

# TRANS MEDIA WATCH

Accuracy - Dignity - Respect  
[www.transmediawatch.org](http://www.transmediawatch.org)

## LETTER OF COMPLAINT

We wish to lodge the following complaint about recent highly misleading and potentially harmful BBC programming on transgender issues, in particular:

- “Transgender Kids: Who Knows Best”, broadcast on BBC 2 at 9pm on Thursday 12 January 2017, and subsequently placed on iPlayer;
- “Newsnight”, broadcast on BBC2 at 10.30pm on Wednesday 11 January, and associated twitter postings by senior Newsnight personnel.

In this complaint we will reference several breaches of the BBC’s Editorial Guidelines, as published at <http://www.bbc.co.uk/editorialguidelines/guidelines>.

We have also set out relevant legal and medical issues so this programme and the complaint we are making has context.

## PROGRAMME SYNOPSIS

The hour-long programme was heavily trailed for the week preceding broadcast. It presented the medical treatment of transgender children as a matter for public debate. It featured the work of Drs Kenneth Zucker and Ray Blanchard, both from Canada, and presented them as experts in gender dysphoria. The programme purported to be balanced and to present arguments from both sides in the debate.

## CURRENT MEDICAL AND LEGAL SITUATION

Dr Ray Blanchard is a sexologist, trained as a psychologist<sup>1</sup>, who has run studies into why gay people are gay<sup>2</sup>, and why trans people are trans. He derived the theory of autogynephilia in the 1980s, which stated that trans

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1 [http://individual.utoronto.ca/ray\\_blanchard/#biography](http://individual.utoronto.ca/ray_blanchard/#biography)

2 [https://www.researchgate.net/profile/Ray\\_Blanchard](https://www.researchgate.net/profile/Ray_Blanchard)

women were either gay men who wished to feminise themselves to make themselves more attractive to men, or men who were sexually aroused by the idea of becoming female. Upon encountering trans women who did not fit this pattern, he concluded that such people must be in one or the other category and so were lying<sup>3</sup>.

This theory is fundamentally bad science, as it attempts to twist the observable evidence into a pre-determined model, rather than rejecting the model if observations do not fit it<sup>4</sup>. As such, it was rejected by the medical community in the 1990s, but a few medics persisted in promoting it as late as 2008.

Dr Ray Blanchard and Dr Kenneth Zucker both practised in the gender identity clinic at the Centre for Addiction and Mental Health (CAMH), based in Toronto, Canada. Dr Blanchard is on record as stating that people should be dissuaded from being trans, and that trans people should only receive treatment if they successfully resist such dissuasion. He repeated this belief in an interview on BBC Newsnight, broadcast around 11pm on Wednesday 11 January 2017.

Dr Zucker has a reputation for being extremely litigious<sup>5</sup>. However, sufficient complaints were brought before the CAMH authorities for them to consider whether the practices followed by Drs Zucker and Blanchard were ethical. An investigation concluded that the clinic was not following internationally agreed best practices, that it should refrain from targeting reduction of gender-variant behaviours, and be more consistent in the treatment paths it offered<sup>6</sup>. The gender identity clinic at CAMH was then closed down<sup>7</sup> in December 2015, and it was announced that Dr Zucker had left the clinic<sup>8</sup>.

The World Professional Association of Transgender Health Professionals (WPATH) is the internationally recognised body of expertise on the treatment of trans people. It contains many medical doctors from across the world, and regularly updates its best practice. Dr Blanchard was a member of this. His autogynephilia research was explicitly dismissed by WPATH<sup>9</sup>.

WPATH has determined that international best practice is an affirmative model<sup>10</sup>. Additionally, on 16 January 2017, many clinical groups in the UK signed a statement supporting a ban on reparative therapy applied to trans

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3 <http://juliaserano.blogspot.co.uk/2015/07/the-real-autogynephilia-deniers.html>

4 <http://www.tandfonline.com/doi/pdf/10.1080/00918369.2010.486241>

5 [http://ai.eecs.umich.edu/people/conway/TS/News/US/Zucker/Kenneth\\_Zucker's\\_pattern\\_of\\_silencing\\_transgender\\_critics.html](http://ai.eecs.umich.edu/people/conway/TS/News/US/Zucker/Kenneth_Zucker's_pattern_of_silencing_transgender_critics.html)

6 [http://www.camh.ca/en/hospital/about\\_camh/newsroom/news\\_releases\\_media\\_advisories\\_and\\_backgrounders/current\\_year/Documents/ExecutiveSummary-GIC\\_ExternalReview.pdf](http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Documents/ExecutiveSummary-GIC_ExternalReview.pdf)

