Responsibility in Transgender Disputes[1]

Susan Gilchrist[2]

SuM1015a

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This paper has been temporarily withdrawn since I wish to update it in the light of the Tavistock v Bell court case. For this reason, section E has been temporarily removed.

Please note cross references to other sections in this document have not yet been updated

SECTION A: INTRODUCTION

The use of terminology needs to be clarified in any discussion of these issues. In this article *"Transgender"* refers to anybody who experiences discomfort in conforming to the gender identity assigned to them at birth. *"Transsexual"* is used to describe those who identify with a gender which is opposite to that which is assigned to them at birth. Both words are often shortened to *"Trans"* which becomes an all-inclusive term. *"Cis-gender"*, is a word which is sometimes used to describe those people whose gender identity aligns with their biological sex.

The word *"Transsexual"* and the description of *"Sex Reassignment Surgery"* are both misnomers, for there are few people who believe that such actions change biological sex, instead they enable people to integrate fully into society in the gender identity they possess. The *terms "Gender Reassignment Surgery"* or *"Gender Confirmation Surgery"* are much more accurate and much to be preferred. The *term "Trans Women"* for male to female transsexuals would also be a far more accurate description, as would the description *"Trans Men",* for female to male transsexuals, or *"Trans People"*, for the large numbers who refuse to conform to either of these binary modes. There are many biological or natal women who use the term *"Women"* as an inclusive term and are happy to accept trans women as women: but others do not.

At issue is the definition of "Women" and this is what at first seems to be the source of the present toxic disputes. Can trans women be called *"Women"* because they are people who integrate fully into society as women? Or must the word *"Women"* be defined exclusively as *"Adult biological females"* as some more radical feminist groups assert? Both definitions can be true, but when some groups accept one definition and deny the other something important about the status of being a woman, or a man, or a trans person is lost. This is redolent of those feminists who argue that only biological women can be feminists, and the other feminists who are happy to describe their male allies as feminists as well. Much of this dispute depends on the ways in which *"Men"* and *"Women"* are defined, for none of these denies the realities of biology, or the protections that are needed to prevent the abuses of sex.

Trans people come in many varieties. There are male to female transsexuals, female to male transsexuals and those who refuse to conform to either. Currently about four-fifths of all trans people who come forward today identify with non-binary roles. It may therefore seem strange and perverse that this article concentrates almost exclusively on male to female transsexuals. That is because in

[1] This document is available at: Gilchrist, S. (2020a): *"Responsibility in Transgender Disputes":* http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf

[2] A personal biography is available at: http://www.tgdr.co.uk/documents/SusanBiographyPicture.pdf

these transgender disputes, even the existence of non-binary transgender people, and female to male transsexuals are almost completely ignored.

There are many in the transgender community who refuse to conform to any binary gender identity, and to argue that transgender people are men or transgender people are women is anathema to such people There are others who do identify with this gender binary and the slogan, *"trans women are women"* is often heard. However, that is a slogan which is not ours to give. It is all women and the rest of society who have the right to assign it… thus it is only ours to receive. That is why I will continue to use the word *"Transsexual"* as a generic term in this article for those transgender people who fully identify as men or women in society, while recognising that these issues are about gender and not biological sex.

One element at the core of these disputes is the argument put forward by some radical feminist groups that gender identity as an essential element of personality does not exist, arguing that transsexuality is a perversion of homosexuality instead[3]. These views conflict with the views of the professional medical institutions who regard transsexuality as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. A further area of dispute put forward by radical feminist groups is their assertion, *that when transgender people transition, they believe that they are changing sex*. They define this assertion as core of the *"Gender Ideology"* which they use for their attack[4]. That description is totally denied by the great majority of transgender people who are fully aware of the differences between gender and sex and I show it to be incorrect.

In this article I examine the foundations for all of these claims, since they give insights into how gender identity is formed for everyone, binary and non-binary trans people, those who refuse to identify, and those whose gender identities follow the more usually expected paths. I also describe a new neurophysiological analysis which confirms that trans conditions are variations of the usually expected paths of personality development, and I show how they integrate into and apply to the creation of other aspects of personality and identity beyond these gender and sexual concerns

The proposed changes to the United Kingdom Gender Recognition act which would allow people to self-identify for the purpose of changing their birth certificate to show the gender they identify with, has promoted these toxic disputes, this is not a debate. The battles are being fought on two fronts, the provision of *"safe spaces*" where women can be kept secure from male intrusion and abuse, and the legitimacy of trans identities: In particular, the identities of male to female transsexuals. Because of these agendas, the intensity of the arguments, and the refusal to listen to each other, all other trans people are almost completely ignored. That is most recently seen in the United Kingdom Government's refusal to endorse any meaningful reform to the 2004 Gender Recognition act, even when the public response to the government consultation was very strongly in favour of reform being required[5].

I divide this article into four major sections. The first major section, B: is *"Understanding*". In this I consider the various theories put forward about the origins of trans conditions. The second C is "*Experience".* In this I consider the experiential evidence that is available. In section D which I call

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[3] Hayton, Debbie (2020): "Gender identity is bollocks" *Spectator, Australia*: 4 April 2020: https://www.spectator.com.au/2020/04/gender-identity-is-bollocks/. [accessed June 2020]

[4] Hayton, Debbie (2020) Facebook Post about RT article "Mob Justice: How one feminist's simple Tweet enraged transgender activists and saw her sacked from her dream job" 31 August 2020 https://www.rt.com/news/499510-mob-justice-feminists-transgender/

[5] King, D: Paechter, C: Ridgway, M: UK Government (2020) "Gender Recognition Act Analysis of consultation responses" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf

"Campaigning" I discuss the approaches put forward by some of the campaigning groups, and in section E, which I describe as *"Effects"* I consider some of the consequences that result. Sections A and F refer to the introduction and the conclusions that are reached

SECTION B: UNDERSTANDING

In this section I consider the various theories put forward about the origins of trans conditions.

B:1: Disagreement

There is little agreement about the origins of trans conditions and two completely different views about how atypical gender identities are created are currently held. For some it is a personality variation, for others, it is a disruption caused by other influences. For some of the more radical lesbian and feminist groups, male to female transsexuals are predatory men who seek to exert power and domination over women: and who manipulate femininity to their own desires and advantage by adopting a female role. Others may argue that it is their inability to cope with the demands of the male role: It is argued that their failure to succeed in the male role means they try to do it in the female role instead. For transsexuals, (as a generalisation), their understanding of history instead is one of a lifetime being forced to live in a gender role which one cannot identify with, with all of the anguish distress, rejection and high suicide rates that are involved. These proffered explanations can hardly be more different…. In one approach the trans person is identified as the creator of disorder: in the other, the same person is cast as the victim instead. In one it is rejection and the search for identity, in the other, sexual motives and desires are involved. In one, children are seen more as receivers, in the other they take a strongly pro-active approach. The methods of management are almost opposite to each other and great harm occurs when the incorrect ones are used.

It would be hoped that answers to these contradictions would be sought through the objective use of science, psychology, and argument…. but that has not happened. Instead we are faced with a toxic dispute where the objectives of science, psychology and argument have been subverted in attempts to justify sectional gains. People on both sides are not prepared to listen to what the other says. My intention in this article is to try to return some objectivity…. for the shouting and the abuse that has resulted means that many people are being misled and the exercise of responsibility has largely been lost. An initial starting point adopted in this account looks at what we understand about the origins and management of trans conditions and how the conflicts between the conflicting theories may be resolved. We will then go on to examine how the attitudes differ, how this material is used, and the contradictions that occur. Similar disputes take place in religious contexts, and I deal with those in separate work[6].

B:2: Theories

Many different theories about how personality and identity develop have been put forward over the years. Social learning theories predict that these characteristics develop in response to external inputs that a child is exposed to. These types of approaches were pioneered by Piaget and others. However, development is not uniform, and Piaget identified a series of developmental stages which

[6] For religious arguments refer to Gilchrist, S. (2017): *"Gender and Sexual Malpractice and Abuse in the Christian Church"*: http://www.tgdr.co.uk/documents/236P-Malpractice.pdf: Gilchrist, S. (2013): *"A Reassessment of the Traditional Christian Teaching on Homosexuality, Transsexuality and on Gender and Sexual Variation Using a New Neurophysiological and Psychological Approach"*: http://www.tgdr.co.uk/documents/207P-ReassessmentPsychologyExtended.pdf

are encountered in young children as their neural capabilities increase. Freud concluded that it was not enough to simply ascribe a passive recipient role for the processes which control personality, behaviour, and identity, so he looked for strong driving forces that would propel them. He associated the sexual impulses with this role: in doing so, he concluded that these were the most appropriate and the best available, although he did have some reservations about the choice.

One of the major differences between these approaches is that one has a pro-active focus, while the other is primarily passive or reactive in nature. That has major consequences for how these conditions develop and are managed, but there is an additional issue I want to address…. this is the differences in learning processes between experiential learning, which can be present from birth, and the type of learning that takes place when cognitive processes take over control. Putting it probably over-simply, experiential learning describes what happens when you do something which proves to be wrong…. so, you do not do it again. Cognitive processes impart reasoning to these experiences, so the child begins to understand why this is wrong and uses that reasoning to predict other consequences that may occur. Social learning theories depend on children having at least the beginnings of these cognitive processes available to them. A massive and explosive increase in cognitive abilities occurs from about one and a half years onwards (I take a median age of two years). This is the time when children begin to express their identities and emergent personalities, but they do not begin to significantly reason with them and mould behaviour on them until about one year later, around the age of three years. At this early stage it is argued that identification precedes socialisation, while in all later development, it is generally the reverse. In my own work with others on the development of tribal identities in violent societies we show how these core elements originate and how they are later enforced[7].

Although the psychodynamic approach put forward by Freud is pro-active in nature, there are still some significant difficulties which relate to the role that cognition plays. The first is that of relating a sexual drive to action, so that the necessary motivation occurs. The second is incipient in the nature of the theory which Freud presents. Freud creates constructs such as the ego and the id to identify the dynamics of these processes but interpreting the interactions between them demands that a certain amount of cognitive reasoning is in place. These restrictions provide significant barriers to understanding. Although the period up to the age of three years is recognised to be a time of strong and seething emotions, many medical professionals and others who adopt these approaches, have traditionally considered it to be a period where little coordination occurs. Because of this, it has been assumed that, starting from this age of three years, development takes please as if on a blank canvas. A further feature of social learning and psychodynamic theories is that experiences of socialisation precede or drive identification. That is also the case with theories of autogynephilic transsexuality (described later) where misdirected or sublimated sexual motivations are presumed to be the driving force.

This presumption that socialisation always precedes or drives identification is contradicted by the experiences from trans people. These indicate that, instead of behaviour and desire, it is identification and rejection which drive the conditions instead. This position is supported by a worldwide consensus of medical professional institutions and by the neurophysiological and psychological research. This scientific consensus regards both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. This viewpoint further affirms that gender identity is not determined by biological sex, and the reasons for this are again confirmed. I show why this is

[7] See section 3:0 of Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach*": http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

this in section four of this article, and in my own neurophysiological and psychological research[8]. That is the position taken for example by the British Royal College of Psychiatrists, the British Psychological Society, and parallel United Kingdom organisations. Each of the major medical organizations across the UK has signed a memorandum of understanding which very strongly condemns any attempt to try to 'cure' gender and sexually variant people. These processes are referred to as *"Conversion Therapy"* for lesbian and gay people, and *"Reparative Therapy"* for trans people. Corresponding positions are taken by the American Psychiatric Association and the American Psychological Association who have released statements which are equally as strong. Other international mental health organizations, including the World Health Organization have followed. All these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view.

B:3: Contradictions and Challenges

It seems that the strength of these experiences provides conclusive evidence, however a problem still arises; since the origins and causes of personality variations and disorders are not well understood. In its answer to the question *"What causes a personality disorder"* the Royal College of Psychiatrists says: *"The answer is not clear, but it seems that like other mental disorders, upbringing, brain problems and genes can play a part."*[9] That leaves plenty of scope for disagreement, but it does not provide any justification for one group to trash another group who holds a different view. There is therefore a major gap in understanding between the time of birth and the age of three to four years which needs to be filled, and that has been the focus of my work.

The results of this analysis, which uses a neuroscientific approach, are reported in this article. They verify in their entirety the views of the professional medical institutions. They also confirm that both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, that are intrinsic to the personality created, which arise very early in development and that they cannot be changed either by the individual concerned or by the predations of others in subsequent life. However, these understandings and the scientific consensus do not prevent continuing argument in the present disputes.

B:4: Theories and Disputes

In section three I describe the neurophysiologic approach which I have adopted. Pressure groups and other feminist groups often use autogynephilic or equivalent approaches based on misplaced or sublimated sexual impulses, which may involve desire driven uses or abuses of power to justify their arguments, therefore this autogynephilic approach is also described in this section. I then discuss the experiences of trans people in section four and note how this corresponds with the scientific consensus reached by the professional medical institutions. From section four onwards I deal in more detail with the theories that are promoted and the quarrels that are encountered.

In section five I examine in detail the conflicts between the two approaches: in it I note that many of the arguments may result from disagreements between feminist groups. There are those in the feminist movement who see the oppression of women as a product of social conditioning created by gender wars and the potential oppression built into every male. According to this, male to female transsexuals cannot be called women because they cannot be divested of an identification which is

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[8] Gilchrist, S. (2016): "Taking a Different Path": Chapter 10 in: *"This Is My Body: Hearing the Theology of Transgender Christians",* Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016): "*Science and Belief. A New Approach to Identity and Personality Formation in Early Life*": http://www.tgdr.co.uk/documents/218P-PaperPersonality.pdf

[9] Royal College of Psychiatrists (2020): *Personality disorder*: https://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder [accessed June 2020]

perceived to be sexually or biologically focussed. Therefore, they are understood to threaten women's sexuality through their identification with a woman's role. There is another viewpoint however which allows a gender complementarity in which men and women find delight and love in each other (or in same-sex partnerships) while at the same time attacking with the same degree of vigour the gross discrimination that all women face. Clearly biology plays a supremely important role in how men and women are treated in society, but in practice we make the distinctions between men and women on appearance, behaviour, integrity, and how people present. Such inbuilt differences can be used to delight in each other or to attack each other, and both need to be considered in any arguments… for enmity exists when one or the other is denied. Current evidence supports the view that the majority of natal women and many who are feminists, do accept trans women fully as women who are allies in a common cause, but others do not, and trans people suffer co-lateral damage in these gender wars. That is made clear in the public response to the Government's consultation on the reform of the 2004 Gender Recognition Act[10]

B:5: Feminism and Male to Female Transsexuals

From the beginning, many trans women have been fighting at the very front line of feminist movements. Trans women of colour were some of the key people involved in the act of resistance which led to the creation of the Stonewall movement in 1969. Trans women still act and behave in harmony, behaviour, outlook, and attitudes with natal women in their active pursuit of feminism, women's interests, and in other causes. However, if one group restricts the definition of a woman exclusively to that of *"an adult biological female"*, then trans women cannot be called women. If the other group, without denying biology, identifies men and women, through our relationships in society and the commonalities of interests, actions, behaviour, and in the ways we live our lives, then both groups can be travellers in a common cause. Therefore, I see a considerable division in the feminist movement between those who see male to female transsexuals as a threat to women's identities, and those who see them as allies instead.

This gives rise to an existential argument which occupies some minds. It is that if you concede that there are any differences between the brains and minds of men and women, other than those which are created by social conditioning, people who seek to, can then attempt to justify discrimination on these grounds. In her book: *"The Gendered Brain: The new neuroscience that shatters the myth of the female brain"*[11], Gina Rippon presents many excellent arguments in favour of women's interests and rights, and as a self-avowed radical feminist that is what one expects. As a prominent neuroscientist one also expects and gets, a neuroscientific approach. The theme of her book is indeed that a gendered world produces a gendered brain. However, she dismisses any idea that there could be any changes in brain-based patterns of learning, starting from the moment of birth, since these could be used to claim that gender differentiation is innate. Instead she argues that all the differences of significance in brain functioning and structures that create a gendered brain develop after birth and that they are the outcomes of social conditioning alone.

The analysis she presents is based on these assumptions, and she presumes that cognition and social learning experiences drive development at all periods of life. I conclude that the presumptions she makes prevent any proper consideration of how development takes place during the first three years of life. This means that her approach is different on my own, which concentrates every

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[10] King, D: Paechter, C: Ridgway, M: UK Government (2020) "Gender Recognition Act Analysis of consultation responses" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf

[11] See for example Rippon, Gina. (2019); *"The Gendered Brain: The new Neuroscience that shatters the myth of the female brain"*: Penguin Random House, London 2019: ISBN 9781847924759. Fine, Cordelia: (2010): *"Delusions of Gender: The real science behind sex differences"* Ikon Books 2010: ISBN 978-184831-220-3; Baron Cohen, Simon (2003): *"The Essential Difference: Men Women and the Extreme Male Brain"* ISBN-13 978-0-241-96135-3

strongly on how development proceeds immediately from birth and during the first three to four years. In my own approach I show how the early domination of innate neurophysiological forces, the altering balances created by the staged growth of cognitive competencies, together with the varying influence of the pro-active elements involved in development, all have major and changing roles. I demonstrate the importance of these transitions and their timings in creating the core senses of personality and identity, including gender identity, while in Rippon's approach, the existence of these processes is denied. These are important because the whole trajectory of childhood development is changed by the assumptions that are made.

I discuss Rippon's arguments in greater detail in section five of this document. Rippon only mentions trans people in passing, but her arguments demand that identification is always a product of socialisation or is driven by it. Although Rippon removes the sexual restrictions imposed by the autogynephilic approach, the driving forces behind it are still presumed to be associated with misplaced or sublimated aspirations related to behaviour and desire. This has other major consequences because, as I show in my own neurophysiological analysis, I see transgender and the other gender and sexually variant conditions, being driven by opposite processes involving rejection and identification instead. The methods of management required for each approach are almost opposite to each other and great harm can be done when the wrong ones are applied.

In sections seven and eight of this paper, I discuss the consequences of these misdiagnoses including how they impact on transgender children, and I note how behaviour and desire can later emerge if identification and rejection is denied. I summarise the results in section nine, and in the remaining sections I discuss how information from various sources is being used and misused in the toxic attacks which destroy any responsible argument or debate.

Objectivity is one of the first things to be lost in any dispute. In this paper and in a series of three more detailed papers I have been seeking to restore some objectivity to the present disputes. In the first of these more detailed papers: Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*[12] I discuss the social, medical, and legal implications that are involved in the self-declaration process. In the second paper: Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life"*[13] I examine the origins and characteristics of trans conditions. In the third paper: Gilchrist, S. (2019): *"Interpreting Science and Challenges to Gender Identity Research"*[14] I discuss how objectivity is being maintained or is being denied in the use of scientific research. All these papers can be downloaded directly from http://www.tgdr.co.uk/articles/bibliography.htm

Instead of attempting to fit the results into theories that already exist, I use my work on how atypical gender and sexual identities develop as case studies to examine how both typical and atypical gender identities arise, and how other aspects of identity and personality form during early life[15] Therefore, this is not just about trans people, it is how personality and identity develop in early life, in which the development of gender and sexual identities are integral parts.

IMPORTANT WARNING: Please note again that this article deals almost exclusively with male to female transsexuals. This is because all others are virtually ignored in the present disputes.

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[12] See: Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People":* http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf

[13] Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life":* http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

[14] Gilchrist, S. (2019): *"Interpreting Science and Challenges to Gender Identity Research"* http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf (please note that this is being updated. It is still in draft form at the time of writing)

[15] A summary of my work is available at: http://www.tgdr.co.uk/articles/index.htm. The full bibliography is available at: http://www.tgdr.co.uk/articles/bibliography.htm

B:6: Overview

This lack of understanding is a major issue. The doctrines of the Christian Church and the historical presumptions of psychology and psychiatry together presume that the acquisition of gender identity is a socially learned experience. Therefore, both deny the reasons for the high degree of trauma that gender and sexually variant people may face. That omission is addressed in this investigation, which uses gender dysphoria as a case study to link the neuroscientific and physiologically based processes of development that are present from birth to the cognitively based psychoanalytic approaches which are shown to take effect from about the second year of life.

That change in perspective is important. This article describes part of a larger study whose aim was not to try to fit trans experiences into the precepts of current studies, but to use trans experiences as case studies to assess how elements of personality and identity first form.. In this study I demonstrate using current research[16] that newly born babies begin life both in terms of physiology and psychology by seeking to imitate everything they encounter, that their fight for development is driven by an innate drive for imitation and possession, and the acquisition of the rules on which to act. I also argue on evolutionary grounds that the process is tuned to ensure that the maximum possible degree of individuality is created. I contend that the internally generated self-reinforcing, contagious and fragmented physiological development processes create the dominant driving forces which propel learning and identification from birth. These act in a feed-forward manner to maximise the amount of learning and information that is obtained, but chaos would result if there is no coordination to keep them in check. During the second to the fourth year the feed-back forces created through the acquisition of cognitive abilities increasingly apply this moderation and control. Nevertheless, these internally driven physiologically based driving forces remain. As a consequence all future development is characterised by the struggle between the earlier internally focussed, contagious, feed-forward and physiologically driven forces present from birth, which react against the later controlling, feed-back and externally moderated processes of cognitive development, which are effective from about two to three years in age. Thus, the lifetime tension between these feedforward and adventurous forces of physiology, and the feedback and restraining forces of cognition, provides the stimulation whereby the highest achievements of humanity and individuality are obtained. Instead of cognition driving development forward, the role of cognition is to set development in order, and to keep it in check. There are therefore major changes in the learning processes during the first years of life.

Timing is crucial. Freud's presumption that sexual motivation, together with his view on how cognitive processes drive development, and the constructs of self which he uses in his theories, mean that the impact of these early process is largely ignored. Although these are considered as times of seething and un-coordinated emotions, they are largely understood to provide a blank canvas upon which future development can take place. That period lasts up to the age of about three years and this concept of a blank canvas is one of the things I challenge. The neurophysiological approach which I put forward in this article identifies strong, contagious, and pro-active forces which drive development from birth during which time the elemental elements of personality and identity coalesce into existence from about the ages of one and a half to two years. This means that instead of acting on this blank canvas all future development is an overlay on what has already been formed. Blanchard and others developed their theories on autogynephilic transsexuality on the presumption

[16] Detailed descriptions may be found at Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach*": http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf Gilchrist, S. (2016)*: "A New Approach to Identity and Personality Formation in Early Life*": http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf Gilchrist, S. (2019): *"Transgender Questions and Arguments"*: http://www.tgdr.co.uk/documents/243P-TransgenderQuestionsAndArguments.pdf Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life"*: http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

that redirected sexual motivations provide the driving forces behind the conditions[17]. More recent approaches seek explanations from neuroscience. However, any neuroscientific explanation which does not take account of the differences in timing and does not correctly interpret the processes of early development, will continue to enforce the misdiagnoses that are made.

