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A modern medical scandal: What really went wrong at the UK's controversial Tavistock gender clinic?

New book by journalist Hannah Barnes is a devastating exploration of the gender development policy at London clinic with links to Irish patients



Journalist and author Hannah Barnes presents a gripping timeline of events



Stella O'Malley

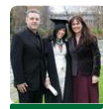
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The journalist Hannah Barnes first learnt about issues at the Gender Identity Development Services (Gids) in the Tavistock and Portman NHS Foundation Trust in London when she was a journalist reporting on the issue for Newsnight at the BBC.

As she delved into the details, she felt compelled to write **Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service** for

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Children, an exposé that brings us deep inside the murky world of psychologists who fast-tracked thousands of children onto a potentially unnecessary medicalised pathway.

Barnes opens the book with a gripping timeline of events that details a series of raised concerns, complaints, court cases and missed opportunities.

There was a fundamental flaw within the service as it was never clarified whether clinicians should operate from the basis of a belief in gender identity theory, which argues that adults should facilitate the transition of every child who wants it, no matter what age, or if they should take a developmental model of understanding, where medical transition is just one of many ways to alleviate gender-related distress.

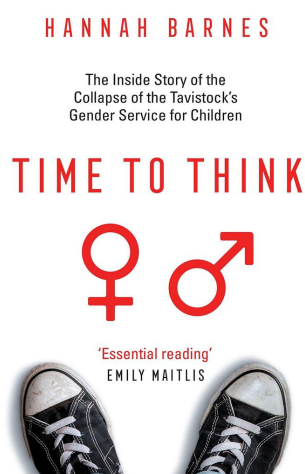
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The first concerns about Gids were raised by the psychoanalyst Sue Evans in 2005, however the subsequent report was filed and ignored for 15 years.

Then, roughly ten years ago, the demographics suddenly changed and all across the world there came a sudden, unexplained and unprecedented influx of teenage girls presenting with gender-related distress.

As the numbers grew, Gids became a major source of income for the Tavistock and, from initially being a tiny outlier operating out of not much more than a broom cupboard, by 2020-2021, combined adult and child gender services accounted for a quarter of the Tavistock's income. One clinician described how it was run more like "a tech start-up" than a clinical care centre.



Hannah Barnes's book investigates the Tavistock scandal

Considerable pressure was exerted on Gids by lobby groups such as Mermaids, which was quick to level accusations of 'transphobia' whenever reluctance was shown.

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Ultimately, over a thousand children were prescribed puberty blockers. Puberty blockers stop all sexual development in a growing child and promise, as the title of the book suggests, “time to think”. However this is experimental treatment and the first results of the research carried out at Gids showed that puberty blockers demonstrated a statistically significant increase in statements about self-harm and suicidal ideation, and an increase in behavioural and emotional problems for natal girls.

Moreover at least 98pc of children on puberty blockers move on to cross-sex hormones. Critics believe that blockers effectively ‘lock in’ children to a medicalised identity. In one case study, ‘Harriet’ shows how she experienced a “honeymoon period” when she first came out as trans.

Video of the Day



It is often noted that a diagnosis of gender dysphoria can inappropriately overshadow all other issues and, even though Harriet was self-harming, experiencing suicidal thoughts and had a difficult relationship with food, her referral to the Child and Adolescent Mental Health Services (Camhs) was dismissed in favour of her appointment at Gids.

Although she didn’t ask for them, Harriet was offered puberty blockers at the first appointment, and then twice more across five appointments.

At 18 years old, she was approved for testosterone at her first appointment in the adult services. Her voice deepened and hair started to grow on her jaw and elsewhere. She underwent a double mastectomy aged 19. Then some doubts crept in. As is often the case for females who take testosterone, sex was painful and she became prone to urinary infections.

“Lobby groups promoted the idea that only gender specialists could work with gender-distressed children”

Harriet came to realise she was a female and a lesbian.



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She subsequently stopped taking testosterone and detransitioned. She now has to shave daily and has a permanently deep voice. She describes the experience like “waking up from a nightmare or regaining control of my body after someone else took over”.

Barnes devotes an entire chapter to Gids in Ireland. In 2012, Gids first started seeing Irish children as part of the ‘Treatment Abroad Scheme’. The numbers quickly catapulted and it was decided to stop flying children over to London; instead, from 2015, Gids ran monthly clinics in Crumlin Children’s Hospital. Curiously, the scheme continues to fund this service.

The waiting lists in both Ireland and the UK became unconscionably long as lobby groups promoted the idea that only gender specialists could work with gender-distressed children. Gids clinicians became overwhelmed, with some complaining about a caseload of as many as 140 patients each.

A series of raised concerns, meetings, formal and informal complaints were summarily dismissed. Sonia Appleby, child safeguarding lead at the Tavistock, ended up lodging a whistle-blowing claim against Gids which she subsequently won in November 2021.

In August 2018, an extensive report submitted by Dr David Bell, consultant psychiatrist at the Tavistock, branded Gids “not fit for purpose”. By then, some children were being prescribed puberty blockers within the first 20 minutes of their first session.

Many staff left. In July 2019, the psychologist Dr Kirsty Entwistle left the service by publishing a 2,700- word open letter to Gids director Polly Carmichael expressing concerns about traumatised, deprived, and sexually or physically abused children being inappropriately referred for puberty-blocking treatment.

Finally, in July 2022, 17 years after the first whistle was blown, the NHS announced that Gids would be closed by spring 2023 and replaced by regional centres with a greater focus on mental health. Barnes notes that Sweden, Finland and France have also recently concluded that the perceived benefits of puberty blockers do not outweigh the risks.

The situation in Ireland replicates the whistle-blowing that happened at the Tavistock. Barnes describes how clinicians at the adult National Gender Service first raised concerns in 2018 about the “clearly mentally unwell” patients transferring from the children’s services in Crumlin to the adult services in Loughlinstown.

In 2019, Dr Paul Moran and Professor Donal O’Shea, both highly experienced clinicians who have helped adults medically transition for over two decades, conducted an audit of 18 referrals of Gids patients that offered accounts of young people presenting with self-harming behaviour, depression, suicidality, eating disorders, traumatic life circumstances, and a disproportionately high number of people with autism.

Dr Moran expressed his concern to Crumlin that the Gids service was “unsafe and substandard” and called for the contract to be “terminated with immediate effect”. Crumlin is currently “exploring the availability of the service in other EU jurisdictions”, however according to Prof O’Shea, the current situation is

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“awful” and he blames “institutional laziness”.

Barnes’s compelling account of the downfall of Gids demonstrates how pressure groups can lead well-meaning clinicians to make increasingly ill-advised decisions. *Time to Think* is a devastating and shocking read, a salutary tale that shows how medical scandals can happen in plain sight and complaints are ignored when nobody is quite sure about their actual position on the issue.

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