7 [http://www.camh.ca/en/hospital/about\\_camh/newsroom/news\\_releases\\_media\\_advisories\\_and\\_backgrounders/current\\_year/Pages/CAMH-to-make-changes-to-Child-and-Youth-Gender-Identity-Services.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/CAMH-to-make-changes-to-Child-and-Youth-Gender-Identity-Services.aspx)

8 <https://www.thestar.com/news/gta/2016/01/23/camh-youth-gender-identity-clinic-closure-earns-international-ire.html>

9 <https://books.google.co.uk/books?id=gvk7BQAAQBAJ&pg=PA201&lpg=PA201&dq=wpath+autogynephilia&source=bl&ots=hnAShZLqEo&sig=3v6oNf9JStVnDWnj4UldJjU-Nyg&hl=en&sa=X&ved=0ahUKewixyeTGgeDRAhXFHxoKHV4GAIQQ6AEITDAJ#v=onepage&q=wpath%20autogynephilia&f=false>

10 [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351)

people<sup>11</sup>, with a formal agreement called the Second Memorandum of Understanding on Conversion Therapy spelling out a commitments and responsibilities plan being close to completion. They included the UK Council on Psychotherapy, the Royal College of General Practitioners and the British Association of Counsellors and Psychotherapists.

It may also be helpful to clarify what “treatment” for trans children means in practice according to internationally agreed guidelines which are in effect both in Canada and in the UK. Some of this information is currently on the BBC’s own news website.

It is currently accepted that children can understand their gender identity from an early age. Children who present with symptoms of gender dysphoria will have a persistent and strong need to be identified as a member of a gender different to the sex assigned to them at birth. This may also manifest in severe and disabling distress. This is often a cause of great concern to their parents, who can receive conflicting advice from their family and friends. If they manage to get referred to the GIDS service at the Tavistock and Portman clinic, the child, the parents and the doctors will attempt to agree the best course of action to take between them. This is entirely in line with the patient-centric model that the NHS has followed since 2006. Some parents complain that it is the doctors who delay the process.

Up until puberty, treatment only consists of talking therapies and advice on how to undertake a social transition if deemed appropriate. This may involve changing a child’s name and allowing them to present as their identified gender. Complications are sometimes created by schools and other family members, though in other cases they are supportive.

In some cases, puberty blockers, which are not “cross-gender” hormones, may be prescribed at an early stage of puberty. These have the effect of pausing puberty, allowing the child time to think carefully about their future. Puberty blockers have been prescribed to treat precocious puberty for many years. Their effect on a child’s physiology is well understood, and the effects are completely reversible should the child stop taking them.

It is NHS policy to consider prescribing cross-sex hormones (oestrogen for those who want to be more feminine, testosterone for those who want to be more masculine) from around the time of a young patient’s 16<sup>th</sup> birthday. These will have the effect of inducing a puberty consistent with the child’s identified gender.

In line with internationally agreed guidelines, to which the UK fully subscribes, no surgical intervention is performed until the age of 18, with the exception that some double mastectomies are performed on trans boys after the age of 16 depending upon the level of breast development.

Many studies have indicated that suicide ideation and attempts are very high within populations of trans people. Surveys repeatedly indicate that the percentage of trans people who have attempted suicide is around 33%<sup>12</sup>, some studies reporting figures as high as 41%. The same surveys usually indicate suicide ideation in trans people are between 70 and 80%. Dr Blanchard attempted to dismiss such surveys in his interview on BBC Newsnight on the basis that these surveys are self-selecting. However, his own studies also fall foul of the same selection error. One piece of research which does appear to do a true cross-population study is an investigation into veterans in Virginia, US, which found that the “rate of suicide-related events among GID<sup>13</sup>-diagnosed VHA veterans was more than 20 times higher than were rates for the general VHA population”.<sup>14</sup>

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11 <http://www.pinknews.co.uk/2017/01/16/health-experts-condemn-attempts-to-cure-trans-people-in-wake-of-controversial-bbc-documentary/>

12 [http://www.scottishtrans.org/wp-content/uploads/2013/03/trans\\_mh\\_study.pdf](http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf)

13 Gender Identity Disorder

14 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780758/>

Reasons given for suicide ideation and gestures can be to do with the stress of being in unsupportive environments. These can be in the home, in school or on the street. It is understood that current treatment protocols for trans children significantly reduce suicide ideation in those children because they aim to remove one of the key points of stress by creating a supportive family environment.

