

**Gay
Men's
Network**



**RESPONSE TO THE FINAL CASS
REVIEW**

Towards a vision of post-gender gay rights

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Foreword



JONATHAN HAYWARD



HASSAN MAMDANI



DENNIS NOEL KAVANAGH

The final Cass Review is a devastating account of an unprecedented homophobic medical scandal in the NHS and private health sphere. Dr Cass details how an authoritarian brand of gender ideology came to replace evidence-based practice in the GIDS service. Whistleblowers like Susan Evans and Dr David Bell were silenced and cancelled. Brave detransitioner Keira Bell and Mrs A were forced to fight an arduous court case to expose elementary malpractice. Powerful former gay rights charities like Stonewall failed in their first duty of protecting same-sex attracted youth, speaking in favour of a harmful ideology when they should have been opposing it. Those who did speak up for gay youth, like the LGB Alliance, were subject to misconceived and stressful litigation by ideological actors disinclined to discussion. The Cass Review may be a watershed moment for gay rights, but it is a damning indictment of gay politics that this reality check was ever necessary.

The recommendations of the Cass Review represent a return to the evidence-based norms of medicine. It is frankly terrifying they were ever abandoned in the first place. We wish to emphasise this was primarily a homophobic medical scandal. Staff at the Tavistock famously told a dark “joke” saying “*soon there will be no gay people left*”. Institutional homophobia must not be overlooked, edited out or erased from the post-Cass discussion. Homophobia ran riot because staff were too scared of accusations of transphobia.

With the exception that there be a clinical trial of puberty blockers, we welcome the recommendations of the Cass Review. Puberty is a human right and growing up into a well-adjusted post-pubertal gay man is a gay right. Given mounting global evidence of testicular atrophy, increased testicular cancer risk, IQ deficits, osteoporosis, and more, GMN believes there are no circumstances in which a clinical trial having gay youth as live test subjects could be conscionable. We object to such in the strongest terms.

Gender ideology is embedded across the public sector, and while Dr Cass' review is of fundamental importance, it represents the tip of a dangerous iceberg. This is why GMN in our response joins with parliamentarians like Joanna Cherry KC MP and Neale Hanvey MP in calling for a full Public Inquiry into the harmful effects of this ideology across the public sector and an explanation of how an absurd mind/body dualist theory ever came to exercise such power and influence. This malady originated in the charity sector, and it is now time to examine the powers of the Charity Commission and behaviour of specific charities. The National broadcaster must also face significant questions regarding bias.

Additionally, the devolved Scottish and Welsh Governments should join the national level consensus on this matter. Puberty is the same either side of national borders and it is time to stop treating paediatrics as a political football.

The Gay Men's Network thanks and salutes Dr Cass for her important and dedicated work, but we suggest that her report marks the start of a post-gender conception of gay rights, not the end of it. There is much work left to do and we intend to keep doing our part.

DIRECTORS OF THE GAY MEN'S NETWORK

Part 1 Reaction and Framing

Introduction

1. The Gay Men's Network welcomes the final report of Dr Hilary Cass OBE, and we join with the Government and Shadow Secretary of State for Health in calling for a commitment to implementing the main recommendations in full. The Cass review is a shocking document, and it outlines England and Wales's part in a global homophobic medical scandal without equal. We are concerned that the homophobic aspect of gender medicine is emphasised, and we call for a full Public Inquiry as to how, in the twenty first century, the NHS came to effectively recreate gay conversion therapy by prioritising ideology over evidence and disregarding mainstream expert voices pointing this out. The Cass Review is no victory for gay rights. It is a sober and sad moment, and it is a damning indictment of how mistakes by supposed 'gay rights experts' will now be measured in harmed children and young adults. The Cass Review makes plain that homosexual youth have been targeted for unevidenced and sometimes brutal procedures and this must never happen again.
2. Our response addresses systematic failings across the public, governmental, private and charity sectors and calls for specific action in response. The dysfunction in the medical sector so clearly identified by Dr Cass was the result of a wider ideological false consensus as to the safety and efficacy of harmful treatments. That false consensus is directly linked to wider ideological capture of key institutions that could and should have made this scandal impossible. A monocultural charity sector exercised disproportionate and, in some cases, malign influence in the public sector which meant the very mechanisms that might have protected gay youth failed to act when they were most needed. The only reasonable and proper response is that a full Statutory Public Inquiry should now be set up by the UK Government into the capture of state bodies by gender identity ideology. Below we identify the terms of reference that such an inquiry should address, and we urge ministers and shadow ministers to commit to it so gay youth never again face the dangers they have.
3. We are particularly concerned that the devolved SNP Government in Scotland and devolved Labour Government in Wales are yet to commit to the full implementation of - or even expressed - support for the Cass Review and we call upon them to do so. We do however acknowledge the recent pause by Scotland Sandyford Clinic in the prescribing

of puberty blockers. Puberty is the same across national borders. There can be no rationale for rejecting Dr Cass' independent and forensic review. The serious matter of looking after vulnerable children must not be used as a political football. We call upon both Governments to come into line with the unified expressions of support at UK level and to begin the challenging work of protecting gay youth far better than has been the case.

4. While we welcome majority of Dr Cass' recommendations, there are two areas where we express reservations. First, given emerging global evidence of harm to innocent children occasioned by puberty blockers, we can see no circumstances in which any clinical trial could possibly be ethical. The evidence of institutional homophobia at the Tavistock suggests the likely live subjects for any trial would be largely same sex attracted youth and we object in the strongest possible terms to any such study. Second, we are concerned that homophobia as an undercurrent in gender medicine is inadequately explored or identified in the review. As we explain in detail below, homophobia is a pronounced feature of medicalising children who are socially different to their peers, and we call for this fact to be faced head on.

The framing of our response to Dr Cass' key findings and the importance of recognising that this is a homophobic medical scandal

5. We frame our response to the prominent features of the Cass Review with reference to the evidence presented by the Secretary of State for Women and Equality to her equivalent select committee¹. In this letter the Minister said *"Dr Natasha Prescott, a former GIDS clinician reported in her exit interview from the Tavistock that "there is increasing concern that gender affirmative therapy, if applied unthinkingly, is reparative therapy against gay individuals, i.e. by making them straight" and Dr Matt Bristow, a former GIDS clinician, reported to Hannah Barnes that he came to feel that GIDS was performing "conversion therapy for gay kids."*²
6. We further cite this passage from the Minister's letter *"The most recent reported data from GIDS in England demonstrates that older patients expressing a sexual orientation were overwhelmingly not heterosexual. 67.7% of adolescent female patients were recorded as being attracted to other females only, 21.1% were bisexual, and only 8.5% were listed as*

¹ <https://committees.parliament.uk/publications/43255/documents/215243/default/>

² Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children. Hannah Barnes, Swift Press, 2023.

heterosexual. Among adolescent male patients, 42.3% were attracted only to other males, 38% were bisexual, and only 19.2% said they were attracted only to females”.

