

20<sup>th</sup> July 2023

Dear NHS England,

1. I would like to make a complaint regarding your content “Think your child might be trans or non-binary?” <https://www.nhs.uk/live-well/think-your-child-might-be-trans-or-non-binary/>

I would like to raise the following points of complaint:

- a) It does not include research into the full causes of gender identity disorder in males, that is that it is connected to atypical sexuality: being either homosexuality, or autogynephilia.
  - b) It does not include any discussion on the incredible rise of the numbers of girls identifying as transgender, which suggests a social contagion, which is a well documented phenomenon in this cohort.
  - c) It links to the *Gender Identity Research and Education Society*, who I argue are a partisan organisation who are not fully committed to educating the public fully on research into gender identity disorder.
  - d) It discusses “non-binary” identities, which arguably contributes to, not alleviates, mental illness.
2. Regarding point a), I have already complained to NHS England regarding your content on “gender dysphoria” that I argue is misleading. I include my complaint from the 29<sup>th</sup> September 2022 as appendix 2 for context.
  3. I would like to compare the NHS’s content “Think your child might be trans or non-binary?” with an article written for parents by Drs. Blanchard and Bailey,<sup>1</sup> who are arguably the authority on gender identity disorders:

Gender dysphoria isn’t common. But there are at least three distinct types of gender dysphoria that, presently, regularly occur in children and adolescents. We summarize these at length here. Two other kinds of gender dysphoria are much less common in these age groups, and so we address them less fully near the end of this essay. The main three types differ in their age of onset (childhood, adolescence, or adulthood), their speed of onset (gradual or sudden), their associated sexual orientations (members of the same sex or the fantasy of belonging to the opposite sex), and their sex ratio (equally or unequally likely in males and females).

The first type—childhood-onset gender dysphoria—definitely occurs in both biological boys and girls. It is highly correlated with homosexuality—the sexual preference for one’s own biological sex—especially in natal males. (Sexual orientation is usually not apparent until a child reaches adolescence or adulthood, however.) This is the type that Jazz Jennings had before her gender transition. The second type—autogynephilic gender dysphoria—occurs only in males. It is associated with a tendency to be sexually aroused by the thought or image of oneself as a female. This type of gender dysphoria sometimes starts during adolescence and sometimes during adulthood, and its onset is typically gradual. (Onset may appear sudden to family members, however.) Although Caitlyn Jenner has not discussed her feelings openly, we

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<sup>1</sup> “Gender dysphoria is not one thing” Bailey, J. M., Ph.D and Blanchard, R., Ph.D., *4<sup>th</sup> Wave Now* <<https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing>>

strongly suspect she is autogynephilic. The third type—rapid-onset gender dysphoria—mostly occurs in adolescent girls. This type is primarily characterized by the age and speed of onset rather than the associated sexual orientation, and it may not be limited to one sex, as the second type is. Our impression is that rapid-onset gender dysphoria is especially common among daughters of parents who read 4thWaveNow as well as those who post on the support board at [gendercriticalresources.com](http://gendercriticalresources.com).

The first two types (childhood-onset gender dysphoria and autogynephilic gender dysphoria) have been well studied, although autogynephilic gender dysphoria has primarily been studied in adults. The third (rapid-onset gender dysphoria) has only recently been noticed, and it is possible that it didn't occur much until recently.

How do you know which type of gender dysphoria your child has? If there were clear signs well before puberty that your child was gender dysphoric, s/he has child-onset gender dysphoria. (You would certainly have noticed signs at the time; at the very least you would have coded your child as extremely gender nonconforming.) If your child showed signs of gender dysphoria for the first time during adolescence, s/he has one of the other types. Remember, autogynephilic gender dysphoria occurs only in natal males, and it starts either during adolescence or adulthood. (And to a parent, it usually seems sudden.) We describe the three types more thoroughly below....