The net impact of debates which call into question whether trans children should receive “treatment” is that this essential support may be withdrawn. Anyone producing a media piece which discusses trans children needs to be fully aware of that risk.

Since the week in which the documentary and accompanying Newsnight were broadcast, we have seen multiple press reports referencing transgender children as a “fad”.

We are aware of a number of trans children and families with trans children who have found their supportive environment disappear overnight, directly linked to this documentary. Some trans children have found that their parents are now reluctant to support them in their transition, and that their parents are now pondering whether to discontinue appointments. Some families have encountered hostility from other family members or those in their communities for being seen to give way to their children’s wishes. We remind the Trust of the suicide ideation statistics referenced above.

## **PROGRAMME DESCRIPTION AND PROGRAMME-SPECIFIC ISSUES: DOCUMENTARY**

The documentary was initially trailed as being about how Dr Zucker’s theories were rejected as the result of a political battle with “trans activists”. This was moderated after an initial outcry from many people involved with the care of trans children.

### **Issue: Choice of subject matter**

There was general dismay within the trans community at the decision by the BBC to present the dismissal of Dr Zucker as somehow a matter of current controversy. It is contemporary only in the sense that Dr Zucker's Clinic was closed down in 2015. However, anyone aware of current debates around these issues would know that debates about the views of Drs Zucker and Blanchard are very “old hat”, with Dr Blanchard's approach rejected by scientific contemporaries over a decade ago.

This is history, once a matter of controversy, but now about as relevant as a programme seeking to present either Lysenkoism, prominent in the 1920's, or Jensenism, argued in the 1970's, as current issues in biology or psychology respectively.

Our understanding, from discussing other projects currently in the BBC pipeline, is that this is understood more widely within your organisation, which only adds to our puzzlement that this was not known by the makers of this documentary.

It is also very unclear, given that surgery is not an option for trans children, why a programme billed as being about treatment of transgender children should have included ANY reference to surgery.

## Issue: Balance

Trainee media analyst Peter Thurston has undertaken a time analysis of the Dr Zucker film, and segmented the clips into five categories – filler, positive “specialists”, positive “experiences”, negative “specialists” and negative “experiences”. The classification of positive and negative is based upon whether the individual supports (positive) or rejects (negative) gender affirmation. The classification of specialist is given to doctors, therapists and politicians. The classification of experience is given to everyone else.

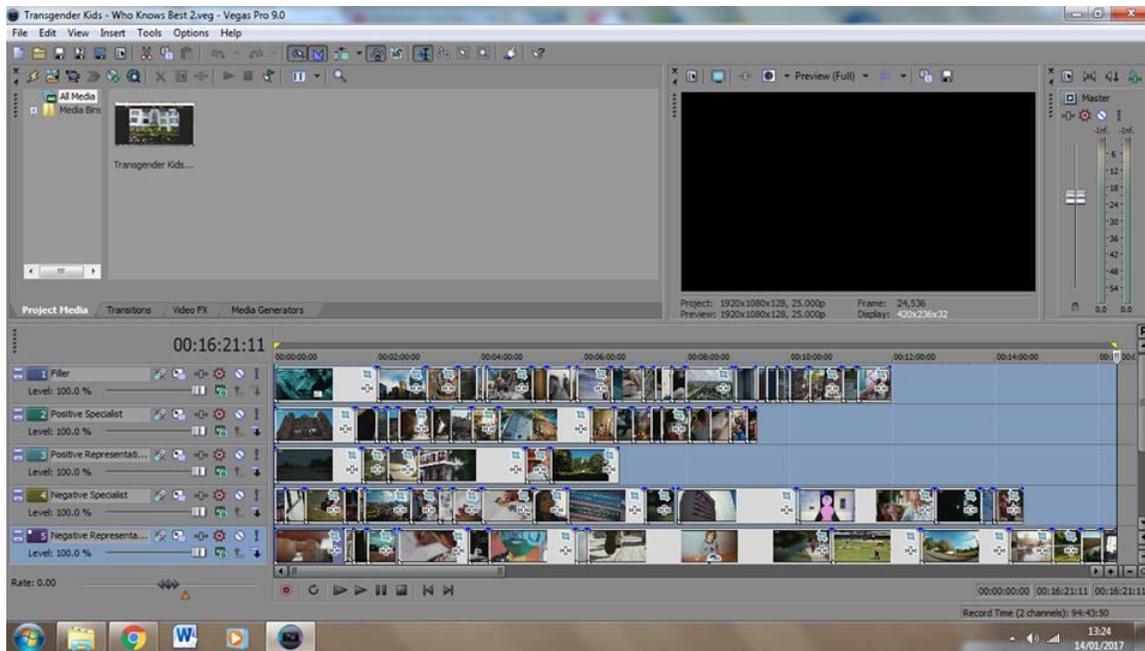
An analysis of the time in the programme allotted to each group (except filler) has revealed the following:

Total time given to “positive specialists” 9 mins 21 secs

Total time given to “positive experiences” 6 mins 41 secs

Total time given to “negative specialists” 14 mins 32 secs

Total time given to “negative experiences” 16 mins 21 secs



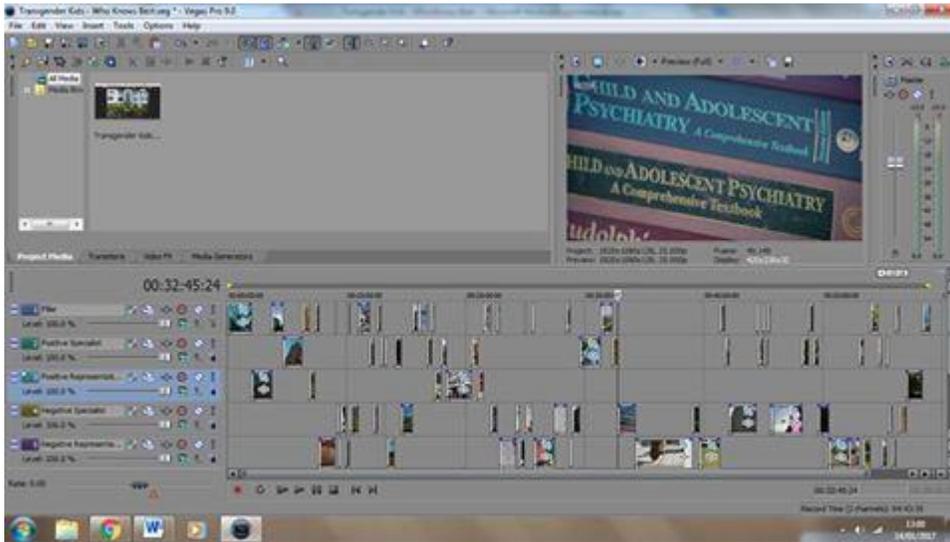
A more detailed analysis of the main contributors by Trans Media Watch gives the following figures:

| Speaker             | Classification        | Total time      | Longest uninterrupted segment |
|---------------------|-----------------------|-----------------|-------------------------------|
| Narrator            | Narrator              | 14 mins 31 secs | 35 secs                       |
| Dr Ken Zucker       | Negative “specialist” | 7 mins 06 secs  | 35 secs                       |
| Chris, Alex’s Dad   | Negative experience   | 4 mins 01 secs  | 46 secs                       |
| Hershel Russell     | Positive “specialist” | 3 mins 46 secs  | 33 secs                       |
| Dalia, Kareem’s Mum | Negative experience   | 3 mins 26 secs  | 33 secs                       |
| Cheri DiNovo        | Positive “specialist” | 3 mins 22 secs  | 38 secs                       |
| Lou                 | Negative experience   | 2 mins 46 secs  | 1 min 10 secs                 |
| Meredith            | Negative experience   | 2 mins 15 secs  | 1 min 7 secs                  |
| Alex                | Negative experience   | 2 mins 15 secs  | 40 secs                       |
| Ella                | Positive experience   | 1 min 49 secs   | 29 secs                       |
| Prof Gina Rippon    | Negative “specialist” | 1 min 33 secs   | 30 secs                       |
| Dr Ray Blanchard    | Negative “specialist” | 1 min 32 secs   | 32 secs                       |
| Warner              | Positive experience   | 1 min 32 secs   | 30 secs                       |
| Dr Norman Spack     | Positive “specialist” | 1 min 23 secs   | 31 secs                       |
| Melissa             | Positive experience   | 1 min 19 secs   | 35 secs                       |
| Dr Devita Singh     | Negative “specialist” | 50 secs         | 20 secs                       |

The analysis clearly indicates that all the negative experience stories were given more coverage than any positive specialist, and that negative experiences were generally shown for longer uninterrupted periods than anyone else.

Whilst balance cannot be proved one way or the other by a simple analysis of time, the fact that the “negative experiences” time exceeds the total “positive” time, and that the total “negative” time is twice as much as the total “positive” time, indicates that the programme was not balanced from a time perspective.