7. Taken together, these quotes make plain a point we have made for some time. The patient cohort at the Tavistock were overwhelmingly same-sex attracted. The evidence presented by the Secretary of State is further supported by a litany of comments from service staff at the Tavistock. Grave reservations were repeatedly expressed that gay youth were being harmed. By way of example: in his 2018 report, Dr David Bell said *“staff had very serious ethical concerns that children were making life-changing decisions with “inadequate” examination and consent. Some openly homophobic parents pushed their children to transition because they were gay³”*. GMN, along with many other groups have consistently drawn attention to this matter and our November 2022 consultation response to the NHS interim service specification features an annex which collates a damning list of evidence from the Tavistock proving institutional homophobia was a serious safeguarding risk that was simply ignored⁴.

8. While brave figures such as Susan Evans raised serious safeguarding questions as far back as 2004, by the time of Dr Bell’s 2018 report the evidence that GIDS was practising a new form of gay conversion therapy was overwhelming and it should have been acted on at the time. By 2019 the case that the maladministration of gender medicine was fundamentally homophobic was unanswerable given what clinicians were saying to reporters at the Times, (emphasis added), *“So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that “there would be no gay people left”. “It feels like conversion therapy for gay children,” one male clinician said. “I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay,” he told The Times. “Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans.” Another female clinician said: “We heard a lot of homophobia which we felt nobody was challenging. A lot of the girls would come in and say, ‘I’m not a lesbian. I fell in love with my best girlfriend but then I went online and realised I’m not a lesbian, I’m a boy. Phew.⁵”*

³ <https://www.thetimes.co.uk/article/governor-quits-blinkered-tavistock-trans-clinic-rrm38sv0q>

⁴ <https://www.gaymensnetwork.com/letters-and-responses>

⁵ <https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvscckdvq2>

9. The role of the charity sector in this scandal is prominent and was certainly obvious by 2019 when Mrs Sonia Appleby won a 'whistleblowers' employment tribunal principally focused on her concerns that the charity Mermaids were exercising a malign influence on clinical practice. Mrs. Appleby's first protected disclosure (whistleblowing complaint) dated back to 2017 and it was that (emphasis added) *"a number of GIDS staff have brought some concerns to my attention of late. Predictably, there are challenges regarding Mermaids, rogue medics, and the political expectations of the national service. Perhaps more worrying are the manifestations of a number of splits within the team (not unusual... (a) team members feel they are coerced into not reporting safeguarding issues, and to do so is 'trans phobic'⁶"*
10. Let us be clear; this is a homophobic medical scandal. The patient cohort were overwhelmingly same-sex attracted and they were fundamentally failed and harmed by a medical establishment that elevated ideology over sound clinical practice. Concerns as to homophobia were hushed by an institution more scared of being accused of transphobia. This was a new form of gay conversion therapy, and it is a damning indictment of the NHS that it could happen. We annex to this response our schedule of concerns around homophobia such that matters are clear.

⁶ Paragraph 30 - Mrs S Appleby v The Tavistock and Portman NHS Foundation Trust 2204772/2019

Part 2 OUR RESPONSE TO THE CASS REVIEW AND KEY RECOMMENDATIONS

Our response to Dr Cass' key findings

11. The Gay Men's Network offers a broad welcome to most of the recommendations in the final Cass Review which amount to a repudiation of ideologically motivated 'medicine' and a return to the norms of evidence-based treatment. We remain gravely concerned with two matters. First, we dispute that a clinical trial of 'puberty blockers' could ever be ethical given emerging evidence and second, we are concerned that the fact that almost all of the patient cohort were same-sex attracted is not given the prominence it should have.
12. Dr Cass' key findings can be reduced to the following propositions which we consider in turn below:
 - a. Ideology came to replace evidenced based medicine in the NHS particularly so far as reliance was placed on WPATH standards of care.
 - b. The prescription of 'puberty blockers' was evidentially unjustified, and a clinical trial is proposed.
 - c. NHS England is to review policy on providing cross-sex hormones at age 16 and a new 17-25 service to be established.
 - d. The justification that medicalising gender distress alleviates suicidal ideation is not grounded in evidence.
 - e. There has been medical incuriosity as to the growth and composition of the cohort.
 - f. Services that did not cooperate with the Cass review must be ordered to do so.
 - g. Detransitioners are a neglected group who deserve better care. Social transitioning is a matter for clinical attention.

Ideology came to replace evidencebased medicine in the NHS particularly so far as reliance was placed on WPATH standards of care

13. Dr Cass forensically disproves the notion that WPATH is in any way an expert scientific body saying, *"The World Professional Association of Transgender Healthcare (WPATH) has been highly influential in directing international practice, although its guidelines were found by the University of York appraisal process to lack developmental rigour"*⁷. We would add to this that the current WPATH standards of care propose 'Eunuch gender' and envisage that some children can voluntarily consent to castration⁸. We consider this grotesque and alarming, and we draw attention to the articles of journalist Genevieve Gluck linking the concept of 'Eunuch gender' with castration fetishists in her work on the Eunuch Archives⁹. We would further draw attention to the recent exposure of the WPATH Files¹⁰ by Mia Hughes and Michael Shellenberger which provided alarming evidence of ideological capture, extremely poor medical practice, and serious harm to patients. We note with grave concern that the WPATH standards form the basis for Scottish gender services, and we call upon the Scottish Government and NHS Scotland to rectify this immediately. It is also only right to note that Dr Cass exposed WPATH and similar groups' tendencies to justify practice with circular citations. The NHS can and should have been good enough to spot that danger and deal with it. It is a matter of deep regret that such an intellectually dishonourable practice appears either not to have been detected or was simply disregarded. We question whether this was deliberate.

14. It is also a matter of serious regret and a damning indictment of the NHS' vulnerability to malign ideological actors that a 'standard of care' that was harmful to a largely same-sex attracted cohort was ever embraced as a norm. At GIDS, pressure to adopt these dangerous third-party standards was exerted by groups such as Mermaids. While Mermaids claims not to involve itself in medical matters, the evidence presented at the tribunal of Sonia Appleby v Tavistock clearly shows quite the opposite¹¹. The reality is that groups posing a danger to same-sex attracted people were allowed free reign in the NHS directly contributing to dangerous service models, pressuring non-compliant staff and in some cases directly referring patients to the service. We note with concern the ideological monoculture represented by the Stonewall supported 2017 Memorandum

⁷ Final Cass Review, para 47, Page 28

⁸ <https://www.wpath.org/soc8>

⁹ <https://genevievegluck.substack.com/p/academics-involved-with-top-transgender>

¹⁰ <https://environmentalprogress.org/big-news/wpath-files>

¹¹ <https://www.gov.uk/employment-tribunal-decisions/mrs-s-appleby-v-the-tavistock-and-portman-nhs-foundation-trust-2204772-2019>

of Understanding around conversion practices, a political document which commits the NHS signatories to discredited homophobic 'affirmation only' medicine.