B:7: Theories

B:7:1: Autogynephilia

Autogynephilia is defined as the propensity of a man to be sexually aroused by the thought of himself as a female. It is the paraphilia (previously known as sexual perversion or sexual deviation) which is understood by certain sources to underlie transvestism and some forms of male-to-female transsexualism. It includes sexual arousal with cross-dressing and cross-gender expression, but it does not necessarily involve women's clothing. According to these theories the term autogynephilia defines what we understand as male to female transsexualism (sic), It offers a theory of motivation which has a sexual focus. Lawrence[18] states that autogynephilia exemplifies an unusual paraphilic category called *'erotic target identity inversions'*, in which men desire to impersonate or to turn their bodies into facsimiles of the persons or things to which they are sexually attracted.

In this description Lawrence is expanding on a particular psychological approach to gender dysphoria, transsexualism, and fetishist transvestism, which was developed by Ray Blanchard through the 1980s and 1990s. Blanchard categorized trans women into two groups: homosexual transsexuals who are attracted exclusively to men, and who seek sex (sic) reassignment surgery because they are feminine in both behaviour and appearance; and autogynephilic transsexuals who are sexually aroused at the idea of having a female body. Blanchard theorized that homosexual transsexualism was an extreme expression of homosexuality, he considered that there to be a continuum of phenomena from homosexuality alone, through gender dysphoric homosexuality, to transsexual homosexuality. Autogynephilic transsexuals are sexually attracted primarily to the thought or image of themselves as female instead.

It should be noted that Blanchard confined his study to gender variant males alone and gender variant females were not considered. Much of this theory derives from work by James Cantor, J. Michael Bailey, Ray Blanchard, and Anne Lawrence from Toronto's Clarke Institute. (Subsequently known as CAMH). Another prominent supporter of this form of approach is Kenneth Zucker. In all these programmes the presumption is made that sexual stimuli drive trans identification: and that as will later be seen, that determines their results. This approach also follows the patterns of sexual development which have formed the primary focus in the long tradition of Freudian psychodynamics and feminist approaches. In Freudian approaches cognitive processes play specific roles. Freud also argues that repression causes conscious awareness of many of these processes to be suppressed.

In these autogynephilic theories there are six specific outcomes that are particularly relevant to this examination. The first is that from the outset sexual motivations are presumed to be the driving force

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[17] See for example: Blanchard R: (1985): Typology of male-to-female transsexualis. *Arch Sex Behav* 1985;14:247-261: Blanchard R, Racansky IG, Steiner BW: (1986): Phallometric detection of fetishistic arousal in heterosexual male cross-dresser. *J Sex Res* 1986;22:452-462: Blanchard R, Clemmensen LH, Steiner BW: (1985) Social desirability response set and systematic distortion in the self-report of adult male gender patient. *Arch Sex Behav* 1985;14:505-516; Blanchard R, Steiner BW, Clemmensen LH: Gender dysphoria, gender reorientation, and the clinical management of transsexualis. *J Consult Clin Psychol* 1985;53:295-304: Blanchard R (1988): Nonhomosexual gender dysphori. *J Sex Res* 1988;24:188-193: Blanchard R: (193): Partial versus complete autogynephilia and gender dysphori. *J Sex Marital Ther* 1993;19:301-307; Blanchard R: (1993): Varieties of autogynephilia and their relationship to gender dysphori. *Arch Sex Behav* 1993;22:241-251

[18] Lawrence A.A. (2011): *"Autogynephilia: An Underappreciated Paraphilia"* Balon R (ed): Sexual Dysfunction: Beyond the Brain-Body Connection. Adv Psychosom Med. Basel, Karger, 2011, vol 31, pp 135–148 https://doi.org/10.1159/000328921

behind the development of trans conditions. The second is the presumption that these conditions are driven by motives of behaviour and desire instead of rejection and the search for identity. The third is that these theories consider transsexuality to be a perversion of homosexuality and not of sex. The fourth is the implication that identification is a product of socialisation and not the reverse. Since we have seen that both Freudian psychodynamic and Piagetian social learning based theories of how personality and identity develop require certain levels of neural co-ordination and cognitive abilities to be available, also that these do not become sufficiently effective until around the age of three years, the fifth is therefore that these early development processes are ignored. The sixth is the failure to correctly manage these conditions since the trajectories of development are reversed. Other popular theories for the development of trans conditions argue that a wash of sex hormones in the brain about ten weeks after gestation causes it to develop in a male or female direction, but these offer little explanation for how the translation from physical difference into gender identification takes place. Although I show why this perception is adopted, I do not take that approach.

B:7:2: Neurophysiology

The presumptions which are endorsed by these autogynephilic theories are strongly contradicted in the neurophysiological work which has been pioneered by Gallese, Girard, Dawkins, and others[19]. These neurophysiological studies show that during the first period of life, which starts from the moment of birth up to (and beyond) the age of three years, inbuilt physiologically driven forces impel development by aggressive, contagious and innate processes, where possessive imitation plays an important part. I give detailed descriptions of what this means, its significance, and how it occurs elsewhere[20]. Those documents should be referred to for more information. However. the extent of its influence can be summarised in the statement. *"Imitation is therefore built into physiology and the foremost challenge to be explained is not about how learning develops but about but how the observer can inhibit this imitative process so that he or she does not respond by actually engaging in the same process or act".* In standard psychiatry and psychology the existence of these physiological driving forces is often ignored, and a great deal of research and literature is still being produced which assumes that no learning and development can take place without the presence of some cognitive continuum at all times of life. In place of being a recipient of learning, the child takes a strongly pro-active approach. Instead of sexual impulses being the driving forces behind the development of atypical gender identities, as argued by Blanchard, his followers, and other feminist viewpoints[21], the search is for identity instead.

B:7:2:1: Neural Development

One area of major importance during this time is the massive development of neural capabilities which occurs in the first three to four years. At birth, the part of the brain most responsible for thinking and reasoning (the pre-frontal cortex) is very primitive in nature but, within the first three

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[19] For information on Girard see: Garrels, S. R (2004), "Imitation, Mirror Neurons, & Mimetic Desire: Convergent Support for the Work of Rene Girard", p. 29 (This is an earlier version of the paper that appeared as Garrels, Scott R (2006). Garrels, S.R. (2006) 'Imitation, Mirror Neurons, and Mimetic Desire: Convergence Between the Mimetic Theory of Rene Girard and Empirical Research on Imitation Contagion', *Journal of Violence, Mimesis and Culture,* 12-13, 2006: 47-86. Access at: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.133.189&rep=rep1&type=pdf

[20] Detailed descriptions may be found at Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf Gilchrist, S. (2016d*): "A New Approach to Identity and Personality Formation in Early Life"*: http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf Gilchrist, S. (2019): *"Transgender Questions and Arguments"*: http://www.tgdr.co.uk/documents/243P-TransgenderQuestionsAndArguments.pdf Gilchrist, S. (2019b): *"The Development of Transgender Behaviour and Identities in Early Life"*: http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

[21] Bettcher, Talia (2014) *"Feminist Perspectives on Trans Issues"* Stanford Encyclopedia of Philosophy https://plato.stanford.edu/entries/feminism-trans/. [accessed June 2020]

years an enormous growth in neural interconnections, and the corresponding capabilities takes place. However, that development does not take place uniformly. It is also marked by periods of intense activity where very rapid neural advancement occurs. These intense periods occur in different areas of the brain at different times. Before and after these periods much reduced neural development is found. Around the age of one and a half to two years a rapid and wide-ranging transformation in neural and reasoning capabilities takes place[22]. It has been described by various investigators as the time when the brain "lights up". Neural activity, which was previously localised in nature rapidly spreads, distant areas of the brain become connected, and networks between the two hemispheres develop. There is an explosion in language abilities and cognitive capacity. Up to this time, the pre-frontal cortex of the brain had been in a relatively undeveloped state; but that rapidly changes: Significantly, for the first time, the pre-frontal cortex of the brain can start to function in a more effective way as a single co-ordinating unit[23]. The existence of a close correlation between the development of language capabilities and a child's first awareness of what gender means has been noted by various investigators. This identification might best be described as an unconscious sense of belonging, which is without behavioural implications. The term core gender identity has been used to describe this concept. It is different from the gender role identity. That is created by the experiences of socialisation. In contrast to the core gender identity, this gender role identification only begins to become apparent about one year later, when children begin to form strongly defined gender stereotypes, this is from around the age of three years: I prefer to use the term *"gender allegiance"* for the gender role identification instead[24]. Significantly this means that identification precedes socialisation during these first stages. That is the reverse of what is understood to happen when the theories based on sexual motivation and social learning are used. However, in later years the pressures of socialisation may be expected to drive identification instead.

B:7:2:2: Continuity of Identity

There is an additional factor to consider: It is rightly noted that the human brain has enormous capabilities which enable it to reshape and to transform itself to deal with new learning and experiences. However, a constancy of personality and identity must also be created if long term relationships are to be maintained. At birth, a baby's brain consumes about 50% of the total energy the child requires. A way of reducing this energy consumption is to reduce the number of active neural connections. Thus, the type of development pattern which are found to occur in the brain are ones in which those neural connections which a child most uses grow stronger, and those which are less used die back. Another feature to note in early development is that there are peak periods of neural activity which occur in different areas of the brain at different times. During these peaks, the learning capabilities greatly increase, outside them this is significantly reduced. Ensuring that peak periods of neural development occur in different areas of the brain at different times may also help to optimise energy consumption. After these learning abilities have peaked, a period of consolidation occurs, babies lose the capabilities which they previously had to distinguish between different features that are no longer required. That loss is permanent and only limited recovery can take place. Measurements of synaptic density, which can broadly be taken as a measurement the number of neural interconnections follow this pattern, and this also reaches a peak in children around the age of three years which is about one and a half to two times higher than that found in adults. Keeping the number of active neural interconnections to the minimum may also optimise the performance that can be achieved. These patterns imply that the brain becomes tuned to its

[22] The time when this occurs can vary widely between individuals. Two years is taken here as a median value but for some children this rapid transformation can occur much earlier within the second year of life.

[23] This is the part of the brain which controls intuition, perception, and organised thought.

[24] This difference is tacitly accepted in other literature, where the term gender identity is used describe the deep seated sense of belonging that is best described by the core sense of gender identity, and gender role identification describes the type of gender identity that is created through allegiance to the gender role

environment. They also imply that core elements of personality and identity, including elements of gender identity, may also become locked in place. The term *"Domestication of the Brain"* has been used to describe this type of process. This mechanism is examined, and it is concluded that the same processes also result in a basic constancy of personality and identity being created. That remains in place until dementia or physical brain injury attacks or destroys the underlying personality that has been formed.

B:7:2:3: Individuality

A significant feature in human neural development is that the development of the pre-frontal cortex, the part of the brain most responsible for higher level functions such as thinking, reasoning intuition etc, is significantly delayed when compared to other species. The potential influence of this delay on personality development is discussed in an early paper by Allen Schore[25]: it has also been shown that the prolonged developmental period in humans allows an unprecedented opportunity for acquisition of the highest level of cognitive abilities[26]. We have seen that the explosion in neural capabilities from around the age of one and a half years marks a turning point in neural development. It is well known that before this time babies have a massive capacity for un-coordinated learning. After that time co-ordination and cognition comes increasingly into effect. The shorter the delay period in the development of the pre-frontal cortex is, the more likely it is that babies will become clones of the influences around them. The longer the delay in applying control, the more likely it is that chaos will occur. When the timing is correct it may be argued that the maximum potential for individuality, curiousness and exploration is created. I look at this in separate work[27]. Early development is a fragmentary and spiky process, and this may be a reason why gender identities and sexual orientations are found to be independent of each other[28]. There is the perception that a higher incidence of gender and sexually variant identities exists in more able and creative of the population, and here a delay in timing might be involved. It may also be why a higher incidence of trans people on the autistic spectrum is found. See Amber et al for current research[29].

B:7:2:4: Early Learning

The close correlation between the development of language and the child's initial gender identification can mean one of two things. Either both processes happened at the same time, or the child was already aware of the gender element; but did not have the language skills which were needed to communicate it. The latter is unlikely considering the violent, contagious, and uncontrolled nature of the neurophysiological forces which were identified by Gallese, Dawkins and others, to drive early development. Under this neurophysiological approach, development typically starts with the creation of un-related strands of thought which compete for supremacy. However, these combine or recombine when it is mutually advantageous to do so: thus, more complex

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[25] Schore, A. N. (2001). "Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health". *Infant Mental Health Journal,* 22(1-2), 7–66. https://doi.org/10.1002/1097-0355(200101/04)22:1<7::AID-IMHJ2>3.0.CO;2-N

[26] Petanjeka, Zdravko; Judaša, Miloš; Šimića, Goran; Rašina, Mladen Roko; Uylingsd, Harry B. M.; Rakicb, Pasko; Kostovića, Ivica. (2011). "Extraordinary neoteny of synaptic spines in the human prefrontal cortex" *Proceedings of the National Academy of Sciences,* PNAS August 9, 2011 108 (32) 13281-13286; first published July 25, 2011 https://doi.org/10.1073/pnas.1105108108

[27] See section 9 of Gilchrist, S. (2015a): *"Personality Development and Gender: Why We Should Re-think the Process":* [Updating]: http://www.tgdr.co.uk/documents/209P-RethinkPaperFull.pdf

[28] See section 4 of Gilchrist, S. (2015a): *"Personality Development and Gender: Why We Should Re-think the Process":* [Updating]: http://www.tgdr.co.uk/documents/209P-RethinkPaperFull.pdf

[29] Amber N.V. Ruigrok, Meng-Chuan Lai: (2020): "Sex/gender differences in neurology and psychiatry: Autism": *In this chapter, we summarize recent clinical and neuroscientific research addressing sex/gender influences in autism and explore how sex/gender-based investigations shed light on similar or different underlying neurodevelopmental mechanisms of autism by sex/gender. We review evidence that may help to explain some of the underlying sex-related biological mechanisms associated with autism, including genetics and the effects of sex steroid hormones in the prenatal environment".* Chapter 18: Pages 283-297: in Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): Sex Differences in Neurology and Psychiatry" *Handbook of Clinical Neurology* Volume 175, 2020

structures are formed. Tribal associations based on behaviour are created as they progress. It is important to note that separation is understood to take place because of these tribal alliances rather than any concepts of gender being formed. These associations at first may be fleeting in nature but they grow stronger as time increases. Girard argues that these processes are so strong that the original cause which sets the direction may have little significance. Thus, once development begins in a specific direction it is difficult to stop, and all awareness of the cause is lost.

Progress however stays limited when these linkages are still too sparse. Rapid change may only take place once a sufficient proportion, or a quorum, of interconnections is reached. After that has been created, the stronger linkages enable an accelerating coalescence to proceed, and this can account for the explosion in cognitive abilities that takes place. The term *"Quorum Sensing"* is used to describe this process. Elemental concepts of personality and identity can be observed, and in computing parlance, the term "*Bootstrapping*" might be used to describe the nature of and the rapid advances that are made.

B:7:2:5: Dynamics

We have seen that early development is fragmentary in nature. Although the learning capacities of babies greatly surpass those in later life and massive learning takes place during this early period, the earlier absence of cognitive abilities means that some types of external inputs, such as attempts to impose the expectation of others, have a very limited effect. While observational learning reaches very high peaks during the first year or so of life, deductive learning does not. It is only during the *"terrible two's"* when parents become tormented with questions of "why" that these deductive powers really come into effect. The dynamics of these processes mean that most babies develop gender and/or sexual identities which conform to biological sex, but some do not.

Since the development of gender identity and sexual orientation require interaction with others, I argue that these identities cannot be formed before the moment of birth. However, I do acknowledge that sexual differentiation before birth does occur, but that can only create differences in behaviour, not identity itself. Therefore, some behaviourally based trigger is required which is present before birth, and which encourages these identities to develop in the expected (or the unexpected) direction onwards from the moment of birth. In the next sections we will look at these effects

B:7:2:6: Behavioural Effects

One of which the most obvious candidates for this behavioural trigger is the different patterns of aggression and social behaviour between males and females, however, there may also be others. In a book on evolutionary aspects of behaviour Wrangham[30] shows that, although males and females both express aggression to the same degree, they do so in different ways. There is further evidence to indicate that these different characteristics start from before birth[31]. With males this is often expressed in a direct physical manner, but with females there is a more indirect approach. The later consequences of these differences are evident in the male and female compositions of the prison populations. Nevertheless, there is also strong evidence to show that, while male and female behaviour on average falls into these two categories, there is such a large spread in the natures of

[30] Wrangham, Richard: (2019*): "The Goodness Paradox: How Evolution Made Us More and Less Violent"* Pantheon Books ISBN 978 1 78125 583 4

[31] Gilchrist. S. (2020): *"An Overview of the Development of Transgender Behaviour and Identities in Early Life":* http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

these identifications that large overlaps occur. Mitchell[32] for example gives a comprehensive account of this in his book. In separate work I consider intersex aspects and endocrinal effects[33].

I choose to focus on aggression in this article since it is the characteristic which may have the most obvious effect…. but others can exist. Differential rates of neurological development in male and female babies may also have an impact. Baron-Cohen for example correlates various sexually differentiated behavioural traits to the neural differentiations that are observed[34]. He shows for example that a biological male who has a male gender identity may have brain phenotype which is more characteristic of a female. The reverse is also the case. More recent work has shown that trans people display neural phenotypes which are different from both groups[35]. However, since about four fifths of trans people now endorse a non-binary gender identity, that might not be unexpected. Furthermore, gender differentiated phenotypes are shown to be much less evident in young children and some argue that at that time they do not yet exist. Clearly the idea that a female brain creates a female gender identity and vice versa is a much too simple approach.

B:8: Can Trans Women be called Women?

In the earlier sections of this article it has been shown that the lack of neural co-ordination and the intense and contagious nature of the underlying drive means that once development starts to take place in a specific direction, it is difficult to stop. Without the cognitive abilities which measure cause and effect it is also difficult to check. Because of these overlaps and variations, atypical gender identities and sexual orientations may be created. This further means that behaviour should be in harmony with the identity that is created. Thus, for example, someone who is biologically male may develop a sense of gender identity, outlook, and behaviour, including attitudes to aggression, that would normally be expected of a female instead. The slogan *"Trans women are women" is* frequently used, and from this point of view the slogan is entirely correct.

It is important not to make too many presumptions. As previously noted, the description *"That trans women are women"* is not ours to decide, it is for others to give. It is a description given by many through their own experiences of trans people. The great majority of trans women live anonymously in society as women and are completely accepted as women in their society, even when their backgrounds are known.... but you never hear anything of these. To argue that these people are not women is to argue against something that society, and those who already know them, fully accept. Instead of being a slogan to argue about, the belief that trans women are women becomes often unnoticed and unremarkable fact in everyday life.

There is one important caveat however, since the term trans people covers a very wide range of identities. There are many trans people who refuse to accept the precepts enforced by any society or group of people who attempt to impose a binary gender mode. These people do not identify either as women or men, and attempts by campaigners, on both sides of these disputes, to make

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[32] Mitchell, Kevin J. (2018): *"Innate: How the Wiring of our Brain Shapes Who We Are*": Princeton University Press; ISBN 978-0-691-17388-7.

[33] For detailed analyses see: Gilchrist, S. (2016): "Taking a Different Path": Chapter 10 in: *"This Is My Body: Hearing the Theology of Transgender Christians",* Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016*): "A New Approach to Identity and Personality Formation in Early Life"*: http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf : also Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

[34] Baron Cohen, Simon (2003): *"The Essential Difference: Men Women and the Extreme Male Brain":* ISBN-13 978-0-241-96135-3

[35] Joel, Daphna; Berman, Zohar; Tavor, Ido; Nadav, Wexler; Gaber, Olga; Stein, Yaniv; Shefi, Nisan; Poole, Jared; Urchs, Sebastian; Margulies, Daniel S.; Liem, Franzisku; Hänggi, Jürgen; Jäncke, Lutz; Assaf, Yaniv: (2015): *"Sex beyond the genitalia: The human brain mosaic"* CrossMark: Elsevier PNAS Vol 112 No 50 Published 15 Dec 2015DOI: https://doi.org/10.1073/PNAS.1509654112

them identify as either, denies them the legitimacy of their own identities and increases the anger these conflicts create.

B:9: Development Stages

This analysis supports the view that there are a series of key stages in development. The first one is obviously that of birth. The second is the explosion in cognitive capabilities which takes place from about one and a half years onwards, during which core elements of personality and identity are created. I argue that the creation of the core senses of gender identity are an integral part of this process. These core elements can perhaps be best described as an unconscious recognition of one's place in society, but children do not begin to enforce social differentiations, in terms of gender appropriate behaviour for example until later, which is around the age of three years. From this time peer group and other influences expect conformity and identification with the expected social roles. However, children do not acquire the capability or *"The theory of mind"*[36], which allows them to self-critically examine their thoughts and emotions before around the age of four years, thus the previous processes remain hidden from view.

Some transsexual people describe themselves as being *"Born into the wrong Body*". Although this may not be technically correct it describes a common feeling, because all previous stages are concealed. It should also be noted that unless some trauma or difficulty brings these unconscious elements to light, the core elements of personality and identity which have been created will remain in the unconscious mind. Many trans people feel a discomfort with the gender identity assigned to them from the earliest memories they possess. Others may only become aware of it when some crisis or change in life is encountered, such as when puberty occurs[37]. The term *'rapid-onset gender dysphoria'* (ROGD) is often used to describe this, although it is not recognised in clinical terms[38] [39]. It is discussed further in section nine.

[36] See for example: Frith, Chris & Frith, Uta. (2005). "Theory of mind". *Curr Biol.* 15. R644-6.

[37] Known as Rapid Onset Gender Dysphoria. See section nine for further comment.

[38] WPATH (2018): WPATH Position on "Rapid-Onset Gender Dysphoria (ROGD)" https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf

[39] Ashley, Florence; (2020): "A critical commentary on 'rapid-onset gender dysphoria' *The Sociological Review*, July 2020, SAGE Publications DOI: 10.1177/0038026120934693. Ashley, Florence (2019): "The Misuse of Gender Dysphoria: Toward Greater Conceptual Clarity in Transgender Health" *Perspectives on Psychological Science,* November 2019, SAGE Publications DOI: 10.1177/1745691619872987

SECTION C: EXPERIENCE

In this section I consider the experiential evidence that is available

C:1: Interactions

There are two issues to address here, the first is that of how male to female transsexuals integrate into society, and the second is about how this is perceived by other organisation and groups. Contrary to general opinion, transsexual people are often not men who want to become women and vice versa, instead our desire is to be true to ourselves and many become indistinguishable from others the general population after transition occurs.