In addition to this, there are significant concerns over the construction of the programme. The above analysis revealed that time balance was roughly equal until about 28 minutes in – even though the first medic to rebut Dr Zucker’s theories was not presented until 16 minutes in. After that midway point, the amount of “positive” airtime was minimal and consisted of small responses to large amounts of “negative” concern.



Inspecting a transcript of the film, the statistics supporting an affirming approach were voiced by contributors, while the statistics supporting Dr Zucker’s theories were invariably voiced by the narrator. Psychologically, the narrator is the voice of authority in a documentary such as this.

There were several flaws in the narration:

- Towards the end, the narrator made bold statements such as “Expressing doubt about the gender affirmative approach is now risky.”
- Dr Zucker was repeatedly referenced by the narrator in terms similar to “one of the world’s foremost child psychologists”.
- The narration repeatedly referred to “trans activists” who were challenging Zucker and Blanchard’s work. Other than Dr Spack, none of the medics (who had done exactly the same thing and with greater effect) were presented.

A transcript of the narration is provided in Appendix B.

As a result of these factors, we assert that the programme was fundamentally unbalanced.

## Issue: Fairness

The question of balance shades inevitably into questions of fairness, which is explicitly referenced in the BBC Charter. The sense that balance is no more than the repetition of opposing views was very much the model adopted by this documentary.

This was reinforced by the misleading trope that this is a debate between activists and scientists, with little prominence given to the fact that Dr Zucker's views are now widely rejected by the professional and scientific community involved in researching transgender pathology and treatment. A viewer seeking to inform themselves of the state of current thinking on the issues covered would have had little sense of the extent to which Dr Zucker (and Dr Blanchard) are out on a limb.

Additionally medicine is not exempt from the law. The Ontario parliament had passed a law which banned reparative therapy<sup>15</sup> on the grounds that it was inhumane and breached an individual’s basic human rights. Dr Zucker was shown being asked a question about whether he considered his treatment to be reparative therapy.

15 <http://www.metronews.ca/news/canada/2015/06/12/ontarios-lgbt-conversion-therapy-ban-now-what.html>

He said he preferred a different term. The team investigating the CAMH clinic made it clear that they could not say that reparative therapy was taking place, but equally could not say that it was not.<sup>16</sup>

A similar issue arises with the juxtaposition of “regretter” experience with that of those who have successfully transitioned. Currently available figures within the UK suggest that trans regret is approximately 2%<sup>17</sup>, significantly lower than regret for procedures such as treatment of prostate cancer or even abortion: yet the BBC obviously does not “balance” every feature on those topics with reference to those who regret undertaking cancer treatments or abortions<sup>18</sup>.

Also surprising was the fact that the documentary makers did not mention the work of Dutch scientist Annelou de Vries, who has specifically researched the impact of early treatment on transgender children, and whose recently published work on the topic concluded that “after gender reassignment, in young adulthood, the GD was alleviated and psychological functioning had steadily improved. Well-being was similar to or better than same-age young adults from the general population. Improvements in psychological functioning were positively correlated with postsurgical subjective well-being”.<sup>19</sup>

The issue of desistance was brought up in the programme, although no definition of “desistance” was presented. The figure of 80% was introduced by the narrator, then dismissed by Hershel Russell, but the narration persisted with a high figure of desistance. At no point was CAMH’s statistic of 88% challenged on the basis that, if you’re going to make something extraordinarily difficult, you will get a higher rate of desistance. Nor was it noted that many experts in this field have expressed concerns that the diagnoses used in the process of establishing this statistic were seriously over-wide. In other words, if you decide on weak evidence at an early age that a child “is” transgender, you should not be surprised if there is subsequently a high incidence of drop-out from that diagnosis.

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16 <http://thevarsity.ca/2016/01/11/controversial-camh-gender-identity-clinic-winds-down/>

17 Dr Stuart Lorimer, one of the two senior clinicians at London’s Charing Cross Gender Identity Clinic, tweeted:



**Dr Stuart Lorimer**  
@GenderCareDrL

For clarification:

Gender dysphoric people \*I personally\*  
have seen: 4000+

Regretters \*I personally\* have seen: 10-  
15

Over 15 years.

10:10pm · 15 Jan 2017 · Twitter Web Client

18 For instance, on abortion, this BBC report does not mention regret at all: <http://www.bbc.co.uk/news/health-36312132>. Likewise this <http://www.bbc.co.uk/news/health-37362572> and this <http://www.bbc.co.uk/news/health-38304076> on prostate cancer .