15. We regard this as shocking, systemic dysfunction. Same-sex attracted people have been treated as second-class patients and failed by a service which medicalised homosexuality. We are unsurprised that staff at the Tavistock said, *"It feels like conversion therapy for gay children"*. In our view this is exactly what it was; institutional homophobia. Mermaids and WPATH should never have been placed in a position whereby same-sex attracted people were treated like this. The only answer to protecting same-sex attracted people in the future lies in a Public Inquiry. It is vital that we interrogate further evidence to ensure that i) the full facts of what has happened are established ii) that lessons are learned and most importantly iii) that wide-ranging and universal recommendations are made based on solid evidence to prevent this ever happening again. Such an Inquiry should not, however, delay the implementation of Dr Cass' recommendations.

The prescription of 'puberty blockers' was evidentially unjustified, and a clinical trial is proposed

16. We welcome the fact that the prescription of puberty blockers has all but been halted in the wake of the Cass Review, though we note with concern that this development in Scotland came about via clinical rather than political leadership. We have consistently drawn attention to the fact that the prescription of 'puberty blockers' amounts to live experimentation on a vulnerable patient cohort and have produced specific literature on the point¹². Emerging global evidence regarding these drugs is deeply concerning such as the recent Mayo Clinic study indicating that boys in receipt of this intervention suffer testicular atrophy and increased testicular cancer risk¹³. That study comes in the wake of alarming early studies suggesting stunted cognitive development¹⁴ and the final review's own observations regarding early-onset osteoporosis. GMN takes the view that blocking puberty is an experimental and unethical act visited disproportionately on same-sex attracted youth and we can see no circumstances in which it would be proper or ethical to conduct a trial of these drugs on children. It is for these reasons that we take issue with

¹² <https://www.gaymensnetwork.com/>

¹³ <https://www.biorxiv.org/content/10.1101/2024.03.23.586441v1.full>

¹⁴ <https://twitter.com/Psychgirl211/status/1740801147521122365>

Recommendation 6¹⁵ of the report. Gay youth should not be experimented on. It is frankly shocking that they were.

17. That said, we welcome the fact that ‘puberty blockers’ are no longer to be routinely prescribed in England, Wales, and Scotland but we question how it was ever the case that they were. Dr Cass records that GIDS trialled the Early Intervention Study in 2011. A study in 2015-16 did not demonstrate any benefit to the patient cohort, yet the study was not released until 2020. Despite the lack of evidence in this area GIDS routinely prescribed ‘puberty blockers’ from 2014. GIDS’ lack of record-keeping, and poor evidence base was examined in the Division Court in *Bell v Tavistock*¹⁶. While this decision was reversed on appeal, given what is now known about ‘puberty blockers’, we remark that the court’s concerns as to Gillick competence appear to have been vindicated.
18. At paragraphs 80-83 of her summary of recommendations, Dr Cass says the following:

80. The original rationale for use of puberty blockers was that this would buy ‘time to think’ by delaying onset of puberty and also improve the ability to ‘pass’ in later life. Subsequently it was suggested that they may also improve body image and psychological wellbeing.

81. The systematic review undertaken by the University of York found multiple studies demonstrating that puberty blockers exert their intended effect in suppressing puberty, and also that bone density is compromised during puberty suppression.

82. However, no changes in gender dysphoria or body satisfaction were demonstrated. There was insufficient/inconsistent evidence about the effects of puberty suppression on psychological or psychosocial wellbeing, cognitive development, cardio-metabolic risk, or fertility.

83. Moreover, given that the vast majority of young people started on puberty blockers proceed from puberty blockers to masculinising/ feminising hormones, there is no evidence that puberty blockers buy time to think, and some concern that they may change the trajectory of psychosexual and gender identity development¹⁷.

¹⁵ Final Cass Review, Page 35

¹⁶ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

¹⁷ Final Cass Review, Page 32

19. We consider Dr Cass' observations to be damning, particularly when set against a background of a UK charity sector who persist in spreading medical misinformation on this topic. We call upon the Charity Commission to exercise such powers as are necessary to prevent the spread of medical misinformation and we specifically call upon Stonewall and Mermaids to stop spreading the falsehood that 'puberty blockers' represent either a pause for time to think or can be said to be reversible. Spreading these falsehoods has the capacity to harm children and it must stop.

NHS England to review policy on providing cross-sex hormones at age 16 and a new 17-25 service to be established

20. In recommendation number 8 Dr Cass says, *"NHS England should review the policy on masculinising/feminising hormones. The option to provide masculinising/feminising hormones from age 16 is available, but the Review would recommend extreme caution. There should be a clear clinical rationale for providing hormones at this stage rather than waiting until an individual reaches 18"*¹⁸. We entirely agree and would point to the NICE¹⁹ systemic review of 2020 which found *"a fundamental limitation of all the uncontrolled studies in this review is that any changes in scores from baseline to follow-up could be attributed to a regression-to-the-mean"*²⁰. We are surprised that NHS England ever considered age 16 appropriate for receiving cross-sex hormones given that the decision to provide them was taken after the 2020 review. NHS England's decision indicates a poor appreciation of the need for a sound evidence base in this field of medicine. In addition, it reinforces our concern that an overwhelmingly same-sex attracted cohort were treated as second-class patients.
21. We endorse and welcome recommendation 23 which reads *"NHS England should establish follow-through services for 17-25-year-olds at each of the Regional Centres, either by extending the range of the regional children and young people's service or through linked services, to ensure continuity of care and support at a potentially vulnerable stage in their journey. This will also allow clinical, and research follow-up data to be collected."*²¹ We observe that recommendation 23 deals with the risk posed by ideologically captured 'affirmation only' adult services and we further welcome the

¹⁸ Final Cass Review, Page 35

¹⁹ https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence

²⁰ <https://web.archive.org/web/20220215111922/https://arms.nice.org.uk/resources/hub/1070871/attachment>

²¹ Final Cass Review, Page 42

Secretary of State for Health's indication that these services will be subject to a Cass-like review.

22. We add two observations. First, that this recommendation vindicates the concerns of brave detransitioners like Ritchie Herron who has drawn attention to the ideological and slapdash state of adult services. Second, brain maturation is widely accepted to settle around age 25 and such is the basis, for example, of criminal court sentencing guidelines on young adults. That being the case any system of self-diagnosis and 'affirmation' in the 17-25-year-old group is in our view just as fraught with irreversible lifelong danger as the younger cohort.