One of the problems when discussing experience is that trans people of all types, male to female transsexuals, female to male transsexuals and non-binary people seek to integrate invisibly into society in different ways. Some children may immediately reject the identity they are assigned to. Others will succeed in hiding or suppressing their sense of unease until later years. A number may fight their contrary sense of identity with all their might. Some can overcompensate in the way they express their allegiance to the expected role. For many trans people maintaining the allegiance to the gender identity that is expected creates lifelong struggles between the unconscious and conscious conflicting demands. However, it is the constant attrition of the conflict that creates the trauma, combined with the inability to relieve it which causes collapse. After transition, gender often ceases even to be thought of as an issue, or even something that comes to mind. These are some of the reasons why many trans people merge invisibly into society, living normal lives in ways that are true to their own selves.

Trans people are far too often talked about rather than listened to. The idea that there might be a sexual motivation behind trans conditions is seen as being totally foreign to the views of the great majority of trans people: for whom the driving forces reject an enforced identity, The drive is rejection and not desire, and the search is a search for identity instead. The assertion by some radical feminist groups and sections of the Christian Church that gender and sexually variant conditions are the results of reward driven lifestyle choices which are driven by desire is contradicted by a worldwide consensus of medical professional institutions and by the neurophysiological and psychological research, which as we have seen, are driven by identity instead. This has already been noted in section 1:2 and is repeated here. This scientific consensus regards both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. This viewpoint further affirms that gender identity is not determined by biological sex, and the reasons for this are again confirmed in my own neurophysiological and psychological research[40]. As I have noted earlier, that is also the position taken for example by the British Royal College of Psychiatrists, the British Psychological Society, and parallel United Kingdom organisations. It must be of some consequence, and a condemnation of those groups who continue to reject this approach when all of the major professional medical and psychological institutions in the United Kingdom (and worldwide) have come together to produce a *"Memorandum" of Understanding"* which condemns both *"Gay Cures"* for Lesbian and Gay people and *"Reparative Therapy"* for Trans people as being unethical, and totally inappropriate for their harmful and

[40] Gilchrist, S. (2016): "Taking a Different Path": Chapter 10 in: *"This Is My Body: Hearing the Theology of Transgender Christians",* Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016): "*Science and Belief. A New Approach to Identity and Personality Formation in Early Life*": http://www.tgdr.co.uk/documents/218P-PaperPersonality.pdf

destructive effect[41]. Corresponding positions are taken by the American Psychiatric Association and the American Psychological Association who have released statements which are equally as strong. Other international mental health organizations, including the World Health Organization have followed. All these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view.

For those who would wish to enquire into the present state of clinical studies, the book *"Theorising Transgender Identity for Clinical Practice"* by S.J. Langer is one I would recommend[42]. The work of the Gender Identity Research and Education Society (GIRES) should also be noted[43]. Despite the strength of this evidence a problem still arises; since the origins and causes of personality variations and disorders are not well understood. In section one I noted that in its answer to the question *"What causes a personality disorder"* the Royal College of Psychiatrists says: *"The answer is not clear, but it seems that like other mental disorders, upbringing, brain problems and genes can play a part."*[44] That leaves plenty of scope for disagreement, but it does not provide any justification for one group to trash another group who holds a different view by condemning those views simply as the work of trans activists, or by dismissing all of the work which the opposing groups cite as unreliable research, or by misusing science for factional purposes, without providing sound proof of the allegations that are made.

In the following sections I want to give strong emphasis to the ways in which trans condition are managed and the harm that is often created when misdiagnoses are made.

C:2: Identification and Socialisation

In the previous sections I have examined the autogynephilic explanations and associated psychodynamic approaches, which presume that misdirected or sublimated sexual motivations provide the driving forces which cause transsexuality to develop. In section 1:2 it is shown that, these do not come fully into effect until about the age of three years… although it is recognised that strong emotions are encountered in earlier years, their disordered nature is commonly taken to mean that they can largely be ignored. From this time, development is presumed to start on a largely blank canvas. Any neuroscientific explanation which similarly whitewashes out the influences of these earlier forces creates the same outcome so, crucially what happens for during this early period, up to around the age of three years. is dismissed or denied.

In this investigation I consider the influence of these earlier forces. In section 2:0, I show that all future development is characterised by the struggle between the earlier internally focussed, contagious, feed-forward and physiologically driven forces which dominate from birth and become held in check by the later controlling, feed-back and externally moderated processes of cognitive. development, which are effective from about two to three years in age. Instead of development taking place as if on a blank canvas, I have shown that any future development can only act as an overlay on what has previously been formed.

This has major consequences for how these are managed. Under autogynephilic and the other psychodynamic approaches which presume a sexual motivation, socialisation precedes or drives

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[41] This memorandum can be found at: https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf . [accessed June 2020]

[42] Langer, S.J. (2019): "*Theorising Transgender Identity for Clinical Practice*" Jessica Kingsley Publishers ISBN-10: 1785927655 ISBN-13: 978-1785927652

[43] GIRES Gender Identity Research and Education Society https://www.gires.org.uk/

[44] Royal College of Psychiatrists (2020): *Personality disorder*: https://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder . [accessed June 2020]

how identities are created. Even though Rippon in her book acknowledges the power of the forces driving early development, she seeks to argue in every case that identification is enforced by socialisation, with the added implication that intrinsic differences exert minimal effects. Instead of this, in my analysis I argue that identification precedes socialisation when gender identity first begins to be created. It is pro-actively driven by the actions of innate neurophysiological forces, it is formed before masculine and feminine identities first appear, and long before there is any awareness of the future battles between power and sex.

This is one of the reasons why the development of atypical gender and sexual identities must also be studied if the development of all gender identities is to be fully understood. When the usually unconscious core gender identity is in harmony with the later role-dependent elements of gender identity, no conflicts are found. Most standard theories on the development of gender identity consider only the latter and assume that it is a product of social learning alone. However, if the underlying (and maybe unconscious) sense of core gender identity conflicts with the social elements that are later created, disturbance arises because the foundations are wrong. I imagine the creation of self-identity to be like that of building a tower, where every brick that is placed on top of its foundation builds the gender one expects. When the walls of the tower get too strong or high, the foundations will give way and the tower will collapse. Trauma is created as if out of nowhere, and its intensity may be far greater than the apparent severity of the conflict. I show how core and often unconscious constancies of personality and identity are created in section 3:2:2. Once this genie has been let out of the bottle it is much more difficult to make it go back.

C:3: Management

Taking the correct approach is crucial, for the methods of managing personality variations and personality disruptions are almost opposite to each other, and the order of precedence has major consequences for the management techniques that are applied. If socialisation precedes identification, the identity that is created depends entirely on the social pressures that people are exposed to. When this does not conform to usual expectations, it is argued that a disruption to the normal path of development takes place, and that this disruption is driven by hidden and misplaced pursuits of desire and reward. When that is believed to be true, the methods of management and treatment include aversion and conversion procedures which aim to eliminate the deviant behaviour this identification is understood to create. These actions are intended to restore the identification to the normally expected pattern of development, which is believed to exist before the presumed acts of disruption took place, Religious groups who take this approach might try to *"pray away the sin".*

However, if the sense of identity is created before the social pressures begin to take effect, no earlier sense of identity is formed: and this means there is none that can be restored. Crucially this means that instead of behaviour and desire being the driving forces behind these patterns of development, the powers which drive them are those of rejection and identification instead. Aversion and conversion methods do enormous harm because there is nothing to restore; and they create a great deal of instability since they leave a vacuum inside. That is why the great majority of professional medical and health institutions throughout the world have come together to totally condemn these approaches as described in section 1:2 and section 4. These practices have now been made illegal in many countries. Nevertheless, for their own reasons and agendas, certain religious and secular pressure groups, including some elements in the feminist movements continue to pursue the dogmas which declare that these conditions are driven by a hidden pursuit of power, desire, and reward. This is despite the evidence of science, the views of virtually all the major professional medical institutions, and the experiences of people like me, who must deal with these concerns.

The existence of very strong feelings and arguments should not be unexpected, for the different approaches mean that what is adopted as being compassionate by one group is almost inevitably understood as coercion by the other. The current medical consensus is that these are natural variations of personality and identity which are present from a very early stage and cannot be changed in later life. The opposite point of view is that these are disruptions of personality and identity. Scientific proof for that opposing point of view is often sought on the grounds that the origins are not well understood. Many people try to fight, hide, or suppress this often self-hidden, identity by conforming ever more strongly to the stereotypes that are expected of them until collapse occurs. However, attempts at fighting and suppression do not work, for the inability to find a secure base perpetually increases the strength of the demand. The pain and suffering created can be measured by the high degrees of trauma that are experienced, the very large rates of attempted or actual suicide, and the contemplations of suicide that exist. Techniques appropriate to personality variation instead of disruption must be used. That means accepting and welcoming the reality of identity, celebrating what it brings, and seeking to use it in a positive way. That is the approach I have adopted. For this the creation of self-acceptance and self-esteem is required[45]

With autogynephilic and equivalent approaches, and indeed for many of the standard psychiatric approaches, where sexual motivations are presumed to be the cause, the creation of a gender identity is believed to follow and to be a result of the socialisation which occurs. That process can be diverted or disrupted by the predations of others, and the inculcation by other people of desires to follow a different path. In this article I treat the development of gender identity and sexual identity including variant identities and sexual orientations for all people in the same way, since all follow parallel paths. In one of these gender identities are created but another path leads to sexual orientations being formed. The fragmentary nature of early development means that these are independent of each other. Trans issues are also identity and not sexually driven, so as wide a range of sexual orientations is encountered within the trans communities as is found in the population at large. This failure or refusal to consider how the core elements of identity are created and the presumption of underlying sexual motivations creates the opposite perspectives. That leads to certain groups, including religious organisations condemning all behaviour which gives expression to gender and sexual variant identities as lifestyle choices which are always presumed to be associated with inappropriate sexual motivations, where depravities such as paedophilia and attacks on gender identities are alleged.

The reverse occurs when identification precedes socialisation, and the development of gender identity is treated as a personality variation instead. Thus: giving all children the ability to explore their gender identity gives them the ability to find it, it does not give them the freedom to choose it. While a great majority of children do find that they identify with their biological sex, some will not, and the hurt, guilt and self-loathing that can result may have a very harmful effect. The trauma, guilt, and the high rates of attempted suicide in young trans people is not caused by giving children the freedom to explore it: it is caused by the denial of that freedom instead. Of course, nobody should try to force children into any gender identity or role, and this is an area where greatest possible care must be exercised. The Royal College of Psychiatrists and other groups advocate approaches which can be described as *"Watchful Waiting*". However, the key issues are about how *"Watchful waiting*" is applied has to be addressed. This where arguments become particularly toxic, allegations of malpractice are made, factual and scientific evidence is misrepresented or is distorted to pursue various social and political agendas and to prove partisan points. Yet this is an area where responsibility and objectivity above all is needed. It is clear from this discussion that my views

[45] For my own approach see: Gilchrist, S. (2013): "*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality":* http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf

on the development of both gender and sexually variant conditions are in line with the those expressed by the World Professional Association for Transgender Health (WPATH)[46] and professional medical organisations. However, I do not exercise my responsibility if I do not use the best of my ability to take an objective and impartial approach. That is what I seek to do in this article, and in the others I present. In the document: *"The Safeguarding of Transgender Children*" I try to deal with some of the issues involved[47].

C:4: Different Routes

It ought to be made clear that the major conflicts, disagreements and differences between this neurophysiological approach and the autogynephilic and other approaches which presume a sexual motivation, to male to female transsexuality, is less in the outcomes that are sought. It is instead in the routes through which these outcomes are achieved. In the previous sections we have seen that the approaches are almost in opposition to each other and great harm can occur when misdiagnoses are made. The great degree of freedom the brain possesses both physically and in terms of neural interconnections to mould itself to deal with almost any circumstance is fully recognised in both methodologies, and this enables the equivalent types of gender differentiated neural phenotypes to be formed. This means that, in both approaches, gender reassignment, including gender confirmation surgery, is accepted as an effective and beneficial treatment for some people. In the adult the acceptance of this reflects an understanding of the constancy of personality and identity that is formed. However, the presumed driving forces and motivations are different, and that is where conflict occurs.

Probably the greatest challenge to be faced is in explaining how that constancy of personality and identity is created. In autogynephilia that constancy is considered as a product of socialisation in society which only comes into maturity in adult years. Early work carried out in the 1960's at the Johns Hopkins University by John Money, Robert Stoller and others attempted to show that gender identity is socially determined and is completely malleable at least up to the age of three years. Despite unexpected results, which showed the core sense of gender has already become unchangeably established by this age, they persisted with their approach, gradually reducing the age after which they considered this to be fixed to about one and a half to two years. It is probably not a coincidence that this is also the time when the explosion in neural capabilities occurs.

The problems with their persistence were compounded in the notorious case of the Reimer twins, where one was reassigned as a girl following a surgical accident at seven months, which destroyed his penis. At eighteen months the twin's testicles were removed, female hormones were administered, and the child was raised as a girl from that time. The case is notorious because for long after, it was falsely portrayed as a success. Instead of this, a great unhappiness, eventually resulting in suicide was created, and this was not disclosed.

In her book: *"The Gendered Brain: The new neuroscience that shatters the myth of the female brain"*[48]*.* Gina Rippon tries to argue that this unhappiness was created by cognitive awareness and social conditioning that had already taken place. However, that is not supported by other evidence which shows great unhappiness in children who were reassigned by surgery to another gender, and raised in that gender, either immediately from birth or very close to it, only because of a physical

[46] World Professional Association for Transgender Health (WPATH) https://www.wpath.org/

[47] Gilchrist, S. (2018c): *"The Safeguarding of Transgender Children":* http://www.tgdr.co.uk/documents/241P-SafeguardingTransgenderChildrenDoc.pdf

[48] See for example Rippon, Gina. (2019); *"The Gendered Brain: The new Neuroscience that shatters the myth of the female brain"*: Penguin Random House, London 2019: ISBN 9781847924759. Fine, Cordelia: (2010): *"Delusions of Gender: The real science behind sex differences"* Ikon Books 2010: ISBN 978-184831-220-3; Baron Cohen, Simon (2003): *"The Essential Difference: Men Women and the Extreme Male Brain"* ISBN-13 978-0-241-96135-3

abnormality had occurred. These were children who were often never made aware that this had taken place. The harm that this can create has been internationally recognised, and it is now recommended that all such surgery should be delayed until children are able to make their own choices[49]

This means that in one approach the development of the elements of the core sense of gender identity for all people, which simply defines their places in society, is affirmed very early in life, with tribal precursors being active from the moment of birth. In the other approach the existence of any core sense of identity is not recognised, and all aspects of gender identity are considered to form much later in life. These can remain fluid into adult years. What cannot be denied are the tensions and traumas that trans people face.

C:4:1: The Gendered Brain

I have already considered Rippon's book in section 1:5 of this article*, "Feminism and Male to Female Transsexuals"* I believe that the way in which Rippon treats the case of the Reimer twins illustrates a more general problem with Rippon's approach. In her work and in mine we both agree that no gender identification or gender identity can form before birth. In Rippon's work she argues that a gendered world produces a gendered brain. She dismisses the ideas: *"that we can only make a difference to a child's brain in the first three years of life, that there are different types of brain-based learning, that we only use ten percent of our brains, or that men use only one side of their brains while women use both"* as neuromyths (page 88). While that may be true of some, she also bases her analysis on the presumption that a gender differentiated brain is created by social learning processes alone.

By making these assumptions Rippon effectively ignores key changes that do take place during early development. This as I have previously shown, has a major impact on the diagnoses that are made. I take particular issue with her dismissal of the viewpoint: "*that there are different types of brain-based learning*. In this analysis I show how the internally driven and contagious forces which dominate early development come to be held in check by the development of cognitive capabilities, and also that a major and rapid transformation in these capabilities takes place from between one and a half to two years. Thus, the changes the learning patterns involving cognition, which in this approach, only to come into full effect at the age of two to three years are presumed by Rippon to be absent, and do not guide development from birth. That is seen in the way the Reimer case is handled, but it is seen most clearly in her chapter on *"Let's hear it from the babies".* There is no doubt that the development of young babies and their capacities to learn and respond progress at an astonishing rate.

It is well known that there are sexually based differences in the ways in which boys and girls develop after birth and Rippon outlines some of these. She notes that speech systems may be different between baby girls and boys, however she argues that this may be reinforced by the gender stereotypical behaviour that others expect. She refers to the early work by Eleanor Maccoby and Carol Jacklin which argues that verbal fluency, spatial cognition and mathematical prowess are indicators of innate differences, but she also cites other work which considers that there is are no difference at an early stage[50]. Differences between the sexes in how empathy is expressed is often taken as a sex difference which is innate. Simon Baron-Cohen and others identify differences between emphasising and systematising as the two fundamental characteristics which underpin the

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[49] See for example: Diamond, M, Sigmundson , H.K. *"Management of Intersexuality: Guidelines for dealing with individuals with ambiguous genitalia".* United Kingdom Intersex Association: http://www.ukia.co.uk/diamond/diaguide.html [accessed August 2020]

[50] I discuss the work of Maccoby, Jacklin and others in section 7:0 of Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach*": http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

differences and separations between the sexes. However, Rippon challenges this by presenting an argument that these are not present at an early stage. Another area of difference is in facial information processing (FEP). Rippon notes that girls are shown to more able than boys to interpret this and that quite dramatic differences emerge within three months of birth, but instead of being innate she suggests either that girls are biologically primed to be more skilled at this social task, or that pressure from the world into which they are born ensures that more training opportunities are in place. Rippon does note the scientific consensus that infant boys look longer at images where novelty has been introduced, and that eye gaze by four months in baby girls is longer and more frequent than in boys. There is other work which indicates that this latter trait is present from birth[51]. However, to break these down to fundamental differences between the sexes may be a mistake. Earlier in this article I noted that there is strong evidence to show that, while male and female behaviour on average falls into these two categories, there is such a large spread in the natures of these identifications that large overlaps occur.

In this analysis I have emphasised the high strength of the neurophysiological forces which drive these processes and the role that possessive imitation plays. Instead of this, Rippon plays down the role of imitation in her account, (page 184) citing one school of thought which claims *that "genuine imitation doesn't until really emerge well into the second year… but it is five times more likely that it is mothers who are stimulating their babies, rather than the other way round".* In her discussion, Rippon also asks. *"Do they (babies) pick up the social rules as quickly as they acquire the core cognitive competencies?"* At the end of her chapter *"Let's hear it from the babies*" Rippon cites the work of Francesca Happe and Uta Frith[52] which asserts that high level social skills and their neural underpinnings are in place in humans from a very early age, and that the apparent quest for an understanding of society and other people appears to precede the emergence of cognitive skills. That appears to answer Rippon's own question in my favour rather than hers. However, Rippon describes imitation as a purely reactive approach and treats it in that way in the book.

Rippon rightly debunks many of the myths around the use of Functional Magnetic Resonance Imaging (fMRI), but she also discusses its limitations. It may be a useful tool in determining neural activity and how gender allegiances[53] develop since it identifies brain growth and activity by measuring blood flow to specific areas of the brain, but it is not a direct measure of neural interconnectivity. Her determination to prove that gender differences are created by social conditioning alone, with her argument that there are no differences in the types of brain-based learning, ensures that the development of an early neurophysiological development is prevented and the existence of the core sense of gender identity is denied.

The result of her dismissal of the viewpoint: "*that there are different types of brain-based learning"* means that I cannot find any reference in the book to the changing patterns of early development, where the innate and contagious forces which dominate early experience only come to be brought under control by the cognitive processes after about the first year and a half of life. Nor do I find any account of the effects of the rapid advances in cognitive abilities that take place between one and a half to two years. As I read this chapter, Rippon expects young babies to check the back stories of their experiences as though these later cognitive abilities were present at those earlier times. Therefore, I find myself forced to conclude that these early processes have been whitewashed out of existence. The pattern of development which I would expect to exist from three years onwards is

[51] See for example Adani, S., Cepanec, M. (2019): "Sex differences in early communication development: behavioral and neurobiological indicators of more vulnerable communication system development in boys" *Croat Med J*. 2019 Apr; 60(2): 141–149. doi: 10.3325/cmj.2019.60.141

[52] Happe, Francesca; Frith, Uta (2014): Annual Research Review: Towards a Developmental Neuroscience of Atypical Social Cognition: *Journal of Child Psychology and Psychiatry* 55.6 (2014) pp 553-577

[53] Or Gender Role Identities

now presumed to act from birth, and those earlier development processes are ignored. There is therefore a degree of harmony between the results of Rippon's neurophysiological analysis and what Freudian psychodynamics and autogynephilic transsexuality expects. Rippon only devotes three pages to trans issues (pages 278, 342-3). In this she concludes that debunking the myth of the male brain and the female brain should have implications for the trans community, which she says will hopefully be seen to be positive, and in this I agree. However, a consequence of the whitewashing of these early experiences is that in all these cases, identification is seen as a product of socialisation, or is driven by it, and that contributes greatly to the misdiagnoses which are made.

C:5: Internal Demands

Earlier in this account I took the example of the different ways in which males and females on average express aggression. Since evolutionary evidence suggests to some degree a pre-natal origin, these could be regarded as innate. There is a whole raft of physiological characteristics which mark the differences between the sexes and transcend the pre-natal and post-natal boundaries. These do not represent the creation of male or female brains, because in any one individual, a mosaic of features exists. Nor do they create gender identities or sexual orientations since these require interactions with others to take place. Nor does gender identity and sexual orientation necessarily follow biological sex, because of the great overlaps that are found. In this analysis I argue that the different rates of maturation in behaviour after birth cause tribal associations to be created so that in-groups and out-groups are formed. Rippon cites work which shows that babies demonstrate this form of in-group out-group discrimination in relation to racial features by the age of three months (p 195). Girard most notably examines how these tribal identities are created on a behavioural basis and how they form very early in life[54]. What is most notable is that these are defined by peer group distinctions which are made between groups of babies and young children, and that both competition and empathy are involved. Even though the bonds between mother and baby are extremely close, and the ability of children to separate their own self identities from those of their mothers is a major achievement, they are not primarily inter-generational. The lack of cognitive abilities and the inability of infants to process information which only applies to the future, and asks them to relate it to the present, means that only relationships which are just of the moment are formed. These are also internally focussed and are less dependent on external influences that are applied. It may be argued that this why harm and distress is encountered in babies and children who are classed as intersex, solely because of a physical abnormality, when they are assigned to another gender at birth. Even though the child has become subject to all the external social pressures imposed by that reassigned gender, the creation of the early tribal and later gender identifications continues unchanged.