19 Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment, Annelou L.C. de Vries, Jenifer K. McGuire, Thomas D. Steensma, Eva C.F. Wagenaar, Theo A.H. Doreleijers, Peggy T. Cohen-Kettenis <http://pediatrics.aappublications.org/content/134/4/696>

In terms of child safety, there were two statements supporting the Canadian legislation, totalling 33 seconds, and four statements challenging it, totalling 1 minute. Other strongly pertinent points, such as the fact that a parent has no right to be told of either their child taking contraception or allegations of abuse made by their child, were not raised. The latter is a child safety issue recognised by the UK Government. The Albertan law reflects similar concerns, where trans children may be at risk from unsupportive and hostile parents.

### **Issue: Risk**

In late 2016, Radio 4's Today programme decided not to run a feature that focused on a specific trans child, because of concerns of adverse effects that broadcasting such a programme might have on the individual concerned. We believe that to have been the right decision.

As highlighted above, current research strongly suggests that lack of support from family and community is a major risk factor both in terms of long term outcome for children, and specific negative events such as self-harm and suicide. We are not aware of any steps taken by the BBC to mitigate this risk, such as consultation with professionals working in this area; and as we also cite above, we have already been presented with evidence of negative impacts arising as a result of this programme.

### **Issue: Advertising**

The film was heavily advertised and trailed. The initial advertising, which stated that the film focused on the dismissal of Dr Zucker and positioned him as one of the world's leading experts in gender dysphoria, caused Trans Media Watch to contact the BBC's Head of Diversity to express concerns. He assured us that the programme was more balanced than the advertising indicated.

Subsequently trailers were broadcast which included Dr Zucker's highly offensive quote "A 4 year-old might say that he is a dog. Do you go out and buy dog food?"

### **Issue: Newsnight Debate**

The Newsnight programme included a segment featuring Dr Ray Blanchard and a young transgender performance artist, Shon Faye, and was clearly intended to be an introduction to the documentary on the following night.

We have several concerns over this interview.

1. The interview was positioned to viewers both on Twitter, via a tweet by presenter Emily Maitlis, and also in the opening segment, as a debate as to whether or not transgender primary school children should receive surgery. This was wholly misleading and simply untrue: as already set out, there is no body of opinion, within either trans or medical communities, that believes surgery for primary school children should be an option – and it is specifically prohibited by international guidelines.
2. Maitlis subsequently issued a correction on Twitter to state that the debate was about giving hormones to primary school children. This is still misleading. We are aware of no primary school child ever in the UK being given "cross-gender" hormones, which we suspect is what readers would understand from this tweet, to treat a transgender condition: nor are we aware of any pressure for this to happen.
3. Newsnight failed to state the significant links between Drs Zucker and Blanchard. We believe this to be ethically unsound.
4. The misleading "activist-vs-scientist" trope was reinforced by the decision to put an academic perceived as having significant specialist expertise in this area up against an individual with no equivalent academic or medical background. This meant that disproportionate weight in the discussion was given to many seriously controversial and disputed claims made by Dr Blanchard as from the viewer perspective any counter claims were not based on equivalent authority.

There is no excuse for this, given that there are many experts in this field, in the UK and the US, both trans and not, whose expertise in this area would have permitted a more balanced debate. We have found only one other individual who was approached, and who had declined the invitation. This individual is also not an academic, medic or scientist.

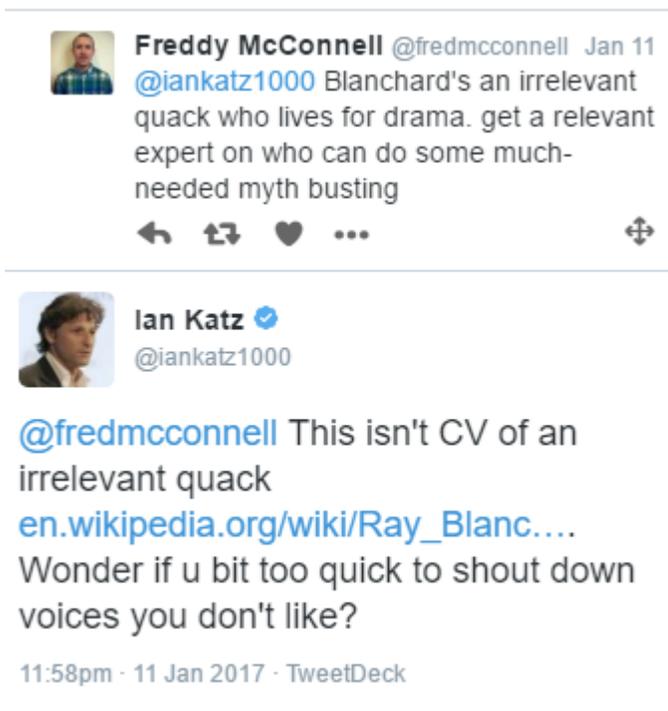
5. In subsequent online discussion, Ian Katz, making use of a Twitter profile that specifically identifies him as Newsnight Editor, cited Wikipedia<sup>20</sup> in support of his decision to invite Dr Blanchard on to the programme.