The justification that medicalising gender distress alleviates suicidal ideation is not grounded in evidence

23. We regret that proponents of ideological medicine in this field have often resorted to the tactic of invoking suicide, and many will recognise the slogan "would you rather have a dead son or a trans daughter?" It is now time for such reckless and emotionally manipulative untruths to stop being deployed. Dr Cass is definitive on this point saying:

"It has been suggested that hormone treatment reduces the elevated risk of death by suicide in this population, but the evidence found did not support this conclusion."²²

24. This falsehood should never have gained purchase in the discourse around the treatment of gender dysphoria, and we lament the fact that charities who often warned against weaponising suicide for political objective fell silent when faced with the threat of an accusation of transphobia. We cite the charities Mind and Samaritans as having failed in their duty to challenge that narrative. Public discourse around the treatment of young people experiencing gender dysphoria must change. It is egregious to pressure parents with the spectre of suicide, and it is fraught with danger to promote, however tangentially, the idea of suicide to vulnerable children. We thank Dr Cass for specifically disproving this unethical claim and we ask the Charity Commission and Ministers to deal severely with any corporate body or individual promoting it for their own purposes.

²² Final Cass Review, para 86, Page 33

There has been medical incuriosity as to the growth and composition of the cohort

25. GIDS was established in 1989 and saw fewer than 10 children a year at that time. By 2021-22 that figure was over 5000 referrals²³. Dr Cass examines the surge in demand for services noting *"From 2014 referral rates to GIDS began to increase at an exponential rate, with the majority of referrals being birth-registered females presenting in early teenage years."*²⁴ We remark that the Secretary of State for Women and Equalities was quite justified in describing the number of referrals as an 'epidemic' in evidence to the Select Committee and we consider that the composition of this cohort has all the appearances of a rampaging social contagion. We base that conclusion on the fact that (i) the patient skew is now overwhelmingly adolescent female, (a population most likely to be affected by social contagion) and (ii) societal messaging such as endorsed by the BBC and wider social media as to the core tenants of gender ideology. It is a matter of deep regret that an explosion in patient numbers and composition did not cause alarm or arouse even the most basic medical or scientific curiosity. We add that nowhere is that lack of curiosity most keenly demonstrated than by the comparative lack of interest in why that new patient cohort is overwhelmingly same-sex attracted.
26. Efforts to understand the patient cohort in this area will not progress without an understanding of why so many same-sex attracted youth are presenting to gender services. We note that Dr Cass says of the subject *"Understanding the patient cohort"* that *"Among referrals there is a greater complexity of presentation with high levels of neurodiversity and/or co-occurring mental health issues and a higher prevalence than in the general population of adverse childhood experiences and looked after children. The increase in referrals and change in case mix is also being seen internationally"*²⁵. We further note the word 'gay' appears 3 times in the body of the review and once in a footnote. The word 'lesbian' appears twice in the body of the review and once in a footnote. This is an unsatisfactory feature of the review and the emerging wider debate.
27. The fact that a medical service records levels of same-sex attraction among its patient cohort as high as 80% should be cause for alarm, particularly when that is set against concerns from clinicians on the ground saying, *"it feels like a new form of gay conversion*

²³ Final Cass Review, Page 85

²⁴ Final Cass Review, Page 24

²⁵ Final Cass Review, para 31, Page 26

therapy". We have previously criticised the NHS for paying insufficient attention to the size of the same-sex attracted cohort in Equality Impact assessments²⁶. We repeat that criticism here. Given their sheer weight of numbers, the rights of homosexual people (including those whose homosexuality is still latent) are directly impacted in the field of gender care, it is deeply worrying that this is minimised or ignored entirely. We call upon NHS England to commit to monitoring the number of patients in the cohort who are same-sex attracted or struggling with their sexual orientation and we call upon contributors to the wider debate to recognise the gay rights dimension of the discussion. The impact on gay rights cannot be forgotten or ignored, and we commit to doing everything in our power to press this issue.

Services that did not cooperate with the Cass Review must be ordered to do so

28. It is a remarkable and shocking feature of the Cass Review that some NHS services, in her words, "*thwarted*" her legitimate attempts to obtain follow up data. Dr Cass records that: "*In January 2024, the Review received a letter from NHS England stating that, despite efforts to encourage the participation of the NHS gender clinics, the necessary cooperation had not been forthcoming.*"²⁷ She goes on in recommendation 5 to say the following (emphasis added) "*NHS England, working with DHSC should direct the gender clinics to participate in the data linkage study within the lifetime of the current statutory instrument. NHS England's Research Oversight Board should take responsibility for interpreting the findings of the research.*"²⁸
29. NHS services are publicly accountable for their actions, and they are answerable to the Secretary of State for Health. We share her shock and condemnation at the disobedience and open defiance demonstrated by ideologically captured areas of the NHS. We are heartened to see the shadow Secretary of State for Health express his dismay in forthright tones and assure the public that those obstructing this review will be held accountable. It is a measure of how ideologically captured areas of the public sector now are that the democratic will of the Secretary of State, via an independent expert, is openly disobeyed by NHS services. This cannot go on and there must be answers and accountability. Dr Cass sought to present the public with straightforward evidence on follow-up and detransition rates, yet she was thwarted in her perfectly legitimate enquiry. We harbour

²⁶ INTERIM CLINICAL POLICY: Puberty suppressing hormones for children and adolescents who have gender incongruence/dysphoria, November 2023 <https://www.gaymensnetwork.com/letters-and-responses>

²⁷ Final Cass Review, para 92, Page 33

²⁸ Final Cass Review, para 92, Page 34

grave suspicions as to the true reasons why a public body might seek to evade accountability. Such obstruction of legitimate enquiry represents dysfunction of a fundamental nature in a democracy, and it further makes the case for a Public Inquiry into what happened and which personnel in the NHS consider their loyalty to an ideology above their duty to patients. Again, these are matters that should be appropriately explored in a full Public Inquiry so that evidence can be compelled in a reasoned and controlled manner.

Detransitioners are a neglected group who deserve better care

30. We comment that as a direct result of clinical defiance by ideologically captured parts of the NHS, *"The percentage of people treated with hormones who subsequently detransition remains unknown due to the lack of long-term follow-up studies, although there is suggestion that numbers are increasing."*²⁹ We further observe that it would be in the interests of unscrupulous clinicians committed to 'affirmation only' to conceal a growing number of detransitioners were that the case. We therefore endorse and support recommendation 25 that *"NHS England should ensure there is provision for people considering detransition, recognising that they may not wish to re-engage with the services whose care they were previously under."*³⁰

31. We further note that a portion of detransitioners cite internalised homophobia as a cause of cross-sex ideation. That observation is in keeping with the Interim Cass Review which records a doctor speaking to lesbians who felt under pressure to adopt trans identities as lesbians were considered *"at the bottom of the heap"*. We note that this coincided with groups such as Stonewall insinuating that same-sex attraction could be compared to a form of 'prejudice' and a wider discourse fostered by that organisation which targeted homosexuals as 'genital fetishists.' Any new detransitioner services should be alive to this matter and thoroughly investigate the sources of internalised homophobia. We suspect many will come from the former gay rights movement itself (such as Stonewall) and allied media entities (such as the BBC) that present cross-sex identification as a desirable identity associated with popularity and attention.