Earlier in this account I have shown that the core sense of gender identity, which I have described as an often-unconscious identification of being who one is, has become fixed before the age of three years. When this does not match the contrary and conscious gender identifications created by later socialisation a life of unhappiness can result. There are other features suggest that external influences may have relatively little effect. The existence of intrinsic behavioural and social differences between the sexes is almost certainly a reason why the great majority of men and women find love and delight in each other. However, that pattern does not change across cultures and in societies where enormous differences in attitudes to gender and sex are found. Nevertheless, when gender inequalities or complementarity is socially and legally enforced by societies, strong polarities do occur. Today in the United Kingdom, where gender equality is written

[54] For an overview of Girard's work go to Girard, R., Williams, J.G. (1996): *"The Girard Reader".* New York: Crossroad Herder (1996) ASIN: B004G5VBOO. For backgrounds see Girard, R. (1965/1961) "*Deceit, Desire, and the Novel: Self and Other"* in Literary Structure, Baltimore: Johns Hopkins University Press. Girard, R. (1977/1972*): "Violence and the Sacred"*, Baltimore: Johns Hopkins University Press. Girard, R., Oughourlian, J.-M. and Lefort, G. (1987): *"Things Hidden since the Foundation of the World*", Stanford CA: Stanford University Press.

into the legislation and is being actively pursued, about four fifths of trans people are now presenting in a non-binary capacity, but their need to find their place in society remains strong and intact. The strength and specific nature of this must be recognised. That freedom from stereotypes should be welcomed and not denied.

C:6: Gender Fluidity or Oscillation

In the introduction I stated that it may seem strange and perverse that this article concentrates almost exclusively on male to female transsexuals. I noted that this is because in these trans disputes, the existence of non-binary transgender people, and female to male transsexuals are almost completely ignored. That restriction has been enforced because of the need to deal with the autogynephilic theories used in the present disputes. This applies to gender variant males and male to female transsexuals alone. Although social and biological pressures drive people towards binary identifications, gender identity is not constrained in this way and everyone has a different perception of the gender identity they possess. Wenham and others, who I have previously cited in this article, note that intrinsic behavioural differences, many completely unrelated to any sexual focus, are present from birth. As we have seen in section 2:2:5 Mitchell and others note that there is strong evidence to show that, while male and female behaviour on average falls into these two categories, there is such a large spread in the natures of these identifications that large overlaps occur, and in section three I show how neurological development during the first three to four years locks the elemental core elements in place. It is not surprising that many changes in outlook are found, trauma is encountered, and questions are asked.

How most children learn to understand gender and its meaning is by conscious identification with the gender role. When the underlying core gender identification aligns with that created by the gender role, no evidence for its existence will be present and no conflict will be found. In these circumstances, identification with the gender role becomes a gradually developing experience, and as children grow up, they may question it many times. The senses of alienation arising from conflicts between a contrary, and usually unconscious core sense of gender identity, and the conscious gender identifications created by the role expected of them are likely to make trans children and young people question their gender identities even more. About 80 percent of children initially referred to gender identity clinics, because they believe they may be transgender desist from transitioning, and that should be counted as a success… That is provided the correct support has been given. However, the United Kingdom's only Gender Identity Service for Children (GIDS) saw a jump in the total number of referrals from 97 in 2009/2010 to1408 in 2015/2016. This has since levelled out, reaching 2728 in 2019/2020. There has also been a very large increase in the number of natal girls being referred, with the peak age range for all referrals being around the age of fifteen years. One explanation given is that it may be that reducing stigma has led to higher referral rates, particularly among teenage girls but it could also be that the characteristics of those being referred are changing[55]. In 2010 the United Kingdom Equalities Act gave legal protection to gender reassignment. This meant that it was only necessary to say that one was transgender and seeking reassignment to get protection under the law. That legal change, with the change in environment, may have created uncertainty among many people and altered the pattern of those being referred.

[55] Referrals to GIDS have increased from 97 in 2009/10 to 2016 in 2016/17. From 2014/15 to 2015/16, referrals increased by over 100% and from 2015/16 to 2016/17 they increased by 41%. Ages at referral seen by the service ranged from a very few at 3 to 17 years old. Also, in contrast to this much larger increase in referral rates is a marked change in the proportion of those assigned female at birth (AFAB). Up until 2011 there were more referrals of those AMAB. Since then the number of those AFAB referred has grown steadily, and in 2016/17 more than twice as many referrals were made for those AFAB as those AMAB. See Clyde, K.R. (2019): "Contrast with referrals to Tavistock and Portman Gender Identity Disorder Service" *BJPsych Bull.* 2019 Feb; 43(1): 44.doi: 10.1192/bjb.2018.110 PMCID: PMC6327300 (data available on GIDS website) https://gids.nhs.uk/number-referrals. [accessed June 2020]

A further influencing factor may be the nature and timings of the conflicts that are encountered. If it is presumed that the driving forces are those of behaviour and desire, then a steady resolution to pursue change is likely to have been created. If they are those concerned with identification and rejection, then the determination to keep to the expected roles has been undermined. That may lead to strong feelings, with large swings in the intensity of the conflicts, and to changing demands. Therefore, it is crucial that the correct counselling and support is given, and that a secure sense of identity, which is released from fear and guilt is found. The solutions for some may be ones of seeking transition, pursuing a non-binary course, or finding ways to come to terms with their expected role. Others may create agendas which seem right at the time, but which later lead to regret or collapse. That creates problems for clinics when one set of people demand that transgender conditions are treated as personality variations and another group demands that they are treated as disruptions instead. If gender identity is treated as a personality variation the term gender oscillation might be a better one to use. Safeguarding must be an absolute priority and in section 10:0 we will look at some of the issues that arise

People disrupt gender for many reasons. Amongst these are homosexual cross-dressing, drag acts etc, where gender identity is not an issue. The protection given under the 2010 Equalities Act is an incentive for some people to say they are trans, or for others who perhaps come to believe that they are trans, when they are not. Claiming to be trans and seeking gender reassignment under the Equalities Act has also defined from 2010 what legal access trans women are now given to spaces ordinarily the preserve of natal women, and limitations about how women are protected are very clearly written into the act. There are no absolutes of course. While these provisions are very welcome as far as trans people are concerned, they also blur the ability of the larger population to distinguish between those people who are trans and those who are not. A further issue which may affect how people identify is that transgender conditions are driven by the rejection of an imposed gender role and identity, with large variations in intensity: not the desire for a new role. Adolescence and puberty are challenging times for everybody, Gender roles are being questioned, hormones are raging, and identifying as trans may be a refuge rather than a positive act.

C:7: Transgender Children, Compulsions and Adults

This is an area where, to say the least, contention abounds. At the heart of it is the disagreement over the origins of trans conditions. Crucially that difference depends on whether the development processes which take place during the first three years of life are considered or are ignored. If these processes are ignored, then the development of gender identity is a gradual progression driven by social learning and cognition alone. According to this argument, put forward in certain feminist circles, trans children cannot exist because no fixed consequence of gender has been formed. That is not the experience of large numbers of trans children who express a discomfort with the gender role assigned to them from a very early age.

C:7:1: Bipolarity

In this article I have previously argued that the internally generated self-reinforcing and fragmented physiological development processes are the dominant and contagious driving forces which propel learning and identification from birth. These act in a feed-forward manner to maximise the amount of learning and information that is obtained but chaos would result if there is no coordination to keep them in check. We have already seen in section 3.2 of this article that a major advance in cognitive capabilities takes place from around the age of one and a half years. This is when major changes in neural structures and leaning capabilities occurs. During the second to the fourth year the feed-back forces created through the acquisition of cognitive abilities increasingly apply this moderation and control, However, these internally driven physiologically based driving forces remain. As a consequence all future development is characterised by the struggle between the earlier internally

focussed, contagious, feed-forward and physiologically driven forces present from birth, which react against the later controlling, feed-back and externally moderated processes of cognitive development, which are effective from about two to three years in age. Thus, the lifetime tension between these feedforward and adventurous forces of physiology, and the feedback and restraining forces of cognition, provides the stimulation whereby the highest achievements of humanity and individuality are obtained. Instead of cognition driving development forward, I have noted that the role of cognition is to set development in order, and to keep it in check. In sections 3.2 and 5:0. I contend that core elements of personality and identity coalesce from previously fragmented thoughts and tribal identifications at the time when the major changes in neural structures and leaning capabilities take place. There are therefore major differences in the learning processes during the first years of life…. and the coherence of identities and personalities which are created depend on how well these transformations are resolved. In section 3:2:2 and elsewhere, I discuss how constancies of personality and identity are created. Conflicts which are strongly bipolar, together with compulsions are created when no resolutions are found. These can vary greatly depending on whether depression or elation dominates at the time. For transgender people, the battles are between an identification with the roles, commitments, loves, and relationships that have been built… which fights against the core sense of identity, often hidden deep inside. When depression dominates, the rejection of these roles and commitments can become overwhelming, and too often disastrous collapse occurs. When elation dominates, all conscious awareness of the conflicts can disappear. That has been my personal experience and I believe that the failure to recognise the bipolar natures of these deep-seated conflicts has led to some of the disasters that have occurred.

C:7:2: Compulsions and Personal Experiences

In an article like this it is appropriate that readers are made aware of my own situation: I regard myself as a male to female transsexual, but I have not transitioned. I seek find ways of maintaining my love and commitment to the life I have built in my battles against the sense of self I find deep inside. Other than trying to fight, reject or to suppress my sense of identity, I look for inclusion and richness instead. I am extensively involved in helping others to gain their own self-acceptance and to deal with the guilt and anger that is created by the misdiagnoses, the attacks on integrity of identity, the misrepresentation of motives, the abuses, the rejections and the violence that is faced. Also, the guilt heaped on people because they cannot conform to what others demand. Sadly, as we have seen, these disagreements have now descended into toxic disputes where virtually all senses of responsibility and objectivity have been lost. It is now time for everyone to examine their own social, political, and religious agendas, and to test their own arguments against what the best of science can tell us: not to use it selectively to prove their own dogmas, for there is anger, accusation, slander, and misrepresentation on all sides.

While I would not wish to impose these conclusions and experiences on others, the strategy I have adopted aims to calm these conflicts by managing their compulsive demands. The compulsions that people most usually think of might be called those of mortido, where the drives for rejection lead to oblivion and death. Other compulsions, where some high achievers may be praised for their efforts may not be recognised or can sometimes be lauded instead. These might be described as those of libido, where the drives for identification and rejection lead to a perceived fulfilment of life. This compulsion of libido I believe is the type of compulsion that many trans people face. When identification and rejection are denied, behaviour and desire take their place.

There are four absolute demands that must be met if a compulsion of any type is to be effectively managed. The first is the absolute requirement to accept the reality of the condition, the second is the total need to recognise that willpower and determination cannot suppress or control it, the third is the unqualified requirement to recognise that the support and help of others is needed, and the

fourth is the complete need to accept that, for no matter how long one has managed to calm the compulsion, even to the extent that conflicts may seem to have disappeared, the trauma and the disruption it creates may erupt at any time. That means welcoming and acknowledging in full one's identity. For trans people it means accepting and embracing the complexity of the identity that is possessed. For alcoholics, total abstention is a recognised route. For trans people abstention would mean denying something that would lead to fulfilment of life, so an approach based on inclusion, acceptance, and welcome must take its place. Gender and sexual identities are expressed through social interactions, and the support of others is needed in any journeys that are made.

That was the dilemma I faced during the first and second times of major crises. It also came into focus when I sought medical help, for I desperately wanted to keep my allegiance to the life I had built, despite what I felt deep inside. This happened such a long time ago it is not relevant to the present disputes, but on three occasions I was offered hormones to help me transition. Each time I refused the offer because then I knew that I did not wish to go down this route. Yet I knew that something had to be done, since a point of total breakdown and collapse just been avoided.

Instead of trying to fight and repress these deep-seated feelings, the approach that I took was to manage it using the criteria I have just described. Eventually a threshold was reached when I felt free of the conflict's demands. However, it was depression from another source which led me to lose hope of fulfilment in the role that I sought. I found that seeking acceptance while denying expression did not work: it was the tensions related to this denial that brought me to this second point of collapse, and led me to a resurgence of the conflict, which was even greater than the first. Instead of abstaining from expressing my deep-seated sense of identity I found I had to express it…. And the nature of this expression is not about any search to be a man or a woman, or anyone in-between, it is about living a life which is true to myself.

It is commonly accepted that attempts to fight or suppress these conflicts lead to compulsions and tensions which cannot be managed. It is these considerations which have led me to my present strategy. My aim is to create an inclusive identity so that considered decisions can be made. For this, my goal is to calm the dynamics and the rejections that drive them. This involves building a truce which balances the aspects of self-identity which are built on relationships with others against the contrary core senses of identity that form very early in life and are sensed deep inside. Although the latter remain constant, the others change with relationships, commitments, and time. The point at which these truces are reached also alters with increasing age, as commitments decrease and as hopes for the future give way to the realities of the past. Maintaining this balance cannot succeed unless an outlook is adopted which gives the freedom to be able to accept and manage change whenever it is required. This may lead towards gender reassignment or it may not. It is fundamental to its functioning that either result must be treated as being equally correct: for this is a compulsion of libido that searches for fulfilment in life. There are significant numbers of transsexuals who desist transitioning until a late age, when family and other commitments decrease, and when they feel free to seek peace in their lives. Denying a sense of fulfilment when there are no commitments or restraints to refuse it may be an impossible task.

C:8: Inversion

For those of us who are trying to maintain our identification with the gender roles and tribes expected of us, collapse often occurs because these battles have been lost. Often that may because depression intervenes so that hopes of fulfilment in the present and the future disappear. That may not be related to gender issues. Previously I have used the analogy which compares building a sense of self-identity to be like that of building a tower where every brick in its walls is correctly placed, but if a foundation stone is incorrect the tower will collapse. For as long as we deny the reality of this foundation we are applying *"conversion therapy" to* our own lives. Therefore a

process of inversion is needed and a new analogy is demanded which describes the creation of self-identity as being like that of a tree which grows with strong roots, so that it can survive the trials and tribulations that attack it because it sways at the top. That does not remove the latency of any conflict, instead it removes the instability which leads to compulsive demands so that reasoned approaches may be worked through and applied.

This means that the creation of an identity which generates self-acceptance and self-esteem is essential if transgender people are to transform their experiences. That involves the building of understanding, acceptance, and self-esteem which can welcome the sense of gender identity that is possessed. I argue that by this acceptance of identity and by calming the dynamics, the need for transition is less likely to occur, and if the need for it ever does come, it comes at the time when it is right and a managed transition can be made. Change must be allowed for and the promise to make to oneself is not one of demanding never to transition, it is one of promising not to transition tomorrow, and renewing this promise each day at a time. That conclusion should not be too surprising for it is the type of advice that is given when managing any compulsive demand.

C:9: Trajectories and Strategies

In section eight and other sections we have seen that an approach which is compassionate and correct by either side is seen as coercion and predation by the other. The same contradictions in childhood development are encountered. For one group the trajectory of development involves the management of a core sense of gender which is formed very early in life. The other group presumes that the opposite trajectory must apply, since this group argues that gender identity only gradually forms. In each case very different management approaches must be applied.

We have already seen that the term trans or transgender covers a wide variety of people. There are those who reject the gender identity prescribed for them from the outset, some who fight this rejection for all their lives, and others who give in to it later in life. That also raises the issues of the correct approach for transgender children who reject the gender identity prescribed for from the outset, so that no allegiance to the roles that biology or society identifies them with ever forms, and no commitments to those roles are ever made.

In those situations, these early origins and experiences must be respected, but that respect is denied by those who treat these conditions as personality disruptions in pursuit of misplaced desire and reward. The argument that is often heard from these groups is that transgender children do not exist. By denying such children the framework on which they build their lives, the self-acceptance and self-esteem that is needed to overcome the difficulties that they face is attacked or destroyed. That is why giving all children the freedom to explore their own senses of gender identity, without pressures from any advocacy group, and without feelings of guilt imposed by the condemnation of others, should be an important part of child development, as is the need to calm the dynamics of any conflict that is created… but that does not mean that safeguards should be abandoned. Indeed, it is crucial that these are applied.

There are arguments over the administration of drugs to delay puberty. These disputes over the trajectories of development must affect any clinical judgements that are made. Crucially, that must depend on the viewpoint you take as to whether these conditions are driven by rejection or desire and on your perception of whether transgender children exist, or they do not exist. All drugs do have at least some side effects. The absolute requirement must be that no irreversible changes of any kind should be sanctioned by anyone in the medical professions and the gender identity clinics, before any child has become legally an adult and is capable of independently and responsibly assenting to making these changes for themselves. Despite allegations to the contrary by some

pressure groups, that is the position that is taken in the United Kingdom even if it may not be applied the same extent in some private clinics or in other parts of the world.

Removing the conflict between the core sense of gender identity and the gender identification expected by biology and society means that transition, for those who are transsexual, or finding a gender identity that fits, for people who are non-binary, resolves the conflicts at source. The peer reviewed literature shows that after surgical intervention only a very small proportion regret transitioning. Figures of less than one percent up to a maximum of about three percent are reported from many international studies[56]. However, it should be remembered that trans people, remain victims of persecution, discrimination, misrepresentation and bullying both before and after transition takes place. Despite the low numbers which are cited in the professional literature of those who regret transitioning, many stories of extreme distress and regret following transitioning are cited by various groups, who use these to allege that a much greater frequency of failure occurs. This is described further in section ten. Here the bipolar nature of these conflicts needs to be recognised. Most stories of regret involve people who first come to believe themselves to be female to male transsexuals in their early teens. Every case is a tragedy and adequate counselling, which must take full account of these bipolar natures is clearly needed, but too often adequate counselling is not provided. Puberty blockers which create reversible effects can fulfil a useful role by relieving the tensions of puberty, but it may be that the administration of cross-sex hormones which create physical changes should be delayed until these reliable assessments are complete. However, that is not the only cause of the present disputes. Asking people to socialise in the gender they identify with from the beginning of assessment requires adjustment by others; and it is a public statement of changes they seek. Treating these conditions as personality variations in accordance with the guidelines of the professional institutions, imposes a mode of treatment which would be considered as coercion by any group who identifies them as disruptions instead.

This article is heavy with my own analysis, but the detail is less important than the reasons or it, because it underpins the scientific consensus of the professional medical institutions and the professional bodies which, as we have seen regard trans conditions, and gender and sexually variant conditions as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. A second key point about this analysis is that it is not just about how gender and sexually variant identities develop. It is about how all or many of the core elements of personality and identity are created and the constancies required to promote order and continuities in life.

A third key point about this analysis is that there are no special paths for the development of gender and sexual identities. All gender identities and sexual identities are shown to develop in the same way. Like gender identities, sexual identities, from which sexual orientations develop cannot begin to form before birth since interaction with others is required. Although the destinations are different, the paths are the same, both have the same strengths the same dynamics, the same timescales, and both manifest themselves very early in life. Nevertheless, they both develop independently of each other, and as wide a range of sexual attractions and orientations is found within transgender

[56] See for example: EPATH (2019) 3rd Biennal EPATH Conference: *"Inside Matters. On Law, Ethics and Religion"* 11-13 April 2019 https://epath.eu/wp-content/uploads/2019/04/Boof-of-abstracts-EPATH2019.pdf and Danker, S.; Narayan, S.K., Bluebond-Langner, R., Schechter, L.S.; and Berli, J.U. Abstract: A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation Surgeries" *Plast Reconstr Surg Glob Open*. 2018 Sep; 6(9 Suppl): 189-189. PMCID: PMC6212091 also Cornell University Public Policy Research Portal: *"Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being":* https://whatweknow.inequality.cornell.edu/about/selection-methodology/ and Cornell University Public Policy Research Portal *"What does the scholarly research say about the effect of gender transition on transgender well-being?* https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ . [all accessed June 2020]

communities as those which exist in the population at large. Early on many people are unable to differentiate between the paths are being followed but that becomes clear as experience is gained. Our senses of gender identity pervade us all as unspoken elements which guide many aspects of our everyday lives. This is true for everyone, whether gender identity is accordance with that expected by biological sex, transgender or agender (people who refuse to identify) and this threatens all our self-identities when that becomes under attack.

C:10: Overview

In this account I argue that this exploration of gender identity should not be confined to those whose gender identities vary from the expected. It is measured by how people interact and present. At its deepest level it is the sense of belonging that is created, and people often become greatly offended if this is attacked. That search for belonging is strongly evident from the age of three years when children start to define very strong and exclusive role-identified stereotypes which each group fits into and keeps others out. In this analysis I show that the driving forces behind such socialisation must be provided by the identification that precedes it. For most people, this conscious awareness of gender identity is strongly and specifically defined. By examining the changing patterns of neurological development, I show how the usually unconscious core senses of gender identity become locked into place before the age of three years. I demonstrate that, when gender identity first begins to be created, it is pro-actively driven by innate neurophysiological forces. Although biology has an influence, it is formed before masculine and feminine identities first appear, and long before there is any awareness of the future battles between power and sex. I also show how compulsions are created whenever the existence or the influence of this core sense of gender identity is denied. I further demonstrate why attempts at *"Conversion Therapy"* or *"Reparative Therapy"* create considerable harm and cannot be considered as ethical approaches.

All these criteria are in line with the *"Memorandum of Understanding"* produced by all of the major professional medical and psychological institutions in the United Kingdom (and worldwide) which condemns both *"Gay Cures"* for Lesbian and Gay people and *"Reparative Therapy"* for Transgender people as being unethical, and totally inappropriate for their harmful and destructive effect[57]. These practices have now been legally banned in many countries. The Church of England and other Churches have called for a legal ban in the United Kingdom. This means that for all intents and purposes, these core senses of gender identity are innate.

C:11: Conflicts

Both gender and sexually variant people disrupt the social orders that are imposed on all secular and religious societies in which gender differentiation is socially and legally enforced. This is regardless of motivation, morality, or desire. The fears of sexual assault and rape by men upon women are very real. The horrendous histories of sexual abuse and oppression by men against women are bound to make women fearful when their spaces of protection are invaded. The proposed reform of the United Kingdom Government's Gender Recognition Act of 2004, with the results of the consultation which were published in 2020[58] has provoked a furious dispute, and in the following sections of this article some of these issues are addressed.

[57] This memorandum can be found at: https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf . [accessed June 2020]

[58] King, D: Paechter, C: Ridgway, M: UK Government (2020) "Gender Recognition Act Analysis of consultation responses" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf

Opposition to the approaches which are presented by the professional medical institutions comes mainly from two quarters. One is from Christian Churches and other religious organisations: the other is from certain feminist groups. I deal with religious organisations elsewhere[59]. A major issue in these campaigns is that of correctly determining the nature and origin of trans conditions. For we have seen that what is accepted as compassion by one side, almost by definition, must be identified as coercion by the other. Therefore, it is essential that the correct methods of management are applied.

The controversy over the correct methods of management came to a head in 2015 following provincial legislation in Ontario outlawing *"Reparative Therapy*" or gender identity change efforts, CAMH then conducted an investigation into the practices of its Child Youth and Family Gender Identity Clinic (GIC). After this Dr Kenneth Zucker was dismissed from his post as head of the children's clinic, and the clinic was shut down. Under the direction of Ray Blanchard and Kenneth Zucker the Centre had diagnosed patients using the theories of autogynephilic transsexuality developed by Blanchard and others in the late 1990s. This has been briefly described in section 3.1. In this we saw that autogynephilia is defined as the propensity of a man to be sexually aroused by the thought of himself as a female. It is the paraphilia (previously known as sexual perversion or disorder)[60] which is understood by these sources to underlie transvestism and some forms of male-to-female transsexualism. It offers a theory of motivation which has a sexual focus.