Our concern here echoes concerns in respect of the documentary that the BBC may treat these issues as no more than some sort of academic debate, with little thought for the risks involved or the impact on individual lives: and this is strengthened by Katz's views, also expressed in his Wikipedia tweet, that the trans community is "too quick to shout down voices [we] don't like".

## COMPARISONS WITH OTHER CONTROVERSIES

In 1998, the former gastroenterologist Andrew Wakefield published a paper in which he alleged a connection between autism and the MMR vaccine. This attracted a notable level of media attention, including from the BBC, who reported on the issue on a number of occasions despite significant opposition from the medical profession. By 2002 this had become a major media story, which led to a fall in the number of children vaccinated. In 2004 it was alleged that Wakefield had a conflict of interest, and in 2009 it was alleged that Wakefield had manipulated his research. The GMC investigation, started in 2007, resulted in Wakefield being struck off the medical register in 2010 as they found he had been dishonest and abused developmentally challenged children. The media came under significant criticism for their role in promoting the controversy, and the occurrences of both mumps and measles increased enormously.

In short, the BBC promoted a medic whose research was found to be flawed, who was struck off the medical register and, as a result of the practice and media coverage, many children were damaged. You could precis the Dr Zucker documentary as the BBC promoting two medics whose research was found to be flawed and whose clinic was closed by the authorities. As a result of the media coverage, many children are at risk of being damaged. The parallels are clear.



## SUBSTANTIVE COMPLAINT

- 1) That the BBC should not have (a) trailed, (b) broadcast or (c) archived for view on BBC iPlayer this film on the basis that:
  - a) the expertise that was often stated to apply to Drs Blanchard and Zucker has been superseded by (i) current medical opinion and (ii) current medical ethics, and that the current debate among medical and ethical specialists is not whether or not trans children should be treated but rather what ages are appropriate for certain treatments,
  - b) the programme failed to meet the basic standards of balance,
  - c) the programme had the potential to harm children and place their families at risk of abuse.
- 2) That the BBC should not have commissioned this film on the basis that:
  - a) the theories and practices advocated by Drs Zucker and Blanchard have been superseded, are viewed as abusive and harmful, and have no independently reviewed evidence to support them,
  - b) the BBC should have understood the close similarities between this situation and the situation regarding Andrew Wakefield and the MMR scandal, and applied the lessons learnt at that time.
- 3) That the BBC, as commissioners and creators of the film, breached editorial ethics and guidelines on the basis that:
  - a) significant contributors such as Rev. Dr. Cheri DiNovo MPP<sup>21</sup> and Melissa, mother of Warner<sup>22</sup>, claim they were not told that the programme would focus on Dr Zucker, and both claim they were told the programme had a different purpose and focus by the producer, John Conroy,
  - b) inadequate assessment was made of the risk to trans children in wider society.

## Suggested Remedy

That the BBC:

- a) issue a public and prominent apology for the programme and explain the errors in commissioning and broadcasting such a programme,
- b) review and, if necessary, overhaul their risk assessment procedures to explicitly include children who display protected characteristics as defined by the Equality Act 2010,
- c) issue personal apologies to the contributors to the programme who have felt misled by the producers,
- d) ensure that all senior staff receive appropriate training about issues facing children who display protected characteristics as defined by the Equality Act 2010.

