent Surrey and Sussex
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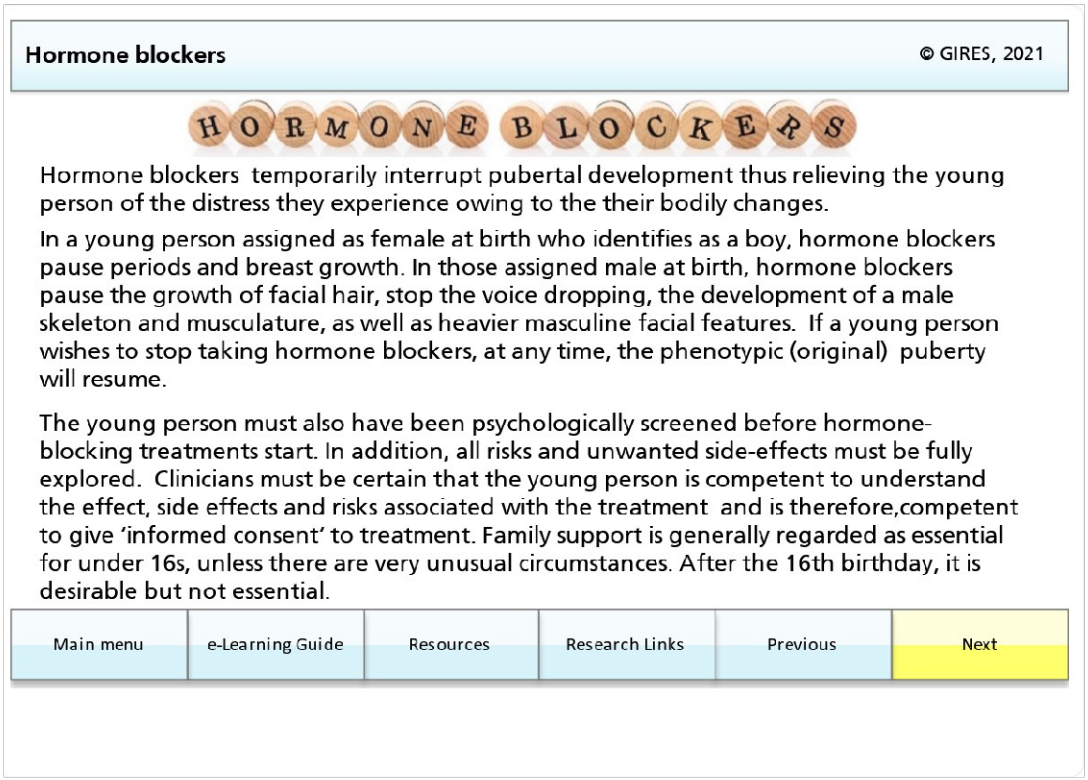
Research Links
Acknowledgements
e-Learning Feedback


Hormone blockers
© GIRES, 2021
HORMONE BLOCKERS
Hormone blockers temporarily interrupt pubertal development thus relieving the young person of the distress they experience owing to the their bodily changes.
In a young person assigned as female at birth who identifies as a boy, hormone blockers pause periods and breast growth. In those assigned male at birth, hormone blockers pause the growth of facial hair, stop the voice dropping, the development of a male skeleton and musculature, as well as heavier masculine facial features. If a young person wishes to stop taking hormone blockers, at any time, the phenotypic (original) puberty will resume.
The young person must also have been psychologically screened before hormone-blocking treatments start. In addition, all risks and unwanted side-effects must be fully explored. Clinicians must be certain that the young person is competent to understand the effect, side effects and risks associated with the treatment and is therefore,competent to give 'informed consent' to treatment. Family support is generally regarded as essential for under 16s, unless there are very unusual circumstances. After the 16th birthday, it is desirable but not essential.
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Hormone blockers continued

Side effects include lack of energy and sometimes hot flushes.

There is a potential loss of fertility, therefore reproductive options, such as gamete storage, **must** be discussed and the young person encouraged to take this step. Those who have embarked on hormone-blocking before gametes are mature, would need to pause the hormone-blocker, to allow gametes to mature, so that they can be gathered and stored. GPs should advocate for funding from the CCG.

The benefits of hormone-blockers are significant. They provide an opportunity for careful reflection regarding the future, against a background that is free from the worry about physical development. This medication allows those who do not wish to pursue this pathway, to discontinue this medication. This may be because they come to understand their discomfort to be related to sexual orientation, rather than gender identity. They, and others who feel that they are cisgender can pull out, at any time, and their phenotypic puberty will resume.

"Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatisation. As the level of gender related abuse is strongly associated with the degree of psychiatric distress during adolescence, withholding puberty suppression and subsequent feminising and masculinising hormone therapy is not a neutral option for adolescents". World Professional Association for Transgender Health, 2011

Appendix 3

16th April 2024

Dear GIRES,

49. I last contacted you in 2022 to complain that your statement in “Information And Support For Trans Non Binary And Non Gender People" [1] that “gender issues are different from sexual orientation”, has no basis in research on transsexualism in males, as research shows the two are connected: being related to either homosexuality or autogynephilia.

50. I would like to make another complaint regarding your content, that your statement "Some young people access safe, reversible intervention to interrupt puberty (hormone blockers), allowing more time to confirm how they wish to live in their adult lives" is similarly unsupported by evidence. The Cass Review has concluded:

51. “The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The effect on cognitive and psychosexual development remains unknown.” [2]

52. Please could you remove this content from your website

53. [1] https://www.gires.org.uk/wp-content/uploads/2020/07/Information-and-support-for-trans-non-binary-and-non-gender-people-20200416.pdf

54. [2] https://cass.independent-review.uk/home/publications/final-report/

Yours,

Orlando

25th April 2024

Good afternoon

55. Thank you for your email, we will not be removing any content from our website. In regard to the Cass Review pls [sic] see the statement on our home page: https://www.gires.org.uk/

[Redacted]

[Redacted] (She/Her)

[Redacted]