Blanchard categorized trans women into two groups: homosexual transsexuals who are attracted exclusively to men, and who seek sex (sic) reassignment surgery because they are feminine in both behaviour and appearance; and autogynephilic transsexuals who are sexually aroused at the idea of having a female body: Thus autogynephilic transsexuals are considered as being sexually attracted primarily to the thought or image of themselves as female instead. Clearly the underlying motives creating these identifications are socialisation which is driven by behaviour and desire, and this was the type of approach adopted by the CAMH clinic. This meant that transgender conditions were considered as the result of personality disruptions. The robustness with which the CAMH clinic applied gender conforming treatment to its patients using these principles led to the allegations that the clinic was endorsing *"Reparative Therapy*". From the point of view of those who consider trans conditions to be personality variations, this approach misdiagnoses the condition instead.

Zucker challenged the results of the investigation in court mainly on two grounds. One was an allegation made by a patient that he had called the person *"A hairy little vermin".* This was later shown to be a misattribution. The second was his argument that *"Reparative Therapy"* was not practiced in the Clinic. Zucker won on two counts, the first because the allegation made by the patient did not take place. The second was because the court agreed that *"Reparative Therapy"* was not endorsed. Indeed, it was made clear by Zucker, Lawrence and others that, under the principles of the autogynephilic theory, sex (sic) reassignment procedures for those who would benefit from them should not be denied. However, even though the Clinic did not practice it, the principles behind this theory still permitted *"Conversion Therapy*" or *"Reparative Therapy"* to be considered a legitimate approach.

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[59] For religious arguments refer to Gilchrist, S. (2017): *"Gender and Sexual Malpractice and Abuse in the Christian Church"*: http://www.tgdr.co.uk/documents/236P-Malpractice.pdf: Gilchrist, S. (2013): *"A Reassessment of the Traditional Christian Teaching on Homosexuality, Transsexuality and on Gender and Sexual Variation Using a New Neurophysiological and Psychological Approach"*: http://www.tgdr.co.uk/documents/207P-ReassessmentPsychologyExtended.pdf

[60] *"A paraphilia is a condition in which a person's sexual arousal and gratification depend on fantasizing about and engaging in sexual behaviour that is atypical and extreme. A paraphilia is considered a disorder when it causes distress or threatens to harm someone else. A paraphilia can revolve around a particular object (children, animals, underwear) or a particular behaviour (inflicting pain, exposing oneself) but is distinguished by a preoccupation with the object or behaviour to the point of being dependent on that object or behaviour for sexual gratification. Most paraphilias are far more common in men than in women. The focus of a paraphilia is usually very specific and unchanging"*. https://www.psychologytoday.com/gb/conditions/paraphilias [accessed September 2020]

As a paraphilia or a personality disruption, it only needs something to justify it. In certain Christian Churches and theologies, this the belief that indulging in any gender or sexually variant behaviour, regardless of morality, is a falling from God's Divine plan and is therefore to be condemned, entirely in its own right. Some feminist groups might condemn it because they perceive that the status of womanhood is being attacked. Transgender Trend, who endorses Zucker's approach and focusses on children, sent a memorandum addressed to all the major professional medical and psychological institutions in the United Kingdom. This was at a time they were coming together to produce a *"Memorandum" of Understanding"* which condemns both *"Gay Cures"* for lesbian and gay people, and *"Reparative Therapy"* for transgender people as being unethical and totally inappropriate, because of their harmful and destructive effect[61]. On the one hand the memorandum from Transgender Trend staunchly condemned the use of *"Conversion Therapy"* for lesbian and gay people. On the other hand, it refused to condemn *"Reparative Therapy"* for transgender people and it tried to describe why this was an appropriate approach[62]. That argument was rejected and the condemnation of *"Reparative Therapy"* for transgender people is fully included in the memorandum eventually produced.

Although Zucker was successful in his court actions, they were about how he was represented in the report. The court did not demand that the report was withdrawn and, apart from those corrections regarding Zucker himself, the report still stood[63]. In the recommendations section the report, it states that *"This is an opportune and somewhat natural time for re-visioning and modernization of the GIC, for many reasons. Dr Zucker may be approaching 'end of career'. There is a tremendous need for specialty services such as this, clinically and academically. Knowledge of gender identity and expression has advanced significantly, and society has also shifted in its understanding and acceptance of gender variance. Many of the children previously assessed and treated in the GIC and other similar services are now adults with their own voice, offering important insight to guide the development of services. At present, the political climate is palpable; and this is an emotionally charged issue that would benefit from incorporating all evidence and voices".*

One strong concern with the CAMH clinic was its continued use of autogynephilic transsexuality as a diagnosis and as a management tool. As we have seen, the presumption behind this approach is that the condition is sexually motivated. This directed the CAMH clinic towards assessments of sexual arousal in adults and studies on play activities in children to make judgements on gender stereotypes that were being formed. Parents were encouraged to ensure that their children conformed to the gender norms expected of them and children were encouraged to resist transition. This was again predicated on the assumptions that the driving forces behind them were disruptions associated with behaviour and desire. This was also at a time when the medical consensus was moving towards a diagnosis determined by the search for identity, and where no such reliance behavioural stereotypes were being required.

A further criticism of this approach is that the diagnosis of autogynephilic transsexuality is confined to gender variant males alone. Gender variant females are not considered. An additional assumption is that presumption that homosexuality also provides the driving forces behind the condition. As we have seen, Blanchard categorized trans women into two groups: homosexual

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[61] This memorandum can be found at: https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf . [accessed June 2020]

[62] Transgender Trend (2016): "Conversion Therapy for Transgender People": https://www.transgendertrend.com/conversion-therapy-for-transgender-people/ . [accessed June 2020]

[63] CAMH (2015). The full report can be found here*: "External Review of The Gender Identity Clinic of The Child, Youth & Family Services in the Underserved Populations Program at The Centre for Addiction & Mental Health"*: November 26, 2015
https://www.transadvocate.com/wp-content/uploads/GIC-Review-26Nov2015-TA1.pdf
and the court settlement reached is here
https://www.transgendermap.com/wp-content/uploads/sites/7/2019/06/Minutes-of-Settlement-pdf.pdf

transsexuals who are attracted exclusively to men who seek sex (sic) reassignment surgery because they are feminine in both behaviour and appearance; and autogynephilic transsexuals who are sexually aroused at the idea of having a female body. This typology is largely about trans women[64]. However, Blanchard, Cantor, and Sutton also distinguished between gynephilic and androphilic trans men. According to this theory a gynephilic man is a man who likes women, whereas an androphilic man is a man who likes men. They state that gynephilic trans men are the counterparts of androphilic trans women, that they experience strong childhood gender nonconformity, and that they generally begin to seek sex reassignment in their mid-twenties. They describe androphilic trans men as a rare but distinct group who say they want to become gay men. According to Blanchard, they are often specifically attracted to such men. While this may seem analogous to autogynephilia, no distinct paraphilia for it has been identified[65] [66].

These theories have received many criticisms in terms of context and in their results. Included in these criticisms are that they misdiagnose trans conditions since they associate them with behaviour and desire instead of rejection and identification. They treat them as personality disruptions instead of personality variations. They presume that they are a product of misplaced or sublimated sexual motives. They are considered outdated since they expect trans children to behave, dress and play in accordance with specific gender stereotypes for a diagnosis to be decided. Contrary to associations with homosexuality made by these theories, experience has shown that there is a wide a range of sexual orientations among transgender people as in the general population, and all direct associations with homosexuality and lesbianism are denied. In my own work I show why this is. Although these theories still being pursued by Cantor, Lawrence, and others, they have been dismissed as incorrect and misleading by many, and they do not present a mainstream approach. Motivations are entirely sexually driven and no reference to gender is made.

[64] Ekins, Richard; King, Dave (2006). *The Transgender Phenomenon.* London: SAGE Publications. pp. 86–7. ISBN 0-7619-7163-7.

[65] Cantor, James M.; Sutton, Katherine S. (2014). "Paraphilia, Gender Dysphoria, and Hypersexuality". In Blaney, Paul H.; Krueger, Robert F.; Millon, Theodore (eds.). Oxford Textbook of Psychopathology. Oxford University Press. pp. 593, 602–604. ISBN 978-0-19-981177-9.

[66] Blanchard, Ray. *"Gender Identity Disorders in Adult Women*" Chapter in Clinical Management of Gender Identity Disorders in Children and Adults. American Psychiatric Press, Editors: Ray Blanchard, Betty W. Steiner, pp.77-91

SECTION D CAMPAIGNS

In this section I discuss the approaches put forward by some of the campaigning groups. In this section I also examine science-based arguments that various groups put forward to justify their claims.

D:1: Gender Identity

This dismissal of gender identity, together with a reliance on autogynephilic transsexuality, is a common feature in many campaigns. In an issue of the *"National Review"* published on the 23 July 2020[67] Debbie Hayton dismisses the conclusions of the professional medical institutions by describing *"gender identity*" as a metaphysical concept that can be neither proved nor falsified. She states *that "Science and society cannot be fooled, and neither should trans people. Our biological sex is real: It cannot be changed, and men cannot become women"*.

In an article written for "Russian Times": *"Mob Justice: How one feminist's simple Tweet enraged transgender activists and saw her sacked from her dream job"* Debbie Hayton writes: *"By denying the central catechism of gender identity ideology that we (trans people) can choose our sex, (natal) women have been denounced as bigots, transphobes and TERFs (Trans Exclusive Radical Feminists)"*[68]*.* The idea that the central catechism of gender ideology is that *"trans people can choose their sex*" is a reflection more on feminist arguments rather than transgender people's lives. It is foreign to the reality of existence for the great majority of transgender people, and it is a position that radical feminists are forced into if the reality of gender identity is denied.

The downgrading of gender identity to a *"metaphysical concept that can neither be proved or falsified"* in Debbie's article is present amongst many groups. Groups like Transgender Trend who adopt the view that the creation of gender identity is an experiential and reward driven activity declare that: *"There is no scientific basis for the idea of innate deeply-held sense of gender"*[69]*,* and state that their concerns are: *"about the social and medical "transition" of children, the introduction of "gender identity" teaching into schools and new policies and legislation based on subjective ideas of 'gender' rather than the biological reality of sex""*[70]*.* On the advice given to schools on the *"Impact of Teaching Gender Identity to Children"* Transgender Trend states *"Transgender organisations such as Gendered Intelligence*[71]*, GIRES*[72] *and Allsorts Youth Project*[73] *deliver training for teachers and PSHE classes for children in schools. Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists. Changing gender is presented as*

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[67] Hayton, Debbie (2020): "Britain Comes Close to Defeating Trans Overreach": *National Review*, July 23, 2020 https://www.nationalreview.com/2020/07/britain-comes-close-to-defeating-trans-overreach/?fbclid=IwAR1QZzx0PPgm2Oj31LC_Zq_rA2G7JqV-1rrG8BYOPQUabOvhg0CP6jfpEfY . [accessed June 2020]

[68] Hayton, Debbie (2020) Facebook Post about RT article "Mob Justice: How one feminist's simple Tweet enraged transgender activists and saw her sacked from her dream job" 31 August 2020 https://www.rt.com/news/499510-mob-justice-feminists-transgender/

[69] "*While sex (male/ female) is an immutable biological reality, gender (masculinity/ femininity) is understood as a social construct which changes through history and according to societal norms. Conversely, the American Psychiatric Association (APA) who produce the guidance upon which NHS practice is based, describes gender identity as :'a category of social identity (that) refers to an individuals' classification as male, female or occasionally some category other than male or female. It's one's deeply held sense of being male or female, some of both or neither, and does not always correspond to biological sex' As such according the APA & NHS gender identity is unverifiable and yet considered to exist independent of both gendered socialisation and biological sex. There is no scientific basis for the idea of innate deeply-held sense of gender". https://www.transgendertrend.com/current-evidence/* See also *"The Pink and Blue Brain Myth": https://www.transgendertrend.com/brain-research/* [All accessed 2020]

[70] Transgender Trend: https://www.transgendertrend.com/

[71] Gendered Intelligence: http://genderedintelligence.co.uk/

[72] GIRES: https://www.gires.org.uk/

[73] Allsorts Youth Project: https://www.allsortsyouth.org.uk/

synonymous with changing sex The definition of "girl" is "young female" and a boy is a "young male" so to be "a girl in a boy's body" makes no sense and renders the words "boy" and "girl" meaningless[74]*.* Groups like Woman's Place[75] very strongly claim that they are not transphobic. However, they downgrade the characteristics of gender identity to subjectivity in favour of the perceived reality of the biology of sex.

The problem with many may be less to do with their intentions and more on their denial of the realities of gender identity and presumptions about how transgender identities arise. The LGB Alliance is another group which adopts similar views[76]. On their website they state *"There are only two sexes, male and female, not some multiples of genders on a gender spectrum:, We maintain that gender is a social construct which is used to impose often harmful and outdated stereotypes. Gay people are same sex attracted; not same gender attracted. We believe that biological sex is observed at birth and not assigned. In our view, current gender identities are pseudo-scientific and present a threat to people whose sexual orientation is towards the same sex, or both sexes".* As a transsexual, Debbie Hayton is a supporter of both Woman's Place and the LGB Alliance. She has published extensively. One of the more intriguing of her articles is *"Gender Identity is Bollocks*[77]*"* and the titles of many of her publications do little to calm what has become a toxic dispute.

What the so-called trans activists are, is never properly defined. On their website the LGB Alliance state that all opposing groups are*: "Mainly peopled by activists linked to a plethora of LGBTQ+ lobby groups such as Stonewall that have grown bloated on huge funding, much of it from the taxpayer, and who use their undue influence to misinterpret both the sprit and the letter of the existing law*". A document which comes under strong attack by these groups is the *"Stonewall School Report"* of 2017[78]. Stonewall commissioned the University of Cambridge to write this report. If the allegations of these groups are to be believed then this university, and all of the professional medical organisations, the international institutions, and peer reviewed publications, who on a worldwide basis, acknowledge the reality of gender identity, who now classify it as a personality variation, and who produced the memorandum of understanding which rejects this dismissal of gender identity, must be condemned for engaging in inadequate and irresponsible science as well.

It might seem that I am selecting Debbie Hayton for a very strong attack. However, I count Debbie as a friend, and we work together to support trans people in religious circles and in other social contexts. I greatly admire the dedication and the work that Debbie has done towards enabling trans people to be accepted in the trade union movements, also in radical feminist groups. However, that has come at a price. It is obvious that we disagree extremely strongly over the origins and nature of transgender conditions, but Debbie has published her own views very widely, and she knows that I also expect to be able to do the same. Despite our very wide divergence of views and our strong disagreements, I will never attack the integrity Debbie's beliefs. Perhaps that, together with the willingness to listen and be open to other people's arguments are the key steps that are needed to turn any toxic dispute into a discussion or a debate.

D:2 Gender Attacks

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[74] Transgender Trend (2019) Impact of Teaching Gender Identity to Children https://www.transgendertrend.com/wp-content/uploads/2018/02/Impact-of-Teaching-Gender-Identity-to-Children.pdf [Accessed July 2020]

[75] Woman's Place: https://womansplaceuk.org/

[76] LGB Alliance: https://lgballiance.org.uk/

[77] Hayton, Debbie (2020): "Gender identity is bollocks" *Spectator, Australia*: 4 April 2020: https://www.spectator.com.au/2020/04/gender-identity-is-bollocks/. [accessed June 2020]

[78] Stonewall (2018): "LGBT in Britain - Trans Report" https://www.stonewall.org.uk/lgbt-britain-trans-report also Stonewall/Cambridge University (2017): *"School Report (2017)":* http://www.stonewall.org.uk/school-report-2017

For many years, the best explanation that could be found for trans conditions was that the wash of hormones in the brain that takes place about ten weeks after gestation causes it to develop in either a male or female direction. There are many studies which claim to confirm this[79] [80], but other groups deny it. What is less clear is how physical differences can translate into the gender identity that is formed. Accordingly, many have looked for differences in neural structures to confirm this approach, in which advances in fMRI (Functional Magnetic Resonance Imaging) have played an important part. In a 2015 paper Joel et al showed that no such gross dimorphism exists[81]. However, they did report that the human brain consists of a mosaic of features some of which may be regarded as being more typically male and others female. Although gender identity and its possession are core features of personality and identity, they indicate that they cannot be divided into male or female stereotypes, no matter what social expectations of society seek to impose. The fact that four-fifths of people who today identify as transgender associate themselves with non-binary categories is one demonstration of this. It is also a measure of the strength with which gender identities are felt.

Joel did not say that there are no sexual differences: although support for the existence of "male" and "female" brains may not be justified, that does not eliminate the arguments that brain physiology, plasticity and morphology do not have major roles. There is a whole raft of sex differences that impact on behaviour, maturation and relationships which begin at the pre-natal stage. See the 2020 Handbook of Clinical Neurology Volume 175: "*Sex Differences in Neurology and Psychiatry"* for descriptions of these[82]. The results of meta-studies and reviews, which combine the results of many investigations show that distinct and separate transgender phenotypes exist within the neural mosaics that are defined [83] [84] [85] [86] [87]. I also discuss endocrinal processes elsewhere[88]. Current research is increasingly showing a direct link between brain morphology and

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[79] For a current review, see the New Scientist article: Williams, Shawna: (2018): Are the Brains of Transgender People Different from Those of Cisgender People?" *New Scientist,* March 1 2018: https://www.the-scientist.com/features/are-the-brains-of-transgender-people-different-from-those-of-cisgender-people-30027

[80] See for example: Bakker, Julie: (2018): "Brain structure and function in gender dysphoria": *Endocrine Abstracts* (2018) 56 S30.3 | DOI: 10.1530/endoabs.56.S30.3 https://www.endocrine-abstracts.org/ea/0056/ea0056s30.3

[81] Joel, Daphna; Berman, Zohar; Tavor, Ido; Nadav, Wexler; Gaber, Olga; Stein, Yaniv; Shefi, Nisan; Pool, Jared; Urchs, Sebastian; Margulies, Daniel S.; Liem, Franziskus; Hänggi, Jürgen; Jäncke, Lutz; Assaf, Yaniv: (2015): *"Sex beyond the genitalia: The human brain mosaic"* CrossMark: Elsevier PNAS Vol 112 No 50 Published 15 Dec 2015DOI: https://doi.org/10.1073/PNAS.1509654112 : Conclusions: *"The lack of internal consistency in human brain and gender characteristics undermines the dimorphic view of human brain and behaviour and calls for a shift in our conceptualization of the relations between sex and the brain. Specifically, we should shift from thinking of brains as falling into two classes, one typical of males and the other typical of females, to appreciating the variability of the human brain mosaic. Scientifically, this paradigm shift entails replacing the currently dominant practice of looking for and listing sex/gender differences with analysis methods that take into account the huge variability in the human brain (rather than treat it as noise), as well as individual differences in the specific composition of the brain mosaic. At the social level, adopting a view that acknowledges human variability and diversity has important implications for social debates on longstanding issues such as the desirability of single-sex education and the meaning of sex/gender as a social category".*

[82] Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): Sex Differences in Neurology and Psychiatry" *Handbook of Clinical Neurology* Volume 175, 2020

[83]Fausto-Sterling, A., Sung, J., Hale, M., Krishna, G., & Lin, M. (2020, March 30). Embodying Gender/sex Identity during Infancy: A Theory and Preliminary Findings. https://doi.org/10.31219/osf.io/ysrjk

[84] Brady C.E., Ernst M.M. (2020) Pediatric Gender Identity: Consultation on Matters of Identity, Transgender Concerns, and Disorders/Differences of Sex Development. In: Carter B., Kullgren K. (eds) Clinical Handbook of Psychological Consultation in Pediatric Medical Settings. Issues in Clinical Child Psychology. Springer, Cham. https://doi.org/10.1007/978-3-030-35598-2_33

[85] Ristori, J.; Cocchetti, C.; Romani, A.; Mazzoli, F.; Vignozzi, L.; Maggi, M.; Fisher, A.D. Brain Sex Differences Related to Gender Identity Development: Genes or Hormones? *Int. J. Mol. Sci.* 2020, *21*, 2123.

[86] Joel, Daphna et al: (2015).

[87] Guillamon A, Junque C, Gómez-Gil E: (2016) *"A Review of the Status of Brain Structure Research in Transsexualism"*. Arch Sex Behav. 2016 Oct;45(7):1615-48. doi: 10.1007/s10508-016-0768-5. Epub 2016 Jun 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4987404/

[88] I also discuss these in Gilchrist, S. (2016): "Taking a Different Path": Chapter 10 in: *"This Is My Body: Hearing the Theology of Transgender Christians",* Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016*): "A New Approach to Identity and Personality Formation in Early Life"*: http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf : also Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

transgender identification[89]. However, studies on brain structure must be treated with care because of the massive changes of brain interconnectivities, brain plasticity and synaptic pruning that takes place, notably up to the first four years. Like the expected development of self-identity and consciousness the creation of gender identity may also be the result of a distributed process, so that no individual part of the brain responsible for creating it may be found, and that is in line with present thinking about how other aspects of personality and identity are formed[90]. In place of attempting to identify male and female characteristics in terms of physical brain differences, it may be better to use an approach which concentrates on cognitive processing instead[91]. In 2020 Joel[92] reported *"The conclusion from these studies, that human brains are largely composed of unique mosaics of female-typical and male-typical features, was supported by recent findings that the brain "types" typical of women are also typical of men, and vice versa".* She suggests replacing the framework of a male-female continuum with thinking about how mosaic brains reside in a multidimensional space.

I discuss this further in section B:7 of this article, where I consider how individuality is formed. In every one of these investigations, the development of gender identity is seen to be a multifaceted process where elements of genetics, neurological differences, social and environmental elements are involved[93]. Although there may be very minor differences within each of these individual elements, they all combine, so that strongly held senses of gender identity are created. In section B:7 of this article I show how this can occur and demonstrate that both gender and sexual identities are fully integrated parts of the total senses of identity and personality that are formed. The core sense of gender identity from earliest childhood for most people is so fundamental to their sense of self that it is an unthought of, but foundational of part of everyday life. These results also give substance to the viewpoint expressed by the professional medical institutions that trans conditions, and gender and sexually variant conditions more generally, are naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life.