²⁹ Final Cass Review, para 87, Page 33

³⁰ Final Cass Review, Page 43

Social transitioning is a matter for clinical attention

32. We support recommendation 4 on social transitioning which says, “When families/carers are making decisions about social transition of pre-pubertal children, services should ensure that they can be seen as early as possible by a clinical professional with relevant experience.³¹” Recommendation 4 poses fundamental questions for the Department of Education and the recent schools’ guidance on social transition which should now be reviewed. We consider it a matter of elementary common sense to say that treating a child in a fundamentally different manner than has been the case will have profound psychological implications and we are surprised that schools should ever be invited to support or facilitate this radical intervention. We would further cite the work of Stella O’Malley and Genspect³² on the proposition that social transition concretises a developing identity. As Dr Cass noted in her interim report, social transition is not a neutral clinical act. Just as ‘puberty blockers’ are now recognised not to be a pause, but the first step on an inevitable journey, we harbour similar fears as to social transition.

Part 3 THE CASE FOR A STATUTORY PUBLIC INQUIRY, DEVOLVED GOVERNMENTS AND WIDER POLICY RECOMMENDATIONS

Introduction

33. The Cass review is a watershed moment for gay rights, and it is an opportunity for decision makers to grapple with the malign consequences of gender ideology holding sway in large sections of the public and private sectors. Children present at gender clinics because of a complex web of social, psychological, and political influences and therefore policy action directed only at the NHS risks dealing only with the symptom, rather than the cause of this issue. We call for a full Statutory Public Inquiry (as permitted under section 1 of the Inquiries Act 2005) into the question of how a fundamentally homophobic ideology was allowed to take hold in vast areas of public policy and what measures are best taken to ensure it is permanently uprooted. We have no doubt that other interested

³¹ Final Cass Review, Page 32

³² <https://genspect.org/resources/guidance/guidance-for-social-transition/>

stake holders will want to see far wider Terms of Reference being explored by such an Inquiry and we call on ministers to instruct the House of Commons Public Administration and Constitutional Affairs Committee or other select committee to urgently explore the need, desirability and Terms of Reference for such an Inquiry and make recommendations to ministers in the first instance. The report of Dr Cass demonstrates a public crisis of great magnitude with far reaching consequences, and Inquiries are now routinely held in the wake of such crises. Given the complexity of the issues it would be desirable for a public consultation to take place as well so that any Terms of Reference agreed upon can be settled and reliable. This could be done in short order for Government consideration. If widespread harm to children and the matters set forth by Dr Cass are not explored thoroughly in such a process, then the Public can have no confidence whatever that the implementation of Dr Cass' recommendation will be adequately implemented in a transparent manner nor that harmful clinical practices will not simply continue.

34. Beyond a Public Inquiry we call upon decision makers to urgently consider the following areas:
 - The position in Scotland and Wales
 - The role of the charity sector in promoting this ideology
 - How Public Service Broadcasters have contributed to this problem
 - 'Conversion practices bans' and their true effects

The case for a Statutory Public Inquiry into gender ideology in the public sector

35. Dr Cass' conclusions as to systemic and complete failure in the public sector could not be more serious. She finds a service that was captured by ideology, disregarded evidence, and prepared to give children potentially dangerous drugs based on their own self-diagnosis. She records being "*thwarted*" in wider enquiries by areas of the public sector openly defying the will of ministers as expressed through their appointed expert. This is serious democratic dysfunction, and the final Cass Review alone certainly justifies a Public Inquiry into GIDS, as part of a wider Inquiry as we lay out above.
36. We argue that any Inquiry should go further because of clear evidence of public sector ideological capture. Instances of this are too numerous to list, but by way of example, we

would draw attention to our consultation response to the Crown Prosecution Service's proposal that rape be all but decriminalised³³ where a trans-identified defendant was involved or the chaos that resulted from the ONS changing the sex question on the nation census leading to unusable and incoherent data³⁴. The reality is that every area of public life has suffered the malign effects of gender ideology from the indignity of women being called "*uterus havers*"³⁵ by the NHS to children being subject to inappropriate and ideological RSHE lessons³⁶ via third-party providers.

37. Ministers now openly recognise the fact that a powerful ideological force has taken hold in the public sector with the Secretary of State for Health³⁷ and the Secretary of State for Women and Equalities³⁸ both speaking in terms of the dangers and pervasiveness of gender ideology. While we commend both Ministers for squarely facing down the reality that gender ideology exists, we comment that it is one that took hold despite the best efforts of government. This suggests deep dysfunction in how the state is operating and what it can do to combat dangerous extremism. We believe a Public Inquiry is therefore necessary and should include within its Terms of Reference the ideological capture of our public institutions by this ideology. It should never have been the case that an ideology so fundamentally homophobic and harmful to children could take hold of key public institutions and, as the Cass Review demonstrates, endanger one of the most vulnerable patient cohorts there is.
38. Given the very alarming remarks of Dr Cass that she was thwarted in obtaining further evidence, this in and of itself is reason enough to convene an Inquiry which can compel such evidence. We are dealing with child safeguarding here and what could be a more acute and pressing emergency than that.

The position in Scotland

39. We are gravely concerned by the lack of leadership in Scotland and the continued failure to comprehensively respond to the Cass Review. The First Minister and Scottish Government have a duty to protect Scottish children and the Cass Review makes clear

³³ DECEPTION AS TO BIOLOGICAL SEX IN CASES OF RAPE AND SERIOUS SEXUAL OFFENCES.

GMN Response to the Crown Prosecution Service consultation, November 2022, <https://www.gaymensnetwork.com/letters-and-responses>

³⁴ <https://www.bbc.co.uk/news/uk-56338666>

³⁵ <https://www.theguardian.com/lifeandstyle/2022/may/06/inclusive-language-on-maternity-care-risks-excluding-many-women>

³⁶ <https://www.bbc.co.uk/news/uk-politics-64892868>

³⁷ <https://www.independent.co.uk/news/health/cass-review-nhs-gender-care-atkins-b2529099.html>

³⁸ <https://www.thetimes.co.uk/article/kemi-badenoch-fury-at-cowardice-over-gender-5sn5wzpw8>

the WPATH style of treatment in Scotland is dangerous and unevidenced. Thus far we note the only substantive response to Cass comes from the SNP's coalition partners, the Green Party. On April 10th, 2024, Maggie Chapman MSP tweeted that the Scottish Greens "*will oppose any moves to increase the age of accessing gender affirming care to 25*". This is a complete misrepresentation of Dr Cass' conclusions and one we would suggest is unworthy of a serious political figure.