4. “Gender dysphoria is not one thing” gives a good overview for parents, in comparison to the NHS article which omits important information entirely.
5. This leads to my point b) that the NHS does not discuss the fact that there has been a very large increase in the number of girls presenting to clinics with gender dysphoria.
6. It is remiss, not to mention dangerous, not to mention this important context to parents of girls. Treating these girls as if they are transgender is arguably likely to be harmful (as it has already been),<sup>2</sup> as the root cause of the issue is likely a social contagion, not an endogenous gender identity disorder. Social contagions in this cohort are a well documented phenomenon.<sup>3</sup>
7. My point c) is that the NHS links to (GIREs) *Gender Identity Research and Education* society, however I argue that they cannot be trusted to deliver impartial advice on research related to gender identity disorders. I have already made a complaint regarding this to the *Charity Commission* however they, unlike the NHS, lack the expertise to evaluate complaints of a medical nature.
8. I include as appendix 1 the correspondence I have had with GIREs which show they refuse to cover research regarding autogynephilia.
9. My point d) is that “non-binary” identities do not exist. It is common sense that the NHS should not be promoting the idea that there is some other choice rather than either being male or female, while it is of course true that there are people who do not feel comfortable with being male or female.
10. In my own analysis of the matter, I believe that the push for “non-binary” identities ultimately comes from males with paraphilias that lead them to modify their bodies that leaves them as not resembling a male nor a female phenotype. I find it unsurprising that the

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<sup>2</sup> See the prominent case of Kiera Bell.

<sup>3</sup> *Irreversible Damage* Shrier, A. (Regnery Publishing: 2021)

NHS has already had to apologise for suggesting that “eunuch” is a “non-binary” gender identity.<sup>4</sup> While it is debatable whether males with paraphilias should be allowed to alter their bodies in such a way, the debate should be had without suggesting it is possible for people to be “non-binary”, as this is an idea that I see as arguably driving mental illness in teenagers, especially girls.

11. Teenagers who are uncomfortable with growing up male or female should be reassured that this is a common feeling, rather than pathologising this common feeling as somehow being “non-binary”, and I see it is irresponsible for the NHS to lend legitimacy to this idea.

Yours,

Autogynephilia Anonymous.

### **Appendix 1: Email of complaint to GIRES (Gender Identity Research & Education Society)**

**16<sup>th</sup> February 2022**

Dear Sir/Madam,

12. 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>)

13. 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.
14. 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”.
15. 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.
16. After I read a few sentences of Professor 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.
17. 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.

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<sup>4</sup> “NHS apologises for claiming eunuch is a gender identity” LBC 17<sup>th</sup> June 2022 <<https://www.lbc.co.uk/news/nhs-apologises-for-claiming-eunuch-is-a-gender-identity/>>

18. 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. [redacted] or “autogynephilia”, e.g. [redacted], which can be seen as male heterosexuality “turned inwards”.
19. 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.
20. The following resources are useful in understanding this issue: the research by Professor Ray Blanchard [http://individual.utoronto.ca/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,  
AA

**21<sup>st</sup> February 2022**

Dear Sir/Madam,

21. It has been several working days, however I have not received an acknowledgement that you have received and are handling my complaint. I am following the Charity Commission's advice, which is to contact you, as the charity first.  
<https://forms.charitycommission.gov.uk/raising-concerns/>

Yours,  
AA

**23<sup>rd</sup> February 2022 12:11pm**

Good afternoon

22. 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 person A]

**23<sup>rd</sup> February 2022 19:06pm**

Good evening

23. GIRES respects the right of all individuals to identify in the way that suits themselves. Some individuals may wish to describe themselves as autogynephiliac. 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 person A]

**24<sup>th</sup> February 2022**

Dear [Redacted person A],

24. Thank you for your email. 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.
25. 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. 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 [sic]”.
26. 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,  
AA

**26<sup>th</sup> February 2022**

27. The response you received from GIRES was approved by its trustees. We now consider this matter closed and will not respond further.

