

10th April 2021

Professor Dave Archard
FAO working group on
*The care and treatment of children and adolescents
in relation to their gender identity in the UK*

Nuffield Council on Bioethics
28 Bedford Square
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Dear Professor Archard,

I am writing to you in your role as Chair of the Nuffield Council on Bioethics working group on *The care and treatment of children and adolescents in relation to their gender identity in the UK*.

In this open letter, I explain my objections to the unethical design and implementation of this project, and request that you reconsider your approach. This letter is written in a personal capacity, drawing on my professional knowledge and personal experience of dysphoria and transition in my adolescence.

I am the author of numerous peer-reviewed publications on topics including trans health and ethical research methodologies, including the monograph *Understanding Trans Health* (Policy Press, 2018); I have also edited two books and special issues of *Sexualities* and the *International Journal of Transgender Health*. I have been asked to speak about my work at over 40 invited talks and keynotes across the world in the last 5 years alone, and have provided expert advice and consultancy to organisations such as the House of Commons Women and Equalities Committee, the Equality and Human Rights Commission, and the Equality Challenge Unit.

In the 2000s, I worked alongside other young trans people as an elected representative within the National Union of Students and as an activist in Trans Youth Network. I began my social transition at the age of 16 without any direct support from my family or medical practitioners: a lonely and difficult experience I believe no young person should have to go through.

I have chosen to publicly share this letter in light of the enormous power differential between your working group and the people who will be impacted by its findings; and the manner in which trans people's needs and contributions to knowledge have been largely ignored by the working group to date.

1. Nothing About Us Without Us

The social justice principle of 'nothing about us without us', articulates the importance of directly involving people in debates and policymaking relevant to their lives, especially where their voices have historically been marginalized. It originated in the South African disability rights movement,¹ and parallels critiques of colonialist knowledge production.² It is highly relevant to trans experience,³ especially to young trans people

¹ Charlton JI (2000) *Nothing about Us Without Us: Disability Oppression and Empowerment*, Berkeley: University of California Press.

² Yarbrough D (2020) "Nothing About Us Without Us": Reading Protests against Oppressive Knowledge Production as Guidelines for Solidarity Research, *Journal of Contemporary Ethnography*, 49(1): 58-85.

³ Scheim AI, Apprenroth MN, Beckham SW, Goldstein Z, Grinspan MC, Keatley JG, and Radix A (2019) Transgender HIV research: nothing about us without us, *Lancet HIV*, 6(9): e566-e567.

who are disabled, Black or people of colour, who are the most likely to encounter severe systemic barriers to support.⁴

Trans people are deeply impacted by policy, practice, and public discourse relating to matters such as gender dysphoria, incongruence and transition. However, our knowledge is often actively erased, or more simply absent from formal accounts produced by non-trans actors. This has historically resulted in significant harm being inflicted on vulnerable individuals, particularly young trans people. Established best practice for trans health research therefore requires work to be grounded, from inception to dissemination, in meaningful collaboration with community stakeholders.⁵ This may entail, for example, significant trans representation on project steering groups, and co-production of research questions.

The working group for this project does not include a single openly trans person, let alone a diversity of trans experience. The very questions asked in the call for evidence demonstrate a basic lack of familiarity with trans lives and our history of exploitation by medical professionals. Trans people have been invited to give evidence for this project and to participate in your earlier exploratory meetings, but we have no actual power within your process. We are made into objects of study, not authors of our own experience.

The project is therefore missing vital expertise and context, both in the design of the call for evidence, and any subsequent analysis of responses. When the working group's findings are reported, they will represent yet another influential intervention into public debate by non-trans individuals with no direct understanding of what it is actually like to be a young person with dysphoria and/or considering a social or medical transition.

The Nuffield Council on Bioethics are reproducing, once again, the power imbalance that has dominated trans medicine for the past two centuries.⁶ To paraphrase bell hooks, you are proposing to talk about us better than we can talk about ourselves, taking our pain and our stories and then telling them back to the world in a way that does not necessarily reflect our actual experiences.⁷

I therefore urge the working group to reflect on the ethical implications of explicitly excluding trans people, and especially multiply-marginalised young trans people, from oversight of a project that may have profound consequences for our lives.