40. The reaction of the Scottish First Minister to date has been to say that responding to the Cass Review is a matter for clinicians. Clinicians at the Tavistock equivalent in Scotland, the Sandyford Clinic, responded on 18 April 2024 by 'pausing' the prescription of 'puberty blockers'³⁹. Given the case we make as to the homophobic nature of 'gender affirmation' and our concerns for same-sex attracted youth presenting at these services, we consider the First Minister's apparent refusal to provide leadership on this matter a serious failing. We note that reticence to comment appears to be government-wide with opposition MSPs expressing frustration that Scottish Ministerial Statements and questions appear to be being evaded. This is not good enough. Same-sex attracted youth are in potential danger and it is the duty of the Scottish Government to provide leadership on responding to the Cass review, just as the Government and Shadow Secretaries of State for Health have done on a national level. We suspect that tensions within the Scottish Governing coalition provide the most plausible explanation as to a lack of leadership on the protection of children. Again, this is not good enough. Puberty is the same either side of the Scottish border and there is no good scientific or ethical reason for the Scottish Government to be failing such a vulnerable cohort in this manner. We call on the First Minister to act and show leadership on this issue.

The position in Wales

41. Health is a devolved area in government in Wales and we are concerned that the new Welsh First Minister is yet to comment substantively on the Cass Review, and we encourage him to do so. We note with some concern that the National LGBT Action Plan in Wales appears to be entirely supportive of gender ideology and that the proposed expansion of the Senedd continues this trend by effectively legislating by stealth for 'gender self-ID' in respect of composition.

³⁹ <https://www.bbc.co.uk/news/uk-scotland-68844119>

42. As Government leadership in Wales is relatively new, we would urge the First Minister to step back and pause on the issue of gender and LGB issues and to carefully consider the dangers of ideological capture Dr Cass identifies. The First Minister should join the Shadow Secretary of State for Health in his own party and endorse Cass and commit to ensuring her recommendations are carried out in full in Wales. Further, we ask him to look more broadly at the ideological monoculture presented in the Welsh National LGBT Action Plan and to reflect on whether this really offers the best future for the gay community in Wales. NHS Services in Wales, indeed across the UK, should be working together for a universal quality of standards.

The role of the charity sector in promoting gender ideology

43. We have long drawn attention to the dysfunctional relationship between the third sector and public sector and the increasingly extreme pronouncements of powerful lobby groups such as Stonewall and Mermaids. Dr Cass was not tasked with identifying the source of the ideological contaminant that so miserably failed children in the NHS, but it is obvious that the influence wielded by UK charities is a key part of the problem. We note with concern that both Stonewall and Mermaids still claim, incorrectly, that 'puberty blockers' are reversible and that both have responded to the Cass Review by, in effect, complaining that 'affirmation-only' treatment is now all but impossible to obtain on the NHS and privately. In the wake of Cass, these are not serious policy positions and some of what is said by both organisations amounts to misinformation. The adoption of extreme gender ideology is not confined to these two bodies. Many third sector organisations have set about attempts at discrediting the Cass review and we note both Amnesty and Liberty have engaged with negative messaging on the issue despite paediatrics not obviously being a speciality of either organisation.
44. We ask the Charity Commission to consider an urgent investigation into Stonewall to establish how spreading medical misinformation can possibly be reconciled with the purpose of a charity being to act to the public benefit. We further remark that such an investigation is long overdue given Stonewall's proven tendency to misrepresent equality law. We add to this that we cannot see how Stonewall's continued campaign of harassment against the EHRC, and its chair Baroness Falkner can be considered of public benefit. Stonewall is one of the charities largely responsible for the spread of gender ideology in the UK following a 2015 decision to focus on trans issues and a stated authoritarian policy of no debate. Again, we question how anti-democratic statements

like “no debate” could ever be reconciled with the charitable duty to act in the public benefit. We note that former Stonewall CEO Ruth Hunt publicly asked for forgiveness in the wake of the Cass Review⁴⁰. That interview sets out how Stonewall quite improperly urged schools to “shred” an information pack from respected pressure group Transgender Trend who have been entirely vindicated in what they have been saying by the Cass Review. We would be remiss if we did not highlight that Stonewall were instrumental in mounting sustained and serious attacks on the careers of gay men and lesbians, Allison Bailey is perhaps the paradigm example of this, and James Dreyfus has spoken powerfully on this subject.

45. We note with concern the Stonewall statement in response to the Cass review⁴¹. Their statement does not once mention lesbians or gay men, nor does it deal with the homophobic aspects of gender medicine. We find this position astonishing from a charity which claims to act in the interests of these constituencies. We further note the statement appears to be designed to blunt the core recommendations of Cass, for example, arguing as it does against “blanket bans” for ‘puberty blockers’. It is clear from their statement that Stonewall remains wedded to ‘affirmation-only’ and will use its considerable influence to ensure that the Cass recommendations are subverted. It is unclear why Stonewall pretends medical knowledge or what possible legitimate role it could play in future service development. The mistakes of GIDS must not be repeated and we call for a Commission investigation to prevent Stonewall from doing further damage in this field of medicine.
46. Our concerns are not restricted to Stonewall or Mermaids. Accordingly, as part of any Terms of Reference of a full Public Inquiry we ask that ministers consider the impact of the charity sector, lobby groups and how social media is used to promote dangerous ideology, how they were able to gain such influence within the NHS and what impact this sector has had on the matters set forth in Dr Cass’ report. Further, whether there is any causal link between the materials provided to schools and the explosion of young people presenting at gender services.

How Public Service Broadcasters have contributed to this problem

47. With the exception of the heroic work of Hannah Barnes on BBC 2’s Newsnight programme and Justin Webb’s journalism on the Today programme, it is now something

⁴⁰ <https://www.thetimes.co.uk/article/stonewall-tried-to-silence-warnings-of-weak-evidence-for-trans-healthcare-n299v00c3>

⁴¹ <https://www.stonewall.org.uk/cass-review>

of an open secret that the BBC is captured at editorial level by gender ideology and seemingly beholden to a staff gender network. BBC whistleblowers are now coming forward⁴² describing a toxic culture of ideolog compliance and we would draw attention to the ex-BBC employee Cath Leng who offers expert commentary on this matter⁴³. BBC output, particularly to children, such as the well-known piece teaching children that there are "over 100 genders"⁴⁴, is of particular concern. The suggestion of ideological bias is only reinforced by the framing of various gender-related debates. We note with regret that the BBC rarely platforms gender critical commentators such as Helen Joyce of the charity Sex Matters. We also note that in the past any platforming has been extremely hostile and would cite as an example a Newsnight interview with now vindicated Graham Linehan⁴⁵.