That conclusion is a long way from the viewpoint expressed by Debbie that *"Gender identity is Bollocks"*, or in the name of a *"Gender ideology"* that some feminist groups seek to impose on us through their assertion that , *"When transsexual people transition, they are changing their sex".* Yet nothing could be further from the truth: when transgender people talk about transition, the talk is always in gender terms. Few if any trans people believe that biological sex is changed by the actions that are taken. For those groups who deny that any gender identity which is real and

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[89] Tannett, B. (2020). Sex vs Gender: Are We there Yet? A Biological Location for Gender, not Sex. Cambridge Open Engage. doi:10.33774/coe-2020-k7gt1

[90] Joel, Daphna; Garcia-Falgueras, Alicia;: Swaab, Dick: (2019). "The Complex Relationships between Sex and the Brain" *Sage Journals* Review Article Find in PubMed https://doi.org/10.1177/1073858419867298

[91] Svedholm-Häkkinen,Annika M; Ojala, Sini J; Lindeman, Marjaana: (2018): "Male brain type women and female brain type men: Gender atypical cognitive profiles and their correlates*": Personality and Individual Differences:* Volume 122, 1 February 2018, Pages 7-12: https://doi.org/10.1016/j.paid.2017.09.041: *"Gender differences exist in abilities, interests, and occupations. According to the Empathizing-Systemizing theory, the reason for all gender differences lies in the relative weights of two cognitive processes: women empathize more, which is useful in understanding people, while men systemize more, which means interpreting phenomena as rule-based systems. The terms "male and female brain type" refer to a heightened preference for one process over the other. We aimed to find out whether the gender atypical groups of male brain type women and female brain type men are more similar to the opposite sex than to their own in terms of a range of social, cognitive and personality variables. Female and male brain type groups were identified and compared within both genders in an online study (N = 2983). The results show there are female brain type men and male brain type women, who are characterized by qualities more often associated with the opposite sex, and who have not been reached by prior research. Thus, these findings demonstrate that cognitive type is a more powerful predictor of certain characteristics than is biological sex".*

[92] Joel, D: (2020): "Beyond sex differences and a male-female continuum: Mosaic brains in a multidimensional space". Chapter 2 in Handbook of Clinical Neurology: Volume 175, 2020, Pages 13-24

[93] Polderman, T.J.C., Kreukels, B.P.C., Irwig, M.S. et al. (2018):The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table. *Behav Genet* 48, 95–108 (2018). https://doi.org/10.1007/s10519-018-9889-z

meaningful exists, we are considered deluded in our approach. In addition, to deny that any form of deep-seated gender identity exists is to take the statements by Joel and others, which states that distinctive male and female brains do not occur and… ignore anything else. That includes all the neurological studies described above, and my own. As I show in section B:7, in her own neurological analysis, Rippon does exactly the same through her summary dismissal of the idea that there can be any such variations in learning patterns, as "Whack-a-Mole" myths. Rippon makes it clear in her book that the development of gender identity takes place entirely through a social learning approach. Freudian analysis does the same through the assumptions that sexual m motivations provide the driving force. Despite the very obvious deficiencies which I have described is section C:11, that also seems to be the reasons why these feminist groups have latched onto the presumption that autogynephilic transsexuality is the correct explanation for trans conditions, where sexuality is presumed to be the driving force, and where no reference to gender is made.

Autogynephilic theory describes trans conditions are as paraphilias which are driven by male homosexual desires that have been subverted in different ways. Thus, trans conditions are described in this theory as perversions of homosexuality rather than sex. They only relate directly to male to female transsexuals. As perversions they are presumed to be driven by behaviour and desire, where predation may be encouraged by affirmative acts. Of course, all possible solutions must be considered and analysed, but that also demands an objective approach. This is not evident in the accusations that are made by these feminist groups, and their arguments that more research is needed is countered by their selective use of the research that already exists.

Trans people are ill-served by using agendas which do not take any account of their own experiences, and which are in pursuit of other agendas that they may be intended to serve. In section C:2, I discuss the harm that is created when this misdiagnosis is made. By identifying trans conditions as arising from perversions of homosexuality, by dismissing any consideration of how personality and identity develops in early life, by the selective use of scientific research, by classifying trans conditions as the pursuit of sexually motivated desires and behaviour instead of identification and rejection argued for by others and in my research, by not even considering the views and consensus reached by all of the major medical institutions and by dismissing all opposing views, including those of the professional institutions as the work of transgender activists that are not worthy of respect, does not represent any open mindset within which any rational argument and or discussion can occur.

The one word that seems to be totally absent in all these disputes is that of *"Love"*. Clearly biology plays a supremely important role in how men and women are treated in society. However there is another viewpoint which allows a gender complementarity in which men and women find delight and love in each other (or in same-sex partnerships) while at the same time attacking with the same degree of vigour the enforcements of the stereotypes and the gross discrimination that all women face. In this account I distinguish men from women in three ways: One is the sense of belonging that gender identity creates, the second comes from the variations which enable men and women to delight and to find love with each other, and the third comes from the differences that biology creates. Mitchell touches on these positive aspects in his book[94]. In section 2:2:4 on behavioural effects I note that: *"There is also strong evidence to show, that while male and female behaviour on average falls into two categories, there is such a large spread in the natures of these identifications that large overlaps occur. Therefore, it is possible for someone who is male to identify with women from the moment of birth and to have an outlook, behaviour and lifestyle which remains in harmony with women throughout her whole life".* From the beginning trans women have been and are active in the feminist movements, and I argue that this is why these commonalities of identity and purpose

[94] Mitchell, Kevin J. (2018): *"Innate: How the Wiring of our Brain Shapes Who We Are*": Princeton University Press; ISBN 978-0-691-17388-7.

mean that so many natal women accept trans women as allies, and as women, who are fighting for the same cause.

It seems to me that the divisions within the trans community mirror those in the whole feminist movement. Debbie would find herself on one side of the argument and me on the other. The effect of excluding two of these characteristics, by dismissing commonalities of purpose, by treating sex as being synonymous with gender and by restricting the definition of women to that of *"an adult biological female"* does not just exclude trans women, it denies all of the other definitions and identifications of womanhood to natal women as well. There is a great deal of anger about this in the trans communities, which can lead to unhelpful responses. J. K. Rowling is entirely correct to be distressed about the images of transsexuality that are presented to her and to the attacks on her self-identity as a woman that these images create[95]. But these are not images which the great majority of transgender people would either recognise or impose. They are images presented by campaigning groups and others who seek to deny the legitimacy of the gender identities which transgender people possess.

One of the more contentious areas relates to the way that transgender children are treated. That exposes major difficulties because the approach that gender identity clinics must adopt will differ according to the diagnosis that is applied. Giving children the freedom to find their own identities, as would be expected if it is treated as a personality variation, will immediately raise allegations of predation against the *"transgender lobbies".* On the other hand, attempts to repress any such exploration, by treating it as a motivation, will raise ire among transsexual people by reason of the trauma that repression creates. In recent years there has been a great increase in the number of natal girls being referred to the Gender Identity Service for Children (GIDS), although it is a relatively small proportion of the general population. Some of the reasons for this are discussed earlier in this document, one is because the 2010 Equalities Act has already given anyone who claims to be trans the ability to identify with women or men according to their understanding and without any other requirement, but it may also be because among the younger generation much less strict gender stereotypes are being found. It is important to ensure that the freedom to explore these is given, but with the appropriate safeguarding arrangements put in place.

Timing is also affected. The advice from the professional medical institutions identifies transgender conditions as naturally expected variations of the human condition. This means that evidence is should be present from early in life. Experiences support this view and children are encountered who from the outset adopt a gender identification opposite to what biology expects[96]. However campaigning groups such as Transgender Trend, members of Women's Place and others take the view that gender identity is socially determined, and it appears much later in life. Members of these groups argue that transgender children do not exist. Such children are considered open to predation by others: and attempts to blame the *"transgender lobby*" are made. In this context it may be useful to know that on the 16th July 2020, five days before Liz Truss the United Kingdom Minister for Women and Equalities stood up in Parliament to declare that Transgender rights would absolutely be protected, all safeguarding information protecting transgender children from being bullied in school was removed without notice from the House of Commons Briefing Paper on Transgender Rights. Instead of the research previously reported on the use of puberty blocking hormones a

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[95] Rowling, J.K. (2020): *"J.K. Rowling Writes about Her Reasons for Speaking out on Sex and Gender Issues"* https://www.jkrowling.com/opinions/j-k-rowling-writes-about-her-reasons-for-speaking-out-on-sex-and-gender-issues/. [accessed August 2020]

[96] Fast, A.A., Olson, K.R. (2018) Gender Development in Transgender Preschool Children. University of Washington: *Child Development*, March/April 2018, Volume 89, Number 2, Pages 620–637. See also:
Olson, K. R. Gülgöz, S. Early Findings from the TransYouth Project: Gender Development in Transgender Children University of Washington: doi: 10.1111/cdep.12268
https://srcd.onlinelibrary.wiley.com/doi/am-pdf/10.1111/cdep.12268

statement that *"little is known about their long-term effects*" has also been inserted[97]. Recent advice on the NHS website has also been downgraded[98]. These are changes which have been campaigned for by these groups.

In sections 11 and 12 we have seen that the most notable feature in all these arguments is the attempts that are being made to downgrade gender identity to a socially constructed phenomenon. Rippon does this in her neuroscientific analysis through her presumptions which deny any relevant change in the neurophysiological patterns of learning and development at any time of life. The adoption of autogynephilic transsexuality as an explanation by other groups removes any consideration of gender identity as an independent feature and replaces it with sexual motivations instead. There are therefore three consistent themes which are put forward by the campaigning groups. The first is the denial of the existence of gender identity as anything other than a "*metaphysical concept that can neither be proved or falsified"*. The second is that all opposition is due to *"transgender activists*". The third is the assertion by these campaigning groups that there is no reputable science to justify their claims.

D:3: Disputes or Debates?

All sides may seem very reasonable when they argue for open and honest debate, but they then set ultimatums which demand that the viewpoints they present must be accepted before any discussion can take place. The intensity encountered in these arguments means that this is not a debate. Therefore, in the sections of this article which follow, it might be worth comparing some of these groups' own claims to science and evidence-based reasons, with those produced by organisations supporting the WPATH guidelines. Most of their arguments are set out on their website by Transgender Trend but tend to be adopted by other groups. I go into this in more detail in the papers Gilchrist, S. (2019): *"Interpreting Science and Challenges to Gender Identity Research"*[99], Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life"*[100]. and Gilchrist, S. (2019*): "Divisions: Self-Declaration and Gender Variant People"*[101]*:* However, I will address some issues here.

D:4: Suicides and Attempted Suicides

One major dissention is on whether the pain and distress encountered in trans people who have undergone transition is caused by the act of transition with or without involving surgery, or because they are being denied it.

From the point of view of the campaigning groups the answer is already clear; since anything which confirms a disruption of the normally expected path of development will have a harmful effect. The Transgender Trend Website states that: *"Although there is no doubt that children and young people suffering gender dysphoria are an extremely vulnerable group deserving of our support and care, the oft-quoted suicide statistics are from surveys which are not robust and there is no evidence that transition is a 'cure.'"* It reports on two studies carried out in the United Kingdom. It quotes the

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[97] You can see the relevant section of the original document and the changes here .Gilchrist, S. (2020): "A Comparison Of Changes To The House Of Commons Briefing Paper On "Gender Recognition And The Rights Of Transgender People" Made On The 16th July 2020": http://www.tgdr.co.uk/documents/SuM0720a-BriefingComparisonDocument.pdf

[98] NHS Website (2020): Overview Gender Dysphoria: https://www.nhs.uk/conditions/gender-dysphoria/ [Accessed August 2020]

[99] Gilchrist, S. (2019): *"Interpreting Science and Challenges to Gender Identity Research"* http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf (note that this is still in draft form at the time of writing)

[100] Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life"*: http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

[101] Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*: http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf

results of one study which indicates that 48% of all trans youth attempt suicide[102]. It claims that this is where that statistic comes from, without reference to any other sources. It also refers to the University of Cambridge Report commissioned by Stonewall [103] which identifies similar statistics, and it attacks the methodologies of both studies.

Care must be taken when actual suicides are considered, the United Kingdom Gender Identity Development service (GIDS) reported only four suicides among people referred to it between 2008 and 2018. Suicide rates among young children are vanishingly rare[104]. The suicidality rates for adolescents attending the GIDS clinic are like those of young people who are more generally referred to child and adolescent mental health services, but that is still too high[105]. Although only based on these four instances, analysis of the data provided by GIDS shows that the suicidality rate is some 13 times greater than that expected in the general teenage population[106]. Comparable results are obtained in other studies[107]. Although the reported rates of actual suicide are low as a percentage of the population, the figures for those contemplating or attempting suicide are high.

Transgender Trend concluded that there are fundamental methodology issues with these two UK investigations. They state that. "*This data is poor quality and should not be relied upon by parents when considering how best to support their children. The misuse of suicide figures is ethically questionable".* However, these figures are replicated in large numbers of other studies both in the United Kingdom[108] and internationally[109]. The most reliable figures are obtained by meta studies, which combine the results of many investigations, and these figures are again confirmed from these meta sources. A recent systematic review and meta-analysis of nearly 2.5 million adolescents, found that sexual minority youths have greater risk of life-threatening behaviours compared with their heterosexual and gender conforming peers. Another recent report, which studied 3700 people, shows that more than four in five transgender young people have self-harmed and more than two in five transgender young people have attempted to take their own lives[110]. For transsexuals, the actual suicide rate is 8 to 10 times higher than that of the general population[111]. Professor Michael King currently believes that, although suicide rates today are higher before transition, after transition

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[102] Nodin, N., Peel, E., Tyler, A., Rivers, I. (2015) The RaRE Research Report: LGB&T Mental Health – Risk and Resilience Explored. Project Report. PACE (Project for Advocacy Counselling and Education), London. http://eprints.worc.ac.uk/3743/1/RARE-Report-WEB_version_final_20150319.pdf

[103] Stonewall (2018): "LGBT in Britain - Trans Report" https://www.stonewall.org.uk/lgbt-britain-trans-report also Stonewall/Cambridge University (2017): *"School Report (2017)":* http://www.stonewall.org.uk/school-report-2017

[104] GIDS (2020) Transgender Evidence Base http://gids.nhs.uk/evidence-base [accessed August 2020]

[105] GIDS (2018): "Our response in full to the ITV series Butterfly": http://gids.nhs.uk/news-events/2018-10-15/our-response-full-itv-series-butterfly [accessed August 2020]

[106] Biggs, Michael (2018): *"Attempted suicide by American LGBT adolescents 4thWaveNow"*: A community of people who question the medicalization of gender-atypical youth http://4thwavenow.com/2018/10/23/attempted-suicide-by-american-lgbt-adolescents/ [accessed August 2020]

[107] Biggs, Michael (2016): *"A Scientist Reviews Transgender Suicide Stats"* Transgender Trend Guest Blog : https://www.transgendertrend.com/a-scientist-reviews-transgender-suicide-stats/ [accessed August 2020]

[108] See for example Bailey, L., J. Ellis, S., & McNeil, J. (2014*). 'Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt'*. Mental Health Review Journal, 19(4), 209-220. *"A total of 1,054 participants accessed the survey, however, those who did not consent to take part were omitted as were those who were under the age of 18, those living outside of the UK and Ireland, as well as those who completed very little of the survey. The final data set comprised 889 respondents. The study found an 84% lifetime prevalence of ideation and a 48% lifetime prevalence of attempted suicide".*

[109] Haas, Ann P. ; Rodgers, Philip L.: Herman, Jody L. : (2014):"*Suicide Attempts among Transgender and Gender Non-Conforming Adults Findings Of The National Transgender: Discrimination Survey":* American Foundation for Suicide prevention: Williams Institute, UCLA School of Law: https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf

[110] See for example: Wilson C., Cariola, L.A.: (2020): LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research: *Adolescent Research Review* (2020) 5:187–211 https://doi.org/10.1007/s40894-019-00118-w and Russell, S., Fish, J.N. (2019): "Sexual minority youth, social change, and health: A developmental collision": *Res Hum Dev*. 2019; 16(1): 5–20. Published online 2019 Mar 18. doi: 10.1080/15427609.2018.1537772

[111] Data collected on an international basis.

they drop to rates comparable to the population as a whole[112]. Transgender youths are the most affected followed by bisexual and homosexual teens. If Transgender Trend is to correctly interpret these results it must do more than just base its conclusions on the two studies which it has tried to condemn[113] [114]

D:5: Sources of Trauma

The various recent Stonewall Reports on transgender issues, including the School Report, prepared under the auspices of Cambridge University, makes sobering reading[115]. Rather than being predators, 41% of transgender people and 31% of non-binary people have experienced a hate crime or incident because of their gender identity in one year. More than 28% of transgender people have faced domestic abuse from a partner. 25% experienced homelessness at some point in their lives. 12% of transgender employees have been physically attacked by colleagues or customers in the previous year. 36% of transgender university students in higher education have experienced negative comments or behaviour from staff in the last year. Since the introduction of the lockdown in March 2020 because of the Corona Virus pandemic, hate crimes against transgender people are reported to have further increased by 40%. These features are associated with rejection, persecution or hate attacks, they are not because of the internal traumas that transgender people face.

The statement on the Transgender Trend website that *"there is no evidence that transition is a 'cure'"* needs to be questioned. If transgender conditions are understood to develop quickly and very early in life, then it may be expected that the trauma transgender people face is created because of the external attacks and persecutions which other people in society enforce. If they are considered to develop much more slowly, then, transgender conditions may be understood to arise because of the internal traumas that trans people face.

Transgender Trend quotes a Swedish study on the long term follow up on the suicides rate among transsexual people. While that study reports that reassignment alleviates gender dysphoria. The report concluded that: *"Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered,"*[116] which is taken to mean that transgender conditions arise because of the internal traumas that people encounter. That is not proven in this paper, and the opposite viewpoint is expressed in much other literature. Questions must also be asked about the use of data

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[112] Personal communication.

[113] Julia Temple Newhook, Jake Pyne, Kelley Winters, Stephen Feder, Cindy Holmes, Jemma Tosh, Mari-Lynne Sinnott, Ally Jamieson & Sarah Pickett (2018) A critical commentary on follow-up studies and "desistance" theories about transgender and gender-nonconforming children, *International Journal of Transgenderism*, 19:2, 212-224, DOI: 10.1080/15532739.2018.1456390

[114] Cornell University Public Policy Research Portal: "Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being": https://whatweknow.inequality.cornell.edu/about/selection-methodology/ and Cornell University Public Policy Research Portal "What does the scholarly research say about the effect of gender transition on transgender well-being? https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ . [all accessed June 2020]

[115] Stonewall (2018): *"LGBT in Britain - Trans Report"*: https://www.stonewall.org.uk/lgbt-britain-trans-report also Stonewall/Cambridge University (2017): *"School Report (2017)"*: http://www.stonewall.org.uk/school-report-2017

[116] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M (2011): *"Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden"*. PLoS ONE 6(2): e16885. https://doi.org/10.1371/journal.pone.0016885 Conclusion *"This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population. This highlights that post-surgical transsexuals are a risk group that need long-term psychiatric and somatic follow-up. Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered."*

from 1973 and 2003 when trans people were much less tolerated in society and at that time the assumption was often made that its expression was a predictor for the abuses of sex. Nevertheless, this paper shows that there are a wide range of external factors which affect the high reported suicide attempts. These include: age, poor mental health, homelessness, abuse or harassment, particularly sexual assault, problems accessing medical care, lost friends, family, spouse or access to children, domestic abuse, being attacked after being recognised as transgender, psychological, verbal or physical abuse, lack of parental support. The conclusions of one meta-study carried out by Cornell University[117] up to June 2017 states: *"We conducted a systematic literature review of all peer-reviewed articles published in English between 1991 and June 2017 that assess the effect of gender transition on transgender well-being. We identified 55 studies that consist of primary research on this topic, of which 93% (51) found that gender transition improves the overall well-being of transgender people, while 7% (4) report mixed or null findings. We found no studies concluding that gender transition causes overall harm. As an added resource, we separately include 17 additional studies that consist of literature reviews and practitioner guidelines*."[118]. More details of research into this area are given in section 9:4 of this article. These conclusions are corroborated in a mass of other studies for which information is available elsewhere[119].

D:6: Rapid Onset Gender Dysphoria

Although it is a common experience for some transgender to experience discomfort with the gender identity assigned to them from their earliest memories for others this does not explode into existence until later in life. The onset of puberty is a time when this is most often likely to occur. An article *"Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports"* written by Lisa M. Littman, a physician researcher at the Brown University school of public health, described a study which recruited parents from three gender critical blogs. In her interpretation of the narratives and anecdotal experiences translated by parents into quantitative and qualitative data, Littman ultimately attempted to characterize a novel presentation of gender dysphoria among adolescents which does not fit existing literature. Instead, she hypothesized that increasing rates of gender dysphoria particularly among teenage girls, can be attributed to social contagion and maladaptive coping mechanisms. These conclusions have already found a home among more conservative researchers and political pundits. They have been taken on board by Transgender Trend and other campaigning groups. However, the controversies raised by this study have led to several revisions of the publication[120]. A 2020 review by Florence Ashley concluded that the Rapid Onset Gender Dysphoria Theory presented by Littman: "*is best understood as an attempt to*

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[117] Cornell University Public Policy Research Portal: "Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being": https://whatweknow.inequality.cornell.edu/about/selection-methodology/ and Cornell University Public Policy Research Portal "What does the scholarly research say about the effect of gender transition on transgender well-being? https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ . [all accessed June 2020]

[118] Toomey RB, Syvertsen AK, Shramko M. Transgender Adolescent Suicide Behavior. *Pediatrics*. 2018;142(4): e20174218. doi:10.1542/peds.2017-4218: *Female to male adolescents reported the highest rate of attempted suicide (50.8%), followed by adolescents who identified as not exclusively male or female (41.8%), male to female adolescents (29.9%), questioning adolescents (27.9%), female adolescents (17.6%), and male adolescents (9.8%). Identifying as non-heterosexual exacerbated the risk for all adolescents except for those who did not exclusively identify as male or female (i.e., nonbinary). For transgender adolescents, no other sociodemographic characteristic was associated with suicide attempts.*

[119] See the text and endnotes on suicides in: Gilchrist, S. (2017): *"Gender and Sexual Malpractice and Abuse in the Christian Church":* http://www.tgdr.co.uk/documents/236P-Malpractice.pdf

[120] Littman, L. L. (2017). Rapid Onset of Gender Dysphoria in Adolescents and Young Adults: a Descriptive Study. *Journal of Adolescent Health,* 60(2), S95–S96., Littman, L. (2018a). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLOS ONE*, 13(8), e0202330. Littman, L. (2018b). Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. *PLOS ONE*, 13(8), e0202330. Littman, L. (2019). Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLOS ONE*, 14(3), e0214157.

circumvent existing research demonstrating the importance of gender affirmation, relying on scientific-sounding language to achieve respectability[121]*.*

These viewpoints go to the heart of the present disputes, and to the statement that has already been made, and has just been expanded on in the two previous sections: "*If transgender conditions are understood to develop quickly and very early in life, then it may be expected that the trauma transgender people face is created because of the external attacks and persecutions which other people in society enforce. If they are considered to develop much more slowly, then, transgender conditions may be understood to arise because of the internal traumas that these people face*.