2. Moral panic, misinformation, and dangerous alliances

The project's open call for evidence has been disseminated amidst a growing anti-trans moral panic. From 2017 we have seen the emergence of numerous new anti-trans campaign groups, bolstered by hostile commentary and misinformation in the media and on social media. This is just one part of a wider,

⁴ Gill-Peterson J (2018) *Histories of the Transgender Child*, Minneapolis: University of Minnesota Press; Murray E (2019) *Trans Rights and Disability: The Wrong Decisions*, Available at: <https://www.youtube.com/watch?v=3c1cJPgFSnw>.

⁵ Adams A, Pearce R, Veale J, Radix A, Castro D, Sarkar A, and Thom KC (2017) Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research, *Transgender Health*, 2(1): 165-175; Bauer G, Devor A, heinz m, Marshall Z, Pullen-Sansfaçon A, and Pyne J (2019) *CPATH Ethical Guidelines for Research Involving Transgender People & Communities*, Canadian Professional Association for Transgender Health, Available at: <http://cpath.ca/en/resources/>; Vincent BW (2017) Studying trans: recommendations for ethical recruitment and collaboration with transgender participants in academic research, *Psychology & Sexuality*, 9(2): 102-116.

⁶ Pearce R (2018) *Understanding trans health: Discourse, power and possibility*, Bristol: Policy Press.

⁷ hooks b (1990) Marginality as a Site of Resistance, in: R Ferguson, M Gever, TT Minh-ha (eds) *Out There: Marginalization and Contemporary Cultures*, Cambridge, MA: MIT Press.

international “anti-gender” movement, which is linked to white supremacist conspiracy theories, and threatens to undermine civil rights and access to medical services for women and LGBTIQ people.⁸

Without diverse trans leadership, I have no confidence that the working group has the necessary understanding of this context or the way in which it will inevitably shape the responses you receive.

There are important debates to be had around approaches to social support and/or medical intervention for young trans people and others exploring their gender. These cannot take place in a nuanced or fully informed manner when views informed by moral panic are given as much weight as evidence from young people themselves, their families, and the professionals who support them.

The dangerous ignorance of the Nuffield Council on Bioethics in relation to these matters is exhibited in your response to an exploratory series of meetings held with numerous parties in 2019. Reported areas of agreement from participants consist of platitudes such as “the needs and well-being of young people should always be the central focus”.⁹ The Council’s press release on this topic quotes Heather Brunskell-Evans,¹⁰ a co-founder of the Women’s Human Rights Campaign, which in 2020 called explicitly for the ‘elimination’ of ‘transgenderism’.¹¹ In her opposition to trans people, Brunskell-Evans has extensively promoted the work of conspiracy theorist Jennifer Bilek,¹² whose writing I believe is clearly antisemitic: she argues ‘transgender ideology’ is being institutionalised by a coalition of Jewish billionaires.¹³ She co-signed an submission to the United Nations alongside groups such as the Heritage Foundation, a US thinktank whose members have openly supported conversion therapy and discrimination against LGBTIQ people.¹⁴

There is no dispassionate, ethical middle ground to be found between those who wish to support young people to explore their identities and needs, and eliminationists who have openly aligned themselves with racist, homophobic, and transphobic rhetoric.

3. Coercive consultations

In written and oral evidence presented to the House of Commons Women and Equalities Committee in December 2020, I observed that many trans people are exhausted from a bewildering array of consultations and calls for evidence which have taken place in the UK since 2015.

⁸ Darakchi S (2019) “The Western Feminists Want to Make Us Gay”: Nationalism, Heteronormativity, and Violence Against Women in Bulgaria in Times of “Anti-gender Campaigns”, *Sexuality & Culture*, 23: 1208-1229; Hemmings C (2021) Unnatural feelings: The affective life of ‘anti-gender’ mobilisations, *Radical Philosophy*, RP 2.09, Available at: <https://www.radicalphilosophy.com/commentary/unnatural-feelings>; Horbury E and Yao C (2020) Empire and Eugenics: Trans Studies in the United Kingdom, *Transgender Studies Quarterly*, 7(3): 445-454; Pearce R, Erikainen S, and Vincent B (2020) TERF Wars: An introduction, *The Sociological Review*, 68(4): 677-698.

