

30<sup>th</sup> September 2022

Dear NHS Digital,

I would like to follow up my complaint CS0028205.

The outcome of this complaint, regarding misleading and harmful content on the page <https://www.nhs.uk/conditions/gender-dysphoria> was that you are awaiting the final report of the Cass Review.

I contacted the Cass Review, and they informed me that “Any issues relating to NHS websites should be addressed to the relevant NHS body”.

I therefore would like to reopen my complaint and receive an answer from the person who is responsible for overseeing the current content. Alternatively, if you are not able to justify the content, until you see the review, I really think you should remove the page completely.

I have enclosed a PDF copy [**pages included below**] of the most recent version of my complaint, which I sent to NHS England, who then advised me to send to you.

Yours,  
AA

29<sup>th</sup> September 2022

Dear NHS England,

1. 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.
2. 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.
3. 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).”
4. 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.”
5. 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).
6. 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.
7. All evidence shows that for males, gender identity disorder is connected to atypical sexual orientation,<sup>1</sup> being primarily either:
8. 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>2</sup> and puberty will be accompanied by homosexual attraction;<sup>3</sup> in a minority of cases, this identification will persist into adulthood;
9. or “autogynephilia”, a Greek neologism coined by researcher Professor Ray Blanchard, that means “attraction to the concept of oneself as a woman”,<sup>4</sup> which is “is basically a sexual orientation”,<sup>5</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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1 “Typology of male-to-female transsexualism”, Blanchard, R. Ph. D., *Archives of Sexual Behavior* 14, 247-261. 1985.

2 “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.

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

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

5 “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>6</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>7</sup>

10. I know this, as at the onset of puberty, around two decades ago, 13/14,<sup>8</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.
11. 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>9</sup>

12. 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.
13. 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

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

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

8 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 grass-roots website <<https://www.autogynephilia.life/our-stories>>

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

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" 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.

14. 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.
15. 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>10</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.
16. 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, 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

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10 Referrals to GIDS, financial years 2010-11 to 2020-21. <<https://gids.nhs.uk/number-referrals>>

20<sup>th</sup> February 2023

**Ref: NIC-681662-F5T5G**

Dear A A,

Please accept our apologies for the delay in responding to your complaint.

We would like to advise you that NHS Digital merged with NHS England on 1st February. As your complaint was raised before this date, we have referred to our organization as NHS Digital in our response for clarity.

We can continue to help with queries relating to the systems, services and functions that were formerly run by NHS Digital, and are now managed by NHS England.

More information regarding the legal merger can be found here: <https://digital.nhs.uk/about-nhs-digital/nhs-digital-merger-with-nhs-england>

In line with the legal merger our complaints process has been updated to reflect these changes. More information around how we handle our complaints can be found here: <https://digital.nhs.uk/about-nhs-digital/contact-us/feedback-and-complaints>

Your correspondence with our complaints team, most recently dated 7/11/22, has been referred to me as the Executive Director at NHS Digital with responsibility for the NHS website. I understand that our complaints team has let you know your complaint will at this point be considered in line with stage 2 of our complaints process, which is described here:

<https://digital.nhs.uk/about-nhs-digital/contact-us/feedback-and-complaints#nhs-digital-complaints-process>

I understand your complaint relates to two concerns:

- That we failed to address your original complaint (reference CS0028205)
- That we have misleading information on our gender dysphoria topic  
<https://www.nhs.uk/conditions/gender-dysphoria/>

We have reviewed the correspondence, spoken to the NHS website team, and received input from the service desk team which receives complaints, and have the following response.

After having checked our service desk records, I can see that following your original complaint in March 2022, you contacted NHS England who referred you to the NHS Digital service desk, which then referred you to back to NHS England.

I appreciate this was frustrating. It might help to explain that although part of the NHS, NHS England and NHS Digital are different organisations that perform different functions. Which in turn means each organisation has a different service desk and different routes to complaint.

While NHS Digital is responsible for the NHS Website and its contents, it is not responsible for the evidence and policy messaging used to support the content on the site. In the case of the gender dysphoria content, we get specialist advice from policy or specialist teams at NHS England, who provide the information and approve it.

This is why you've been directed from one organisation to another.

Rather than direct you again to NHS England, I asked the NHS website team to contact the relevant policy team at NHS England on your behalf for a response.

They have responded to say that the current wording on the NHS website gender dysphoria pages is accurate and aligns with policy. It was agreed by the NHS England Clinical Reference Group for Gender Dysphoria. It's appropriate for this content to remain until it's review later this year, during which these comments will be considered by the NHS England Clinical Reference Group for Gender Dysphoria.

I hope my answers have been helpful to you however I understand that this may not be the resolution you were hoping for. If you don't feel that your complaint has been resolved at this stage, you can contact the Parliamentary and Health Service Ombudsman. The PHSO makes final decisions on unresolved complaints about NHS organisations in England. It's an independent service which is free for everyone to use.

To complain to the Ombudsman, visit the Parliamentary and Health Service Ombudsman website or call 0345 015 4033.

Kind Regards,  
Helen Clifton  
Executive Director, Product Delivery – NHS Digital

NHS England  
[www.england.nhs.uk](http://www.england.nhs.uk)