48. The lack of healthy debate around gender and the promotion of this ideology to children are, we believe, relevant background factors in the explosion of trans-identifying youth which Dr Cass addressed. National media messages matter and we consider the national messaging from the state broadcaster to have been biased and insufficiently prepared to challenge a prevailing fashionable orthodoxy. We call upon the Secretary of State for Culture, Media, and Sport to consider this matter carefully and take such steps as are appropriate to examine the matter. It cannot be right for children to be subjected to contested ideological statements that may be highly dangerous in terms of medical decision making and it cannot be right that a notionally impartial broadcaster in effect chose a side in a national debate.

'Conversion practices bans' and their true effects

49. There are presently two live pieces of proposed legislation calling themselves 'conversion practices bans', one in Scotland at consultation stage and one being proposed as an amendment to the current Criminal Justice Bill by Alicia Kearns MP. We have commented extensively in the past that such bans simply criminalise any clinical care other than 'affirmation only' and have further objected that such bans contravene basic human rights⁴⁶.

⁴² <https://www.spectator.co.uk/article/how-did-the-bbc-get-the-trans-debate-so-wrong/>

⁴³ See for example https://x.com/leng_cath/status/1780916767373607180

⁴⁴ <https://www.thetimes.co.uk/article/bbc-films-teach-children-of-100-genders-or-more-7xfhbq97p>

⁴⁵ <https://www.bbc.co.uk/programmes/p08305wc>

⁴⁶ See, for example Ending Conversion Therapy Practices in Scotland: Consultation

50. Our warnings that this species of legislation simply state mandates gay conversion by 'affirmation only' medicine have been echoed now by Dr Cass in her final review when she says (emphasis added):

"The intent of psychological intervention is not to change the person's perception of who they are but to work with them to explore their concerns and experiences and help alleviate their distress, regardless of whether they pursue a medical pathway or not. It is harmful to equate this approach to conversion therapy as it may prevent young people from getting the emotional support they deserve."⁴⁷

51. "Conversion Practices Bans" are homophobic. They prevent children from accessing appropriate therapy and emotional support. They criminalise doctors who simply investigate why a child is depressed. They criminalise parents for simply raising their children. They produce trials incompatible with Article 6 of the European Convention on Human Rights by requiring a Defendant to accept gender identity exist as the basis for their prosecution. These are malign pieces of the legislation, and we call upon Alicia Kearns MP and the Scottish Government to recognise this and withdraw these homophobic proposed laws.

CONCLUSION

52. The final Cass review is a sobering moment for gay rights. It demonstrates that the very organisations and bodies that should have protected gay youth actively supported an ideology harmful to them. It further serves as a dire warning as to the dangerous nature of a fashionable belief system which has been shown to be entirely unevidenced.
53. The publication of the final Cass review presents a rare moment of opportunity for the gay rights movement and society. Gender ideology attained the status of an unquestionable set of beliefs and dissidents were punished harshly. This can never happen again. Children have been harmed by gender ideology and the failure of many to stand up against it. The gay community has been plunged into schism and misery by the very groups who should have fostered healing and unity. It is now time to turn the

Consultation response from GMN, March 2024 and Parliamentary Briefing: Amendment NC30 (Conversion Practices Prohibition) to the Criminal Justice Bill moved by Alicia Kearns MP

Briefing from GMN at <https://www.gaymensnetwork.com/letters-and-responses>

⁴⁷ Final Cass Review, Page 150

page on this bitter and regrettable section of history and shape a post-gender vision of gay rights, public services, and wider society. Turning that page will require reform and accountability and we call upon the government and the national opposition to commit to a public sphere that is rational, evidence based and that has due regard for the homophobic nature of this medical scandal. It is now time to demonstrate courage and face even the most difficult truths which Dr Cass has established.

THE DIRECTORS

GAY MEN'S NETWORK

Annex 1

Chronological Schedule incidents at the Tavistock tending to suggest institutional homophobia

- a. 3rd November, 2018 - Dr David Bell circulates an internal report raising serious safeguarding concerns saying *“staff had “very serious ethical concerns” that children were making life-changing decisions with “inadequate” examination and consent. Some openly homophobic parents pushed their children to transition because they were gay, the report said. In other cases, youngsters seized on transition as a “solution” after abuse or bereavement. Their histories were not properly explored by clinicians struggling with “huge and unmanageable caseloads” and afraid of being accused of transphobia if they questioned the “rehearsed” surface presentation. The report said Gids had tried to “placate” lobby groups such as the Mermaids charity, which campaigns for children to be given sex-change treatment. ⁴⁸⁴⁹”*
- b. February 17th, 2019 - doctors at the Tavistock say that *“England’s only NHS gender clinic for children is exposing young patients to “long-term damage” because of its “inability to stand up to the pressure” from “highly politicised” campaigners and families demanding fast-track gender transition⁵⁰”*
- c. February 24th, 2019 - governor and consultant psychotherapist Marcus Evens resigns in protest from the Tavistock GIDS service saying it had *“created a “climate of fear” and was trying to “dismiss or undermine” concerns raised by its own clinicians⁵¹”*
- d. April 8th, 2019 - GIDS staff report homophobia as a serious safeguarding issue, *“So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that “there would be no gay people left”. “It feels like conversion therapy for gay children,” one male clinician said. “I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay,” he told The Times. “Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans. Another female clinician said: “We heard a lot of homophobia which we felt nobody was challenging. A lot of the girls would come in and say, ‘I’m not a*

⁴⁸ <https://www.thetimes.co.uk/article/governor-quits-blinkered-tavistock-trans-clinic-rm38sv0g>

⁴⁹ <https://www.theguardian.com/society/2018/nov/03/tavistock-centre-gender-identity-clinic-accused-fast-tracking-young-adults>

⁵⁰ <https://www.thetimes.co.uk/article/tavistock-trans-clinic-fears-damage-to-children-as-activists-harass-staff-xf5sxg3pp>

⁵¹ <https://www.thetimes.co.uk/article/governor-quits-blinkered-tavistock-trans-clinic-rm38sv0g>

lesbian. I fell in love with my best girlfriend but then I went online and realised I'm not a lesbian, I'm a boy. Phew.^{52'}