⁹ <https://www.nuffieldbioethics.org/assets/pdfs/Summary-of-exploratory-meetings-gender-identity-FINAL.pdf>

¹⁰ <https://www.nuffieldbioethics.org/news/the-care-and-treatment-of-young-people-in-relation-to-their-gender-identity>

¹¹ WHRC (2020) *Submission to Women and Equalities Committee on Reform of the Gender Recognition Act*, Available at: <https://committees.parliament.uk/writtenevidence/17510/pdf/>.

¹² An example from Twitter:

https://web.archive.org/web/20200418185530if_/https://twitter.com/brunskellevans/status/1251582754678079491

¹³ Trans Safety Network, *Transphobic Feminism and Far Right Activism Rapidly Converging*, Available at: <https://transsafety.network/posts/gcs-and-the-right/>

¹⁴ WOLF (2021) *Submission to the United Nations Independent Expert on Sexual Orientation And Gender Identity*, Available at:

<https://web.archive.org/web/20210315233629/https://static1.squarespace.com/static/5f232ea74d8342386a7ebc52/t/604e7b4a6d35051754210ccb/1615756106628/UN+Gender+Consult+Submission+-+WoLF+-+March+14th+2021.pdf>

In addition to the 2020 Women and Equalities Committee inquiry on *Reform of the Gender Recognition Act*, these include (but are not limited to):

‘The Women and Equalities Committee Transgender Equality Inquiry (2015), an NHS England consultation on Specialist Gender Identity Services for Adults (2015), NHS England and NHS Scotland consultations on Specialised Gender Identity Services for Adults (2017), two consultations on Gender Recognition Reform in Scotland (2017-18 and 2019-20), a consultation on Reform of the Gender Recognition Act 2004 across the UK (2018), a Scottish Parliament inquiry into transgender healthcare provisions (2019), and an NHS England independent review of gender identity services for children and young people (2020). Additionally, over the summer of 2020 trans organisations scrambled to respond to a report in *The Sunday Times* that the Government intended to introduce new restrictions on trans people’s access to single-sex spaces.’¹⁵

Few tangible benefits have arisen from any of these. Participation is usually a highly stressful experience for individuals navigating the daily onslaught of the anti-trans moral panic, and depletes precious time and resources from poorly-funded, overstretched trans voluntary sector organisations.

Consequently, many young people and their families will feel unable or unwilling to participate in your call for evidence, especially at just two months’ notice. I have spoken personally with parents who describe the pain of explaining to their children that previous evidence they gave to authority figures has simply been ignored. You have done nothing to build trust with these families before inviting them to participate in another such process.

Simultaneously, other trans individuals and organisations feel we have little choice but to participate. Since 2017 especially, we know that if we do not, the material received in response to the consultation or call for evidence will primarily be submitted by people who hate us, including racists, misogynists, and homophobes adept at positioning their prejudices as ‘reasonable concerns’.

This was the context in which I participated in one of the Nuffield Council on Bioethics’ exploratory meetings in 2019. It is the context in which I will support colleagues in submitting a formal response to the current call for evidence on the care and treatment of children and adolescents in relation to their gender identity.

We respond not with hope or optimism, but in fear. This is the power you wield over us.

I therefore call on the working group to reconsider their approach to this project, and take into account the harm you have already caused. I recommend you halt the current call for evidence, and ensure the working group for the project includes individuals with relevant expertise from lived experience and knowledge of the wider political context in which you are operating.

Yours sincerely,



Dr Ruth Pearce

¹⁵ Trans Learning Partnership (2020) *Submission to Women and Equalities Committee on Reform of the Gender Recognition Act*, Available at: <https://committees.parliament.uk/writtenevidence/17072/pdf/>