Thanks  
[Redacted person B]

**[End of communication]**

**Appendix 2: Complaint to the NHS (has been passed to expert team)**

**29<sup>th</sup> September 2022**

Dear NHS England,

28. I would like to make the complaint that your statement on <https://www.nhs.uk/conditions/gender-dysphoria/> that “Gender dysphoria is not related to sexual orientation” is factually incorrect for males. This sentence should be removed, as it is misleading.
29. The sentence “People with gender dysphoria may identify as straight, gay, lesbian or bisexual” should also be removed, as this is contributing towards mental illness. A male with gender dysphoria, who identifies as a lesbian, should know that this does not change the reality that a lesbian is a female who is attracted to a female.
30. I have tried to complain to the NHS Website Service Desk, under case number CS0028205. I received the reply on March 25<sup>th</sup> that “We are currently awaiting the final report of the independent Cass Review into gender identity services for children and young people, which was commissioned by NHS England (an interim report was released in February 2022).”
31. I complained to the Cass Review, who on 31<sup>st</sup> March 2022 said to “Any issues relating to NHS websites should be addressed to the relevant NHS body.”
32. I contacted the Department for Health and Social Care, and I received the message that I should complain to [england.contactus@nhs.net](mailto:england.contactus@nhs.net).
33. I feel I am being pushed from pillar to post. However I continue writing, as I remained concerned with this misleading information, which I think it is harmful to parents and children, who are trying to understand the nature of gender dysphoria.
34. All evidence shows that for males, gender identity disorder is connected to atypical sexual orientation,<sup>5</sup> being primarily either:
35. homosexuality; attraction to the same sex. In this case, the story is usually that a remarkably feminine boy will identify as a girl from an early age, whereupon at the onset of puberty this will usually desist,<sup>6</sup> and puberty will be accompanied by homosexual attraction;<sup>7</sup> in a minority of cases, this identification will persist into adulthood;
36. or “autogynephilia”, a Greek neologism coined by researcher Professor Ray Blanchard, that means “attraction to the concept of oneself as a woman”,<sup>8</sup> which is “is basically a sexual orientation”,<sup>9</sup> however unlike typical male heterosexuality, it is not directed outwards, but inwards, and that it can vary in degree, from coexisting with outward heterosexuality, to

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5 “Typology of male-to-female transsexualism”, Blanchard, R. Ph. D., *Archives of Sexual Behavior* 14, 247-261. 1985.

6 “Boys clinic-referred for gender identity concerns in childhood had a high rate of desistance and a high rate of a biphilic/androphilic sexual orientation.” “A follow-up study of boys with gender identity disorder”, Singh, D. Bradley, S. J., Zucker, K. *Frontiers in Psychiatry* 12 2021.

7 See the story of Danny in *The Man who would be Queen*, Bailey, J. M. B., Ph. D. (Joseph Henry Press, 2003).

8 “Early History of the Concept of Autogynephilia”, Blanchard, R. Ph. D, *Archives of Sexual Behavior* 34(4): 439-46. September 2005.

9 “Gender dysphoria is not one thing” Bailey, J. M., Ph.D and Blanchard, R., Ph.D., *4<sup>th</sup> Wave Now: A community of people who question the medicalization of gender-atypical youth* <<https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing>>

nullifying it.<sup>10</sup> Although the word itself is new, the phenomenon can be seen in much earlier research by Dr Magnus Hirschfeld from the early 1900s.<sup>11</sup>

37. I know this, as at the onset of puberty, around two decades ago, 13/14,<sup>12</sup> I found out that I had autogynephilia, after trying to find out the answers to what I was feeling: the strange phenomenon of not only being attracted to women, but also the concept of myself as a woman; the feeling of being a “lesbian in a man’s body”. I can quite believe would have manifested in a gender identity disorder, had I not found the research by Professor Ray Blanchard, Professor J. Michael Bailey, and their contemporaries.
38. I can only see the statement that “Gender dysphoria is not related to sexual orientation” is part of an ongoing effort to suppress the inconvenient truth that gender identity disorder is connected to sexual orientation: it does not aim to inform the public regarding the truth about this issue. Alice Dreger, known for her work as a campaigner for the rights of people born with Disorders of Sex Development (DSDs) describes the issue:

Therein lay a real problem, one that explains why the transgender activists who went after Bailey were able to garner fairly widespread help from other transgender people, at least at first. Before Bailey, many trans advocates had spent a long time working to *desexualize* and *depathologize* their public representations in an effort to reduce stigma, improve access to care, and establish basic human rights for trans people. The move to talking about *transgender* instead of *transsex* was motivated in part by a desire to shift public attention away from an issue of sexual orientation (sexuality always being contentious) to an issue of gender. This is similar to how gay rights advocates have desexualized homosexuality in the quest for marriage rights, portraying themselves in living rooms and kitchens instead of bedrooms, in order to calm fearful heterosexuals... The shame and derision accorded trans women like Juanita and Cher doesn’t disappear just because a few scientists may be *personally* fine with the idea that men might become women primarily because of reasons of sexuality, not “trapped” gender identity... the trans women who attacked Bailey for his book understood that the world would probably not agree... They wanted the whole business of Blanchard’s taxonomic division shot down. Transsexuality should appear only as the public could stomach it, as one simple story of gender, a tale of “true” females tragically born into male bodies, rescued by medical and surgical reassignment. And there should be absolutely no mention of autogynephilia or any other sexual desires that might make trans women look to the sexually sheltered like the perverts they were historically assumed to be.<sup>13</sup>

39. I am not naive to the fact that “trans activists” are probably right, in that suppressing this research probably does make for an easier conversation with the public. However I think it is now important for the public to understand the truth about the matter, as the trapped “gender identity” narrative that activists are promoting is harming people, children in particular.
40. Parents should know about the evidence that if they have a highly feminine son, who identifies strongly as a girl, then chances are, this will desist at the onset of puberty, and it is likely that their son will be homosexual. They should not be misled, as your website does, that their son’s gender dysphoria is somehow ineffable; somehow the result of a “trapped”

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10 “The Classification and labelling of nonhomosexual gender dysphorias”. Blanchard, R., Ph. D. *Archives of Sexual Behavior* 18(4) 315-334 p. 324.

11 *Die Transvestiten*, Hirschfeld, M. M.D.. (1910).

12 For further primary accounts of males talking about their experience with autogynephilia as boys, men and transsexuals, see *Men Trapped in Men’s Bodies*, Lawrence A. M.D.. (Springer, 2012). See also the recent grassroots website <<https://www.autogynephilia.life/our-stories>>

13 *Galileo’s Middle Finger*, Dreger, A., (Penguin, 2015) pp. 65-66.

female “gender identity”. They should know that they can safely discount the experiences of otherwise masculine heterosexual males talking about gender dysphoria, as they will have no relevance to their son.

41. Parents of an otherwise masculine son, should know about the evidence that if their son suddenly expresses gender dysphoria post onset of puberty, then this is likely autogynephilia. They should not reinforce, as your website does, the idea that they can “identify” as a “lesbian”, which is harmful to their mental health, as this reinforces a delusion, which is also harmful to lesbian women.
42. Parents of girls who express gender dysphoria, should know that there is little research in this area for females, as historically it was males who were most touched by this issue. The number of referrals of children to the GIDS in 2010-11 was 134 in England, by 2020-21 the number of referrals was at 2,242, with the number of girls being referred nearly double that of boys.<sup>14</sup> Accordingly, they should be open to the idea the rise in referrals amongst girls is not endogenous, but rather exogenous in nature and likely related to the concept of social contagion, which is an extremely well-documented phenomenon in this cohort.
43. I hope the NHS removes these misleading and harmful sentences from this page. It is easy to imagine scenarios where there is capacity for great harm e.g. parents of feminine boys assuming that they will never grow out of it [gender dysphoria], after reading about autogynephilic adult males, such as Caitlyn Jenner, or parents of girls with gender dysphoria, who are captured by the myth of a “trapped” gender identity, so not realising that what they are feeling is more likely explainable by other means.

Yours faithfully,  
Autogynephilia Anonymous