If they do develop more slowly and gender identities arise from social conditioning alone, then Littman might well be right. However, in line with the experiential evidence, and earlier in this account, I show that the usually unconscious sense core gender identity, which just describes how one fits into society, forms, and becomes fixed, very early in life. Transgender people face a battle between this usually unconscious core gender identity and the conscious gender role identity, (or gender allegiance) which they later try to enforce. The massive changes which occur at puberty then provide a trigger for these hidden battles to spring into conscious awareness and express themselves with compulsive intensity at this time of life. Therefore, Rapid Onset Gender Dysphoria should then be an expected outcome if this analysis is correct.

Amongst adolescent natal females the stresses are particularly high, with transgender female to male adolescents and non-binary adolescents reporting the highest rates of suicide contemplation or attempts. Indeed, nearly 1 in 2 transgender female to male transgender people and 2 in 5 nonbinary adolescents reported that they had tried to kill themselves, which is well above the less than1 in 10 rate that was identified for male adolescents in this sample[122]. In my own analysis I treat the development of gender identity and sexual identity including variant identities and sexual orientations for all people in the same way: since all follow parallel paths and the same timescales are involved. In one of these paths gender identities are created but another path leads to sexual orientations being formed. The fragmentary nature of early development means that these are independent of each other, but the differences between them will not be immediately evident at the time when these explosions of emotion occur.

Clearly any method of management must allow time for discovery, including acknowledgement of the bipolar nature of these conflicts. That includes affirmative approaches where freedom of expression is allowed. This rings alarm bells for those who believe transgender conditions are personality disruptions, where contagion, predation, behaviour, and desire are presumed to be the driving forces behind them. That is not supported, either by this analysis, or the consensus reached by the medical institutions. Instead this search for belonging is to discover what people are not: It is

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[121] Ashley, Florence. (2020): "A critical commentary on 'rapid-onset gender dysphoria'": *The Sociological Review*, July 2020, SAGE Publications DOI: 10.1177/0038026120934693 https://journals.sagepub.com/doi/10.1177/0038026120934693
Abstract: The term 'rapid-onset gender dysphoria' (ROGD) was coined in 2016 to describe an alleged epidemic of youth coming out as trans 'out of the blue' due to social contagion and mental illness. The term reflects a deliberate attempt to weaponize scientific-sounding language to dismiss mounting empirical evidence of the benefits of transition. This article offers an introduction to the theory of ROGD and its history, presents a detailed critique of the empirical and theoretical claims associated with the theory, and highlights structural concerns with the ROGD discourse. The article argues that claims associated with ROGD, including assertions of declining mental health and degrading familial relationships following coming out, are best explained by the leading ROGD study's recruitment of parents from trans antagonistic websites against a background of growing visibility and social acceptance of trans people. ROGD theory is best understood as an attempt to circumvent existing research demonstrating the importance of gender affirmation, relying on scientific-sounding language to achieve respectability.

[122] Toomey RB, Syvertsen AK, Shramko M. Transgender Adolescent Suicide Behavior. *Pediatrics*. 2018;142(4): e20174218. doi:10.1542/peds.2017-4218: Female to male adolescents reported the highest rate of attempted suicide (50.8%), followed by adolescents who identified as not exclusively male or female (41.8%), male to female adolescents (29.9%), questioning adolescents (27.9%), female adolescents (17.6%), and male adolescents (9.8%). Identifying as nonheterosexual exacerbated the risk for all adolescents except for those who did not exclusively identify as male or female (ie, nonbinary). For transgender adolescents, no other sociodemographic characteristic was associated with suicide attempts

about rejection and identity, the expression of personality, and giving people the freedom to find ways in which they can live truly as themselves in ordinary everyday life.

D:7: Transition Regret

Like the consequence of a medical misdiagnoses, and the incidence of rapid onset gender dysphoria the question must still be asked: Is enormous trauma, guilt and the high rates of attempted suicide among young transgender people is caused by giving children the freedom to explore it, or is it is caused by the denial of that freedom instead? The peer reviewed literature shows that after surgical intervention only a very small proportion regret transitioning. Figures of less than one percent up to a maximum of about three percent are reported from many international studies[123]. At a recent conference Dr James Barrett quoted a figure of one percent[124]. A 2018 study of de-transition rates found that approximately 0.3% of those who underwent a transition-related surgery later requested de-transition related care. While the actual figure may be higher it is still very low[125]. Another study in a National UK Gender Clinic found a regret rate of only 0.47%, (16 of the 3398) patients consulted between 2016 and 2017[126]. Much attention has been paid to the work of Dr Miroslav Djordjevic, who is a urologist in Belgrade. In October 2017 he had seen about 14 patients who have changed their minds. All of these are transgender females who have asked him to recreate their male genitalia. Djordjevic notes that all got their initial procedures elsewhere, at clinics where he feels they did not receive sufficient psychiatric screening[127]. Djordjevic himself carries out many surgical gender reassignment operations where no regret is encountered. Reasons for regret are complex. Virtually all the literature encountered finds the major factor to be due to the social circumstances surrounding transition rather than the act of transition itself. A common theme in all these studies concerns the inadequacy of the counselling and advice that has been given before transition takes place.[128]

Most de-transitioners do not de-transition fully. The 2015 U.S. Transgender Survey[129] collected responses from individuals who identified as transgender at the time of the survey. Thirteen percent of respondents reported that one or more professionals, such as a psychologist, counsellor, or religious advisor, tried to stop them from being transgender. Eight percent (8%) of the 2800 surveyed had de-transitioned temporarily or permanently at some point, meaning that they went back to living as the gender they were thought to be at birth. Most of these respondents who de-transitioned did so only temporarily. 62% were currently living full time in a gender different than the

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[123] See for example: EPATH (2019) 3rd Biennal EPATH Conference: *"Inside Matters. On Law, Ethics and Religion"* 11-13 April 2019 https://epath.eu/wp-content/uploads/2019/04/Boof-of-abstracts-EPATH2019.pdf and Danker, S.; Narayan, S.K., Bluebond-Langner, R., Schechter, L.S.; and Berli, J.U. Abstract: A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation Surgeries" *Plast Reconstr Surg Glob Open*. 2018 Sep; 6(9 Suppl): 189-189. PMCID: PMC6212091

[124] Dr James Barrett is the Director the Gender Identity Clinic in London and also an Honorary Clinical Senior Lecturer at the Imperial College of Science and Medicine. He is the Editor and main psychiatric author of the standard United Kingdom textbook in this area and was the first, elected, President of the British Association of Gender Identity Specialists.

[125] Danker, Sara; Narayan, Sasha K.; Bluebond-Langner, Rachel; Schechter, Loren S.; Berli, Jens U. (August 2018). "A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation Surgeries". Plastic and Reconstructive Surgery – Global Open. 6: 189. doi:10.1097/01.GOX.0000547077.23299.00. ISSN 2169-7574.

[126] Davies, S., McIntyre, S., Ryman, C.:(2020): "Detransition Rates in a national UK Gender Clinic": Poster Session. Inside Matters On Law, Ethics and Religion 11th April 2020: https://mermaidsuk.org.uk/wp-content/uploads/2020/05/charing-Cross-study-nhs.pdf

[127] Djordjevic, Miroslav L.; Bizic, Marta R.; Duisin, Dragana.; Bouman, Mark-Bram.; Buncamper, Marlon: (2016) "Reversal Surgery in Regretful Male-to-Female Transsexuals After Sex Reassignment Surgery" *The Journal of Sexual Medicine*: Volume 13, Issue 6, June 2016, Pages 1000-1007

[128] Bizic, M.R.; Jeftovic, M.; Pusica, S.; Stojanovic, B.; Duisin, D.; Vujovic, S.; Rakic, V.; 4 and Djordjevic, M.L: (2018): "Gender Dysphoria: Bioethical Aspects of Medical Treatment"; *Biomed Res Int.* 2018; 2018: 9652305.
Published online 2018 Jun 13. doi: 10.1155/2018/9652305 PMCID: PMC6020665 PMID: 30009180
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6020665/

[129] James, Sandy E.; Herman, Jody L.; Rankin, Susan; Keisling, Mara; Mottet, Lisa; Anafi, Ma'ayan (2016). "De-Transitioning" (PDF). The Report of the 2015 U.S. Transgender Survey (Report). Washington, DC: National Center for Transgender Equality. https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF . [accessed June 2020]

one they were thought to be at birth. Respondents who de-transitioned cited a number of reasons for doing so, including facing too much harassment or discrimination after they began transitioning (31%), having trouble getting a job (29%), or pressure from a parent (36%), spouse (18%), or other family members (26%). In another report about a third of those surveyed reported that they sought this because of a change in gender identity, while the rest reported being motivated by either surgical complications or social rejection.[130] Often the reasons quoted for de-transitioning are to do with harassment by society rather than gender itself[131]. De-transitioners are diverse and have different reasons, among which lack of support, social pressure and transphobia are highly prominent. Actual regret about transition appears to be rare even among de-transitioners. Despite these difficulties, the demand to de-transition is remarkably low. On its website Transgender Trend describes numbers of case studies where people have de-transitioned. Every case is a personal tragedy but if an objective view is to be taken, a proper balance of understanding must be maintained[132].

Previously in Section 9:3, I have used the analogy which compares building a sense of self-identity to be like that of building a tower where every brick in its walls is correctly placed, but if a foundation stone is incorrect the tower will collapse. For as long as we deny the reality of this foundation we are applying *"conversion or reparative therapy"* to our own lives. Therefore a process of inversion is needed and a new analogy is demanded which describes the creation of self-identity as being like that of a tree which grows with strong roots, so that it can survive the trials and tribulations that attack it, because it sways at the top. That does not remove the latency of any conflict, instead it removes the instability which leads to compulsive demands, so that reasoned approaches may be worked through and applied. That removes the gender conflict at source, provided the correct diagnosis is made, but the other difficulties remain. It should be remembered that trans people remain victims of persecution, discrimination, misrepresentation and bullying both before and after transition takes place.

Earlier I have argued that, since gender identities and sexual identities are products of interaction, they can only develop through relations with others. Thus, the acceptance or rejection by others in society plays an important part in how they are endorsed, and how feelings of guilt are created. If trans people are to find their lives easier, their sincerity and genuineness must be accepted by others in society. I have also noted that those who do merge quietly or invisibly into society in their new roles find real peace and much enhanced quality of life. Unfortunately, that is often not the case when such people are publicly identified. Indeed, the attacks on trans people by those who refuse to accept their authenticities have greatly increased recent times.

Through their downgrading of gender identity to a *"metaphysical concept that can neither be proved or falsified"* and with their dismissal of the viewpoints and memorandum issued by the professional medical institutions and their condemnation of *"Transgender organisations such as Gendered*

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[130] Danker, Sara, MD; Narayan, Sasha K., BA; Bluebond-Langner, Rachel, MD; Schechter, Loren S., MD, FACS; Berli, Jens U., MD (August 2018). "A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation Surgeries". *Plastic and Reconstructive Surgery – Global Open*. 6: 189 – via Wolters Kluwer.

[131] For descriptions of personal experience see Roberts, Amber: (2015) *"Dispelling the Myths Around Trans People Detransitioning"* Vice November 7 2015 https://www.vice.com/en_uk/article/kwxkwz/dispelling-the-myths-around-detransitioning . See also Quora; *What percentage of transgender people who transition later decide to detransition, and of them, how many will eventually retransition?*: https://www.quora.com/What-percentage-of-transgender-people-who-transition-later-decide-to-detransition-and-of-them-how-many-will-eventually-retransition . [accessed June 2020]

[132] Transgender Trend (2016): A Response To "Detransition, Desistance and Disinformation" by Julia Serano. *Whatever the merits or de-merits of Serrano's article, a proper balance must be obtained.* https://www.transgendertrend.com/a-response-to-detransition-desistance-and-disinformation-by-julia-serano/ . [accessed June 2020]

Intelligence[133]*, GIRES*[134] *and Allsorts Youth Project*[135] *as groups "whose teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists*"…. then, Transgender Trend, Woman's Place, the LGB Alliance and others like them do exactly that.

D:8: Transition Counselling and Advice

Although groups like Transgender Trend acknowledge that low de-transition rates are quoted in these peer review research publications; they and others argue that the de-transition rates really must be much higher because of the way the data is collected. For example: When Lisa Marchiano comments on the 2015 U.S. Transgender Survey Report previously discussed, she notes that: *"Even if this 8 percent figure were accurate, that would certainly merit attention and concern, given the rising numbers of minors who now present as transgender. But the actual figure is likely much higher than 8 percent because the referenced study is based exclusively on survey respondents who identify as transgender. Many of the de-transitioners spoken with, by contrast, have cut ties completely with the transgender community, and certainly don't identify as trans"*[136]*.*

I believe that Groups like Transgender Trend, and others foster this impression with many accounts of the trauma claimed to be caused by transition. Many horror stories are reported, each one is a tragedy, but these issues are often not as black and white as they are frequently claimed to be… or as the patterns of de-transition and re-transition suggest. Serano provides a commentary on these issues[137]. Marchiano also notes*: "I offer my own perspective. "I am a Philadelphia-based clinician who treats de-transitioned individuals. Though my sample size is small, I have seen a number of common themes emerge among clients. All these young women report that their experience of gender dysphoria had been sincerely felt. According to their recollections, they were as "truly trans" as anyone. In some cases, they received a formal diagnosis of gender dysphoria from mental-health clinicians. Others attended informed-consent clinics, through which they were able to access testosterone after only a brief discussion with a health provider".*

What Marchiano, Djordjevic, Transgender Trend, Woman's Place and the LGB Alliance do identify is the clear need for adequate counselling and advice. It is common knowledge that about eighty percent of those people referred to gender Identity clinics do not proceed to transition. Their journeys of discovery lead some to conclude that they are lesbian or gay instead and, if it is done in the correct way, this desistance rate may be counted as a success. Others develop an overwhelming compulsion to seek transition and the search for surgery may become an obsession if that is denied. Earlier in this account I have described the bipolar nature of the conflicts. As these are driven by rejection and alienation, they may seem to disappear if a sufficient sense of wellbeing or euphoria is reached. The extreme intensities of the distress they create may be enough to persuade a clinician to support someone is determined to begin the transition process. Self-medication is very common, and some clinics may offer that relatively quickly to ensure that some control is applied. The effect of offering testosterone or derivatives to natal women has a much greater initial irreversible effect than offering oestrogen or derivatives to natal men, and that is likely to confirm the trajectory that is set at an earlier stage. Crucially the only way for this to be resolved is to give everybody the time and the freedom without pressure to explore these issues for

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[133] Gendered Intelligence: http://genderedintelligence.co.uk/

[134] GIRES: https://www.gires.org.uk/

[135] Allsorts Youth Project: https://www.allsortsyouth.org.uk/

[136] Marciano, l. (2020): The Ranks of Gender De-transitioners Are Growing. We Need to Understand Why; *Quillette:* 2 January 2020: https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/

[137] Serano, Julia (2016) "Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates": *Medium Com* August 2016 https://medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e#.19kyu76cx . [accessed June 2020]

themselves, but that also means finding ways to free such people from the senses of guilt heaped on them by others, the attacks on their senses of integrity, and the persecution and discrimination that is faced.

This is where the principles of gender affirming therapy come from, but this must also be supported by the counselling and advice that is needed to ensure that the full knowledge of the risks and consequences of allowing this freedom are fully in place. Consistently the reasons given by people who do de-transition, are about the external pressures enforced them by others in society. They are not internally created problems that cause the dissent. The very low rates of regret reported in the peer reviewed literature suggest that those gender identity clinics who are prepared to publish these data do get matters correct, but as Marchiano alleges, in certain services and in private medicine, that is not always the case.

The eruption of rapid onset gender dysphoria among natal girls around puberty highlights these concerns. When the disruptions are first encountered it can often be difficult to understand what is happening and many transgender people initially worry about being gay or lesbian instead. Today about four fifths of transgender people identify themselves as occupying a non-binary role. Theories such as autogynephilic transsexuality reinforce this binary presumption since they apply to natal males alone, assume binary sexual motivations and no equivalent aetiology for natal females has been developed. Many natal females who regret the consequences of transition may tend to identify themselves as butch lesbians, others may occupy a non-binary gender role. The high rates of re-transition after de-transition, and the refusal of many to return to any binary stereotype suggests that no stable resolution has yet been found.

In the introduction I wrote*: "It may therefore seem strange and perverse that this article concentrates almost exclusively on male to female transsexuals. That is because in these transgender disputes, even the existence of non-binary transgender people, and female to male transsexuals are almost completely ignored".* If adequate answers to these dilemmas, and if trans people are to be fully supported, it is essential that an equitable study of all aspects of gender dysphoria is made.

These are areas which would benefit from more research. I am totally opposed to any restriction on properly conducted independent and objective academic research. That work must give an impartial analysis, and not just take a selective view. I also expect any organisation which claims to present an objective view of the science, to do the same. I conclude, on the evidence I have ascertained that Transgender Trend does not do that. A further concern relates to the sources of expert opinion that is used[138]. The reliance on Zucker and McHugh do not express the mainstream of research. As the website notes: *"In this case (of Zucker), a prominent, widely-respected and moderate psychologist who led the Child Youth and Family Gender Identity Clinic in Toronto, Dr Kenneth Zucker, was fired by his employer, the Centre for Addiction and Mental Health (CAMH) and his clinic shut down, after a clearly biased 'review' following pressure from trans activist groups"*[139]. McHugh correctly stopped some early work on transgender children, but his expertise was as an administrator, not an expert in the field[140]. His claims have also been rejected in an open letter

[138] Transgender Trend (2020) Professionals Questioning Medical Transition Of Children https://www.transgendertrend.com/professionals-questioning-medical-transition-children/. [accessed June 2020]

[139] Transgender Trend (2017) Commentary on the BBC Programme "Transgender Kids – Who Knows Best?". [accessed June 2020] https://www.transgendertrend.com/transgender-kids-who-knows-best/. [accessed June 2020]

[140] For religious arguments refer to Gilchrist, S. (2017): *"Gender and Sexual Malpractice and Abuse in the Christian Church"*: http://www.tgdr.co.uk/documents/236P-Malpractice.pdf: Gilchrist, S. (2013): *"A Reassessment of the Traditional Christian Teaching on Homosexuality, Transsexuality and on Gender and Sexual Variation Using a New Neurophysiological and Psychological Approach"*: http://www.tgdr.co.uk/documents/207P-ReassessmentPsychologyExtended.pdf

written by some 600 scientists[141]. The recent Memorandum of Understanding condemning *"Conversion or Reparative Therapy"* for transgender people, signed by all of the major Professional Medical Institutions in the United Kingdom is also rejected by Transgender Trend although they declare that they support it as far as homosexuality is concerned[142].

D:9: Comparisons

I have little doubt that Transgender Trend and other similar organisations believe they are acting in the best interests of children. Nobody would wish to put themselves or their children through all these concerns, with all the disruption that this creates. It is notable that many transgender people try desperately to fight, suppress, or deny any contrary sense of gender identity until alienation and attrition causes collapse. It comes down to the question as to whether transgender conditions should be regarded as personality disruptions or personality variations. In section eight, and in other sections we saw that an approach which is compassionate and correct by either side is almost inevitably regarded as coercion, with openings for predation, by the other. For one group, the trajectory of childhood development involves the management of a core sense of gender which is formed very early in life. The other group presumes that the opposite trajectory must apply. This group argues that gender identity only gradually forms, and it is recognized at a much later time. The freedom that one side would give in allowing children to explore their sense of gender identity is regarded as a disaster by the other, and in each case very different management approaches must be applied.

In any responsible discussion and argument, it is crucial that the views of all sides are equitably considered. In this account I have given considerable attention to the arguments presented by Transgender Trend, Women's Place, the LGB Alliance, and feminist groups I have compared them with the approaches take by the national and international medical organisations. However these campaigning groups dismiss the arguments of the medical organisations and transgender support groups through their claims that: "*Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists*"[143], …….. while at the same time they base their own arguments on what I find to be unfounded assumptions, the selective use of the science and evidence, the employment of material which has already been shown to be outdated, incorrect and has been rejected by mainstream science, in ways which build and reinforce the agendas that suit a particular cause.

In this account I produce more evidence to support the scientific consensus held by the major international and national bodies, which regards both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life.

Perhaps the best approach is to listen to trans people and draw from the experiential evidence of the professional institutions, rather than selectively use science to pursue a specific cause. Promoting any diagnosis which is built on an incorrect objective, rather than the real needs of transgender people, is going to create distress and not remove it. It will also be rejected by trans people when it does not feel genuine, and it does not match their experiences. In this analysis I have described the damage that a misdiagnosis can create, with trans children affected most of all.

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[141] Gilchrist, S. (2017): "Cherishing Transgender Children": http://www.tgdr.co.uk/documents/241P-CherishingTransgenderChildrenLeaflet.pdf

[142] Transgender Trend (2016): "Conversion Therapy for Transgender People": https://www.transgendertrend.com/conversion-therapy-for-transgender-people/ . [accessed June 2020]

[143] From the Transgender Trend Website

In the previous sections I have examined the arguments presented by various groups. Regrettably, I believe that many have been misled by these arguments. For help and advice, I recommend that you do consult gender clinics, and those organisations which instead support the consensus reached by the professional medical institutions, together with other groups who follow the guidelines of the *World Professional Association for Transgender Health (WPATH)*[144]. For transgender children *"Mermaids"* is one such organisation[145]. For more information, research, and other advice *GIRES (Gender Identity Research and Education Society)* is an appropriate source[146].

D:10: Crime

The United Kingdom Gender Recognition Act (GRA) was ground-breaking when it was passed in 2004. It allowed trans people to legally change their name on their birth certificates. But it has since become clear that there are problems with the legislation. From the time of the government's consultation on reforming the GRA for England and Wales, which closed on the 19th October 2018, there has been a great deal of media coverage which paints trans people as a threat to society. The proposed changes to the United Kingdom Gender Recognition act which would enable people to self-identify for the purpose of changing their birth certificate to show the gender they identify with, has promoted these toxic disputes. Regrettably, the response of the government has been to reject any meaningful changes to the Act[147]. The argument put forward is that by allowing trans people to self-identify their gender would allow any predatory male to self-identity as a woman, and enter spaces normally reserved for women for the purposes of sexual abuse. Therefore, there are two battles being fought. One is about the safety of women. The second is about the legitimacy of gender identities that trans people possess. If these are downgraded or their existence is denied it is argued by various groups that all natal males, trans or not would be equally able to invade women's safe spaces and, with the same or greater frequency, engage in male patterns of sexual abuse.