- e. October 12th, 2019 - mental health nurse Sue Evans "reported her alarm at the speed of assessment and feared that treatment plans were being influenced by groups such as Mermaids, a transgender advocacy charity... Ms Evans said: "When you work in the area of gender dysphoria you begin to see that many of these children have other areas of concern or difficulty, such as depression, autism, trauma, childhood abuse, internalised homophobia, relationship difficulties, social isolation and so on..^{53"}
- f. September 17th, 2020 - safeguarding lead Sonia Appleby wins a whistle-blowers case against GIDS based on her concerns over homophobia and the influence of lobby groups and unregulated doctors being side-lined, suppressed, and ignored⁵⁴. Among her "protected disclosures" (and other evidence in that case) are the following matters:
 - i. First protected disclosure, 30th October 2017 - "a number of GIDS staff have brought some concerns to my attention of late. Predictably, there are challenges regarding Mermaids, rogue medics and the political expectations of the national service. Perhaps more worrying are the manifestations of a number of splits within the team (not unusual) but I have been reported is quite potent: (a) team members feel they are coerced into not reporting safeguarding issues, and to do so is "trans phobic^{55"}
 - ii. Second protected disclosure, 13th November 2017, "(i) Dr W is still prescribing despite being apparently suspended by the GMC (ii) the culture within the service has created a dynamic, which makes it hard for staff to raise safeguarding concerns and this is compounded by staff being referred to as being trans phobic (iii) the model of service delivery is not properly take into account that some children are referred within the context of significant familial adversity (iv) a worry that some young children are being actively encouraged to be transgender without effective scrutiny of their circumstances (v) some staff have raised concerns the service, which now has a referral rate of nearly 2000 referrals annually is bound to be seeing some

⁵² <https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvscckdvq2>

⁵³ <https://www.thetimes.co.uk/article/therapist-raised-alert-at-troubling-practices-at-tavistock-clinic-nfhsbb76n>

⁵⁴ https://assets.publishing.service.gov.uk/media/6149eb48d3bf7f05ac396f79/Ms_S_Appleby_vs_Tavistock_and_Portman_NHS_Foundation_Trust.pdf

⁵⁵ Paragraph 30 - Mrs S Appleby v The Tavistock and Portman NHS Foundation Trust 2204772/2019

children, who falsely protect [sic] presenting as being transgender as a less oppressive option than acknowledging they are gay. There is apparently no acceptable mechanism for discussing these phenomena within the team⁵⁶

- iii. In a meeting in March 2018 Mrs Appleby “*remarked that if they were not careful a Jimmy Savile type situation could arise, adding, when he looked upset, that she did not mean there was child abuse, but rather, an institution turning a blind eye to what was in front of them.*”⁵⁷
- iv. 15th May 2018 - Mrs Appleby “*was approached by another worried GIDS staff member. The claimant reported their concerns to Dr Senior, listing patients’ limited understanding, the premature use of blockers, failure to address the fact that some children lived in homophobic environments, that some staff felt themselves unsafe in the group and were afraid to report these issues within the Trust, high caseloads, staff with anxiety symptoms, and concerns that the GIDS manager had no helpful model for the complexities of the work, nor understood the culture of discontent among the staff group.*”⁵⁸
- v. Mrs Appleby went on to outline how her serious concerns were silenced, ignored, and resulted in pseudo disciplinary action taken against her involving a note being placed on her permanent file.
- g. December 1st, 2020 - Divisional court hands down judgment in *Bell v Tavistock* [2020] EWHC 3274 (Admin) expressing grave concern for record keeping, unexplained rise in female patients, prevalence of autism in patient cohort and obtaining of Gillick consent⁵⁹.
- h. December 5th, 2020 - Dr David Bell faces disciplinary action for raising concerns following his report which “*included testimonies from ten clinicians, who warned that children with complex histories were being referred for puberty blockers and cross-sex hormones after a few sessions and without proper investigation of their cases. Children were being prescribed the experimental drugs under pressure from transgender rights groups*”⁶⁰.

⁵⁶ Paragraph 31 – Mrs S Appleby v The Tavistock and Portman NHS Foundation Trust 2204772/2019

⁵⁷ Paragraph 42 – Mrs S Appleby v The Tavistock and Portman NHS Foundation Trust 2204772/2019

⁵⁸ Paragraph 45 – Mrs S Appleby v The Tavistock and Portman NHS Foundation Trust 2204772/2019

⁵⁹ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

⁶⁰ <https://www.thetimes.co.uk/article/david-bell-tavistock-gender-clinic-whistleblower-faces-the-sack-rtkl09907>

- i. June 20th, 2021 - a report that a gay psychologist who worked at GIDS speaking about his fears that the clinic was running "conversion therapy for gay kids"⁶¹. This article records that Dr Matt Bristow "*said he was one of several gay members of staff at the clinic who felt concerned that patients' homosexuality – and the possibility that gay children were saying they wanted to change sex because they were being bullied – was ignored.*"
- j. September 17th, 2021 - Appeal in *Bell v Tavistock* handed down with Lord Burnett CJ warning doctors that the obtaining of Gillick consent crucial and medical negligence actions likely to follow were this is not so secured⁶².
- k. November 23rd, 2021 - Dr Bell comments that "Girls who do not like pink ribbons or playing with dolls are being treated as transgender at the NHS Tavistock clinic..... With "proper" treatment, he believed many of the children would go on to be gay or lesbian and instead wants gender-focused treatment to be scrapped with these issues looked at as part of general mental health support."⁶³
- l. February 2022, interim Cass reviews reports "*We have heard that some young people [...] are advised not to admit to previous abuse or trauma, or uncertainty about their sexual orientation...We have heard from young lesbians who felt pressured to identify as transgender male.*"⁶⁴
- m. July 29th, 2022, it is reported that the "*Tavistock child gender clinic forced to close over safety fears*"⁶⁵ following the interim Cass Review.
- n. July 30th, 2022, government minister Kemi Badenoch MP refers to events at GIDS in the following terms "*The Tavistock scandal shows the dangers of civil service groupthink*"⁶⁶
- o. August 11th, 2022, it is reported that 1000 families will join a medical negligence group litigation action against the Tavistock GIDS service, it is reported that "*This includes allegations it recklessly prescribed puberty blockers with harmful side effects*

⁶¹ <https://www.thetimes.co.uk/article/tavistock-gender-clinic-converting-gay-children-tz8cs77p3>

⁶² <https://www.judiciary.uk/judgments/bell-and-another-v-the-tavistock-and-portman-nhs-foundation-trust-and-others/>

⁶³ <https://www.thetimes.co.uk/article/tavistock-clinic-treats-girls-who-dont-like-dolls-as-transgenderffdz7kc00>

⁶⁴ <https://sex-matters.org/posts/updates/the-cass-reviews-interim-report-is-out/>

⁶⁵ <https://www.thetimes.co.uk/article/tavistock-child-gender-clinic-forced-to-close-over-safety-fears-2gfj325lt>

⁶⁶ <https://www.thetimes.co.uk/article/the-tavistock-scandal-shows-the-dangers-of-civil-service-groupthink-5bj2z26c7>

and adopted an “unquestioning, affirmative approach” to children identifying as transgender⁶⁷.

⁶⁷ <https://www.thetimes.co.uk/article/tavistock-gender-clinic-to-be-sued-by-1-000-families-lbsw6k8zd>