To try to prove these points, and the concerns over predation, one such group "*Fair Play for Women"* uses a 2012 article, which I have previously cited in section 13:2[148] [149] . The paper is also used by Transgender Trend. As I have noted in this earlier section, questions must be asked about the use of data from 1973 and 2003 when trans people were much less tolerated in society and when the assumption was often made that trans expression was a predictor for the abuses of sex. This study found *"Substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population. This highlights that post-surgical transsexuals are a risk group that need long-term psychiatric and somatic follow-up. Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered."* In this Swedish study a total of 324 cases were examined. This was also broken down into two cohorts, from 1973 to 1988 and from 1988 to 2003. Between these two cohorts the hazard rate for transgender people engaging in

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[144] World Professional Association for Transgender Health (WPATH) https://www.wpath.org/

[145] Mermaids: https://mermaidsuk.org.uk/about-us/

[146] GIRES (Gender Identity Research and Education Society): https://www.gires.org.uk/

[147] King, D: Paechter, C: Ridgway, M: UK Government (2020) "Gender Recognition Act Analysis of consultation responses" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf

[148] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M (2011): *"Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden"*. PLoS ONE 6(2): e16885. https://doi.org/10.1371/journal.pone.0016885

[149] Fair Play for Women: Study suggests that transwomen exhibit a male pattern of criminality: https://fairplayforwomen.com/criminality/ [Accessed September 2020]

any type of crime came down from 1.9 to 0.9, so that the chances of any transgender person engaging in crimes of any type had become less than that of the general population. Similar reductions in hazard risk were found for all types of morbidity: suicide rates, psychiatric hospitalisation etc over the same two periods: which suggests that the causes have more to do to the lack of tolerance of trans people by society rather than any internally created disturbance. When measured over the complete period from 1973 the study showed that female-to-males had a higher risk for criminal convictions than their respective birth sex controls, but male-to-females, had a lesser risk for criminal convictions than their respective birth sex controls. That is more marked when only the cohort from 1988 is assessed. The paper only considered the consequences of morbidity, and not the causes of it, so arguments by those groups who assert that the traumas faced by trans people arise from internally created disturbances, instead of the externally generated pressures that trans people encounter, cannot be defended. Transition is unlikely to remove the bullying, rejection, discrimination, and persecution that trans people face. Indeed, the reduction in overall hazard rates between the two cohorts, points instead to the effects of reduced external pressures being the cause.

Out of a total cohort of 329 this Swedish study found that only eight violent crimes had been committed by transwomen and six by transmen, so only 14 people had been convicted for any type of violent crime. Note that these results do not presume any sexual motivation. Of this group the adjusted hazard rate for any type of violent crime quoted by the study for the full period from 1973 to 2003 jumped to 18.1 in male to female transsexuals and 0.6 for female to male. However, 14 people represents a small proportion of the trans population and an even smaller proportion of the general population. It is also below statistical significance limits. Thus, the statement on the "Fair Play for Women" website which declares that: *"Transwomen are 6 times more likely to commit a crime and 18 times more likely to commit a violent crime compared to female controls. But transwomen commit crime, including violent crime, at a similar rate as any other males in the general population"* gives a false impression when no accompanying statements of these limitations and qualifications are made and changes in the social environments are ignored.

In a written answer published on May 5, 2020 Lord Keen – a barrister and the spokesperson for Ministry of Justice business in the House of Lords – attested that: Since 2010, of the 122 sexual assaults that occurred in the female prison estate in the UK, a total of 5 had been perpetrated by trans individuals[150]. According to other sources, male prisoners who were transferred to women's jails during gender reassignment and inmates who claimed to be transitioning committed 7 of the 124 sex attacks in prison recorded between 2010 and 2018[151]. The official United Kingdom government statistics report that there were approximately 1.6 transgender prisoners per 1,000 prisoners in custody in 2018[152]. This is equivalent to 0.16% which is below the estimated incidence for sexual offences caused mainly by men. This is 0.21% in the general population[153]. The statistics also show that 41% of transgender inmates were convicted of sexual offences either before or after transition. When quoted in isolation, this high proportion often causes concern, but it should also be remembered that this reduces the figure of transgender people committing sexual offences to 0.07% the general population[154]. Thus, the first conclusion which may be drawn from these data is

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[150] https://questions-statements.parliament.uk/written-questions/detail/2020-04-21/HL3198 [Accessed September 2020]

[151] How many transgender inmates are there? By Reality Check team BBC News 13 August 2018 https://www.bbc.co.uk/news/uk-42221629 [Accessed September 2020]

[152] Government Equalities Office (2018): "Trans People in The United Kingdom": ISBN: 978-1-78655-673-8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

[153] There were a total of 121,187 sexual offences recorded by the police in England and Wales in the year ending March 2017, equating to 2.1 sexual offences per 1,000 population: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffencesappendixtables [Accessed September 2020]

[154] Fair Play for Women (2017): *"Half of all transgender prisoners are sex offenders or dangerous category A inmates"*

that transgender people are more law abiding than the general population. Therefore, fewer get sent to prison in the first place. The reduced incidence when compared with the general population also leads to the disproving of any arguments that gender predation plays any role in transgender experience.

Although these numbers are small it is essential that appropriate management methods are put in place. Between March and April 2017, we have seen that in a prison population of 85,513 there were 125 transgender inmates in England and Wales [155] [156]. There were only 70 over the same period in 2016[157]. Information on the number of prisoners who have already transitioned and have a full Gender Recognition Certificate is not included in these data. However, the statistics on the number of all applications to the Gender Recognition Panel are published in Tribunals and gender recognition statistics elsewhere[158]. The total number of transgender victims far exceeds the number of transgender people who are suspected of carrying out sex attacks, with only one such attack by a prisoner claiming to be transgender in 2019. By comparison, eleven transgender prisoners were sexually assaulted in jails in England and Wales in 2019 alone. These figures, from the Ministry of Justice, cover inmates who were born and remained legally male but self-identified as female

An article in the Daily Telegraph on the 9th July 2019 states *"One in 50 prisoners identifies as transgender amid concerns inmates are attempting to secure prison perks"* [159]. Estimates of the number of trans people in the United Kingdom vary. The United Kingdom Government equalities office tentatively estimate that there are approximately 200,000-500,000 trans people in the UK[160]. If this figure were correct it would indicate that there were approximately 1,700 transgender prisoners in the total prison population compared with the 125 given in the official statistics. From 2010, the United Kingdom Equalities act has enabled people to self-identify their gender. That enables these people to be treated according to the gender they identify with, provided they state that they are intending to seek gender reassignment.

It is not uncommon for people to seek to transition while in prison. A consequence of the Equalities Act is that since 2010, prison policy must work on the basis that trans people can self-identify their gender, and therefore be treated in a way appropriate to the gender they identify with. Therefore, the current guidance states: *"A person remanded into custody must always be initially allocated to an establishment which matches their legally recognised gender, or best-known evidence of legal gender. All known risks need to be taken into account and managed until a Local Transgender Case Board is convened. In particular, where a transgender woman is placed in the male estate, any risks posed to her by male prisoners, or vice versa, must be managed. In addition, where a transgender woman with a GRC is placed in the women's estate, all known or likely risks she may pose to other women in the estate should be managed, with use of separate accommodation where*

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https://fairplayforwomen.com/transgender-prisoners/

[155] National Offender Management Service Annual Offender Equalities Report 2016/17 Ministry of Justice Statistics Bulletin https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/663390/noms-offender-equalities-annual-report-2016-2017.pdf

[156]. Ministry of Justice Prison Population and Capacity Briefing for Friday 31st March 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605054/prison-population-31-march-2017.xls

[157] Ministry of Justice: (2016): Official Statistics: Prisoner Transgender Statistics, March/April 2016 England and Wales https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/567053/prisoner-transgender-statistics-march-april-2016.pdf

[158] Tribunal Statistics Quarterly, January to March 2020 (Provisional) Including statistics on the Gender Recognition Certificate applied for and granted by HMCTS Gender Recognition Panel https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891348/Tribunal_and_GRC_statistics_Q4_201920_accessible.pdf

[159] Hymas, Charles : (2019): "One in 50 prisoners identifies as transgender amid concerns inmates are attempting to secure prison perks" Daily Telegraph 9 July 2019 https://www.telegraph.co.uk/news/2019/07/09/one-50-prisoners-identify-transsexual-first-figures-show-amid/

[160] Government Equalities Office (2018): "Trans People in The United Kingdom": ISBN: 978-1-78655-673-8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

appropriate"…… "Before making an allocation decision to the women's estate for a transgender woman (with or without a GRC), a Complex Case Board will decide if a further risk assessment is required, focussing on risks to the individual from other female prisoners/residents, as well as any risks to other female prisoners/residents with oversight by the Regional Psychologist lead for the women's estate, prior to any transfer"[161].

The provisions contained in the 2010 Equalities act are of great benefit to many trans people, however they also broaden the definition of the term. Making the declaration of gender reassignment a protected characteristic, which includes anyone states they are pursuing it, protects all such people from discrimination and spelling out the rights of access to spaces customarily reserved for women, together with the limitations that apply, does give scope for misuse. The prison regulations provide guidance on how these issues should be handled, but their application has been patchy. A male-born transgender prisoner called Karen White, who was placed in a female prison at the end of 2017 and then went on to sexually assault two women inmates is a case in point. Karen was also convicted for these almost a year later, together with two more historic rapes. The protection of all prisoners must be an absolute priority but in the case of Karen White the review by the required Case Study board was not carried out. Although it represents a single instance, too often this is presented as being typical instead. On its website "Fair Play for Women" states that 22 male prisoners are living in women's prisons, stating that some are rapists. Karen White did not have a Gender Recognition Certificate. The total number of people in the United Kingdom in 2018 who have obtained a gender recognition certificate since they first became available 2004 is 4910.

In attempting to argue that all trans women, regardless of completeness of transition commit crime, including violent crime, at a similar rate as any other males in the general population, "Fair Play for Women" bases its results on a study conducted on its behalf by Nicola Williams[162]. The figures quoted by Williams are not generally disputed: The Ministry of Justice quotes similar results. However, presuming that arguments which are based on very small numbers in a particular type of (prison) population could be typical of a much greater non-offending general population must be called into question, as are the motives involved. People disrupt gender conventions for many reasons. A major difficulty in any such arguments is that the origin of transgender conditions is not well understood.

In March 2019, the United Kingdom Ministry of Justice announced that a wing within Downview prison would be used solely to house transgender inmates, making it the first unit in the UK to serve those trans identifying women who pose a real danger to all other women (trans or not). From the evidence of sexual abuse that has occurred, its opening is an appropriate step, but to use it for all trans identifying prisoners would result in incarcerating both predators and potential victims together, thus creating hotspots for abuse that could occur. As I noted at the start of this article: In one approach the transgender person is identified as the creator of disorder: in the other, the same person is cast as the victim instead: In one it is rejection and the search for identity which drives the condition, in the other, sexual motives and desires are involved. The methods of management are almost opposite to each other and great harm occurs when the incorrect ones are used. The group *"Fair Play for Women*" uses the same material as *"Transgender Trend"* to dismiss the relevance of gender identity in favour of the biology of sex. and identifies the claims of trans people as potential threats.

D:11: Reform of the Gender Recognition Act

[161] Sections 4:7 and 4:37 of Government UK (2020): *"The care and management of individuals who are transgender"* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863610/transgender-pf.pdf

[162] Williams, N: (2017): *"Investigation into the number of trans-identifying males in prison in England and Wales and their offender profiles*": Study conducted by Dr Nicola Williams and contributors from Fair Play for Women: https://fairplayforwomen.com/transgender-prisoners/

The Gender Recognition act of 2004 aimed to safeguard the privacy of transsexual people by defining information in relation to the gender recognition process as protected information. Anyone who acquires that information in an official capacity may be breaking the law if they disclosed it without having the subject's consent. Significantly it made gender identity the primary marker for social interaction and it defined the birth certificate as a document which declares legal, not biological sex[163]. Sharpe et al give legal opinions on the Act[164]. In Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People*" I give a detailed analysis of the Gender Recognition Act[165].

There are several reasons why reform is needed. The current processes of recognition are considered by many to be unnecessarily invasive, cumbersome, and costly. It can take more than five years for trans men and women in England and Wales, according to a BBC fact checking exercise, to legally change their gender under the current processes[166]. This is caused primarily by a chronic lack of funding devoted to NHS transgender health care provision. The act also fails to cater for non-binary people. It further undermines the dignity of trans people because it approaches trans people's lives as though they were suffering from mental illness, an indignity which was shared by gay and lesbian people until 1973 when homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders[167]. In 2013, "gender identity disorder" was also dropped from the Diagnostic and Statistical Manual of Mental Disorders,

However, as Sharpe et al note, not all support reform. The main objection to introducing gender self-identification involves the claim that reform will harm women. Opponents include some politicians and, most notably, some feminist groups who see reform as undermining women's rights, specifically the right to access women-only spaces. It is imagined that abuse of women in single gender spaces, such as toilets, changing rooms, rape crisis centres or prisons, will increase due to the invasion of men presenting as women for the purposes of sexual abuse… but abusive men are unlikely to worry about the details of the law if they intend to engage in criminal acts. Crucially, the proposed reforms would have no impact whatsoever in women's bathrooms or in other gender segregated spaces. This is because, in Section 7 of the Equality Act 2010, all trans women who have undergone, are undergoing, or intend to undergo a process of gender transition… which need not be medical transition are, subject to some exceptions, regardless of whether they have a Gender Recognition Certificate (GRC), are legally able to access women-only spaces. It only requires such people to declare that this is their intention. Therefore, the right which some imagine

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[163] The Gender Recognition Act 2004 enables transsexual people to apply to receive a Gender Recognition Certificate (GRC). A Gender Recognition Certificate is the document issued that shows that a person has satisfied the criteria for legal recognition in the acquired gender. The Act gives people with gender dysphoria legal recognition as members of the sex appropriate to their gender identity allowing them to acquire a Gender Recognition Certificate. People whose birth was registered in the United Kingdom or abroad with the British authorities, can obtain a birth certificate showing their recognised legal sex. People granted a full GRC are from the date of issue, considered in the eyes of the law to be of their 'acquired gender' in most situations. Two main exceptions to trans people's legal recognition are that the descent of peerages will remain unchanged (important only for primogeniture inheritance) and a right of conscience for Church of England clergy (who are normally obliged to marry any two eligible people by law). Additionally, sports organisations are allowed to exclude transsexual people if it is necessary for 'fair competition or the safety of the competitors'; courts are allowed to disclose an individual's trans status; employers are allowed to exclude trans people as a 'genuine occupational requirement'; and organisations are allowed to exclude trans people from single sex or separate sex services as 'a proportionate means of achieving a legitimate aim'. (Wikipedia 2020)

[164] Sharpe, A.; Fredman, R; Auchmuty, R; (2018) "What would changes to the Gender Recognition Act mean? Two legal views": Alex Sharpe: Professor of Law, Keele University, Rosa Freedman, Professor of Law, Conflict and Global Development, University of Reading, Rosemary Auchmuty Professor of Law, University of Reading October 5, 2018: https://theconversation.com/what-would-changes-to-the-gender-recognition-act-mean-two-legal-views-103204

[165] Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People":* http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf

[166] BBC (2020): *"Transgender people face NHS waiting list 'hell'":* 9 January 2020 https://www.bbc.co.uk/news/uk-england-51006264

[167] Diagnostic and Statistical Manual of Mental Disorders (DSM–5). The Diagnostic and Statistical Manual of Mental Disorders is a publication by the American Psychiatric Association (APA) for the classification of mental disorders using a common language and standard criteria. It is used on a worldwide basis and adopted by many organisations as the standard reference book

will usher in all kinds of mischief already exists, and it has done so since the passing of the 2010 Equality Act. I have discussed this in section D:9 of this article, where I show how these issues are already being addressed.

The exceptions to the right of trans women to access women-only spaces are set out in Schedule 3 of the Equality Act. They enable service providers to exclude trans women, including those who have a GRC and who therefore are legally female, from gender segregated spaces where they consider this to be *"a proportionate means of achieving a legitimate aim."* The explanatory notes to the Act cite the example of counselling services for vulnerable women, where trans women may be excluded in circumstances where organisers judge that clients who attend group sessions are unlikely to do so if a transgender person is present. Other similar provisions are in place, including the requirements for the declaration of criminal offences, and I discuss these further in my article which I refer to above.

In relation to men who might take advantage of trans law reform to abuse women, there is nothing to stop them doing so now, and there has been nothing since the 2010 Equality Act, except for a whole raft of criminal laws which are more than adequate for the task. In practice, trans women have been accessing women-only spaces, and particularly bathrooms, for decades and without incident. The government has made clear that both the general right enjoyed by trans women to access women-only spaces, and the rights enjoyed by those who provide women-only services to limit that access in circumstances where this is *"a proportionate means of achieving a legitimate aim,"* will remain in force. Therefore, the proposed reforms will make no difference whatsoever to the current legal position. For a media less obsessed with trans people, and more concerned with facts, this would be a non-story. It should also be a non-story for all other people: unless the legitimacy of transgender identities is being attacked.

It is notable that many people in the more radical sections of the feminist movement deny the legitimacy of gender identities. This takes us back to the disagreements about the origins and motives that are involved. Identifying transgender conditions as having a sexual motivation and being driven by sublimated behaviours and desires creates the fear that all biological males, including male to female transsexuals, are potential abusers. Allowing trans people to self-identify their gender is therefore perceived to be dangerous because it would open the door to everyone, including trans people who would engage in predation or sexual attacks.

On the other hand, if trans conditions are instead understood to be driven by rejection and the search for identity, the freedom to self-identify is needed, since having self-esteem and self-acceptance is a key element in managing the compulsive demands. Knowing that other people recognise and accept that trans people can self-identify, is a crucial feature in avoiding guilt and creating the freedom to handle these needs. That is why I believe the ability to self-identify is an important element in the reform of the 2004 Gender Recognition Act.

However, this is not a free-for- all situation. Male to female transsexuals identifying as women in any society are equally subject to all the discrimination and abuse that natal women face. As trans people we also endure even more abuse from those who deny the legitimacy of the identities we possess. Instead of diminishing the protections presently contained in the 2010 Equality Act and the 2004 Gender Recognition Act, on all sides, these are needed to an even greater extent… but that is not the picture that some radical feminist groups present[168]. Although the legal process of changing

[168] *"Gender-critical feminists have argued that the introduction of self-declaration in the United Kingdom would be damaging to cis women, because it would undermine their safety in women-only spaces, by giving "males," or emboldening "males" to seek, access to such spaces. Part of this argument points to the risk that cis men would impersonate trans women to gain access to such spaces and women's bodies. Another argument is that trans women are not women/females in the relevant sense, because they were not born and socialized as women, and hence lack the distinctive experience of sex-based subordination; on this view, trans women are both not*

one's birth certificate may be reduced to a statutory declaration under the proposed reforms the same restrictions remain. Self-identification is attacked by these groups as though it is a free-for-all process, the restrictions are disregarded and are often never mentioned in the arguments they present.

One should expect a true feminist agenda to seek equality for all, but paradoxically the need to assert and reverse the gender binary between men and women is seen as essential if the momentum of the more radical feminist campaigns is to be sustained[169]. Given the history and the current experiences of the suppression of women it is not surprising that this can be strongly felt. This whole area has become a political minefield where the validity of transgender experience and the freedom of self-identification are being condemned. Transgender people are being alleged by some radical feminist groups to erase the validity of lesbian relationships[170]. As far as these feminists are concerned transgender people are perceived to weaken their own campaigns against the oppression of women, so that the mantra that male to female transsexuals are really men who masquerade as women, has to continually be reinforced[171]. That anger is greatly compounded by the way in which such radical feminist groups have used the proposals of self-declaration to accentuate what are very genuine fears and concerns of women by ignoring the restrictions that are currently placed, and will continue to remain in the process, by refusing to acknowledge that self-declaration has effectively been practiced for the last eight years and by arguing that allowing this change will create a deluge of sexual abuse and invasions of women's private spaces[172].

It had been hoped that the consultation process, would have led to the adoption of gender self-identification. If so, the UK would have joined the ranks of Argentina (2012), Denmark (2014), Malta (2015), Norway (2015), Ireland (2015), Colombia (2015), Belgium (2017), Brazil (2018), Portugal (2018) and Pakistan (2018) in taking this progressive, and long overdue, step. Of course, the safety of everyone must be paramount, but when these groups deny everyone the legitimacy of trans identities, misdiagnose trans conditions, and condemn all trans people for the abuses of just a minority, then all of these groups encourage society to make scapegoats of every trans person by the condemnations they make and through these misdirected attacks.

D:12: Gender and Sex

The damage this scapegoating causes does not seem to be heeded by the various groups who claim to be supportive of trans people yet continue their attacks. That is seen in the *"Fair Play for Women"* website, which, although it does recognise *"Gender Reassignment"* as a protected characteristic under the 2010 Equality Act, they interpret the guidance now given in the act to state that the treatment of those intending to transition *"Should be the same as if they did not have gender reassignment, that is, the same as if they were still presenting as their birth sex. This is critical, often misunderstood and frequently misrepresented. A male-to-female transitioner does not*

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among the proper recipients of the protection offered by women-only spaces, and cast as possible violators of those spaces and the bodies of cis women. Toilets, changing rooms, girls' youth organisations, hostels, and prisons emerge as the terrain of natal women's vulnerability to enduring predatory male behaviour." See: Zanghellini, Aleardo (2020):"Philosophical Problems With the Gender-Critical Feminist Argument Against Trans Inclusion" *Sage Open*: First Published May 26, 2020 https://doi.org/10.1177/2158244020927029

[169] Cooper, D. (2019). A Very Binary Drama: The Conceptual Struggle for Gender's Future. *feminists@law*, 9(1). https://doi.org/10.22024/UniKent/03/fal.655

[170] As in the Woman's Place Website

[171] Stock, K., (2018): "Why self-identification should not legally make you a woman" "The Conversation" October 1, 2018 https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372

[172] Freedman R., Auchmuty, R: (2018) 'Women's Rights and the Proposed Reforms to the Gender Recognition Act' (OxHRH Blog, 17 August 2018) http://ohrh.law.ox.ac.uk/womens-rights-and-the-proposed-changes-to-the-gender-recognition-act/ [accessed 10 October 2020].
Women's Rights and the Proposed Changes to the Gender Recognition Act: *Oxford Human Rights Hub* - 17th August 2018 http://ohrh.law.ox.ac.uk/womens-rights-and-the-proposed-changes-to-the-gender-recognition-act/

access the single-sex protections of females. They do not become female for the purposes of the EA2010 Act". If that is correct, only those with a Gender Recognition Certificate, are fully protected under the Act[173]

SECTION E: EFFECTS

This paper has been temporarily withdrawn since I wish to update it in the light of the Tavistock v Bell court case. For this reason, section E has been temporarily removed.

One of the respondents I cite in my 2019 paper identifies one key issue: She states that: *"The prospect of men with full male genitalia having access to women's spaces is abhorrent to most women", also "What concerns feminists and indeed other women is that they do not want a load of unreconstructed men with full male genitalia having the legal status of women and with access to their rights and space*". No matter how much trans women are convinced that they act and behave in harmony with natal women, it is important to remember that the slogan *"Trans Women are Women"* is not one for trans people alone to give, it is for trans people to receive.

[173] https://fairplayforwomen.com/resources/law/