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21 DiNovo asserts this clearly in emails to Helen Belcher of Trans Media Watch

22 <http://www.gaystarnews.com/article/mom-says-bbc-lied-get-take-part-anti-trans-documentary-kid/#gs.ht.ar0xSgE>

## **Signatories to this complaint**

Jennie Kermode, Chair of Trans Media Watch

Rebecca Stinson, Head of Trans Integration at Stonewall

Paul Roberts, CEO of the LGBT Consortium

Tim Hopkins, Director of The Equality Network

Vic Valentine, Policy Officer at the Scottish Transgender Alliance

Caroline Roberts, Chair of Mermaids

Terry Reed OBE, Trustee of the Gender Identity Research and Education Society

Jay Stewart , CEO of Gendered Intelligence

Nik Noone, CEO of Galop

Fergus McMillan, CEO of LGBT Youth Scotland

Martha Dunkley, CEO of London Trans Diversity

Dominic Davies, CEO of Pink Therapy, Consultant Psychotherapist and Clinical Sexologist, member of WPATH

Dr iggi moon, Chartered Psychologist, AFBPSs, Senior Lecturer Roehampton University, Fellow of the Royal Society of Medicine and Visiting Fellow at Warwick University

Pamela Gawler-Wright, Director of Training at the BeeLeaf Institute for Contemporary Psychotherapy

Aimee Challenor, Equalities (LGBTIQA+) Spokesperson for the Green Party

Christine Burns MBE

Sarah Lennox, Co-founder of All About Trans

Anjeli Patel and Ayla Holdom, members of the All About Trans Advisory Group

Fox Fisher, All About Trans Advisory Group member and Co-creator of My Generation and Trans Pride

Sahra Taylor, City University LGBT Staff network member, TDOR London organiser

Tara Stone MD, Be: Trans Development

Carolyn Mercer, Lancashire LGBT

## APPENDIX A – RELEVANT SECTIONS OF BBC’S EDITORS CODE

These sections were transcribed from the BBC Editorial Guidelines website<sup>23</sup> on 15 and 16 January 2017. As such, they are believed to be extant at the time of both the broadcast and this complaint.

| Section Number | Text  | Applies to           |
|----------------|---|----------------------|
| 3.4.11         | We must not knowingly and materially mislead our audiences with our content.  | 1(a)<br>2(a)         |
| 3.4.16         | ... Commentary and editing must never be used to give the audience a materially misleading impression of events or a contribution.  | 1(a)<br>2(a)         |
| 3.4.21         | ... If a contributor’s view is contrary to majority opinion, the demands of due accuracy and due impartiality may require us to make this clear.  | 1(a)<br>2(a)         |
| 4.4.2          | Impartiality does not necessarily require the range of perspectives or opinions to be covered in equal proportions either across our output as a whole, or within a single programme, web page or item. Instead, we should seek to achieve 'due weight'. For example, minority views should not necessarily be given equal weight to the prevailing consensus.<br><br>“Nevertheless, the omission of an important perspective, in a particular context, may jeopardise perceptions of the BBC's impartiality. Decisions over whether to include or omit perspectives should be reasonable and carefully reached, with consistently applied editorial judgement across an appropriate range of output. | 1(a)<br>1(b)<br>2(a) |
| 4.4.5          | A 'controversial subject' may be a matter of public policy or political or industrial controversy. It may also be a controversy within religion, science, finance, culture, ethics and other matters entirely.  |                      |
| 4.4.8          | Due impartiality normally allows for programmes and other output to explore or report on a specific aspect of an issue or provide an opportunity for a single view to be expressed. When dealing with 'controversial subjects' this should be clearly signposted, should acknowledge that a range of views exists and the weight of those views, and should not misrepresent them.  | 1(b)                 |
| 4.4.18         | Consequently, we will sometimes need to report on, or interview, people whose views may cause serious offence to many in our audiences. On such occasions, referral should be made to a senior editorial figure who may wish to consult Editorial Policy. The potential for offence must be weighed against the <u>public interest</u> and any risk to the BBC's impartiality. Coverage should acknowledge the possibility of offence, and be appropriately robust, but it should also be fair and dispassionate.   | 1(a)<br>1(b)         |
| 5.2.2          | We must not broadcast material that might seriously impair the physical, mental or moral development of children and young people.  | 1(c)<br>3(b)         |
| 5.4.47         | We must not broadcast material that might seriously impair the physical, mental or moral development of children and young people...  | 1(c)<br>3(b)         |
| 6.4.1          | We should treat our contributors honestly and with respect. Our commitment to fairness is normally achieved by ensuring that people provide 'informed   | 3(a)                 |

<sup>23</sup> <http://www.bbc.co.uk/editorialguidelines/guidelines>

|        |   |              |
|--------|---|--------------|
|        | <p>consent' before they participate. 'Informed consent' means that contributors should be in possession of the knowledge that is necessary for a reasoned decision to take part in our content.</p> <p>Before they participate, contributors should normally know:</p> <ul style="list-style-type: none"> <li>• why they are being asked to contribute to BBC content and where it will first appear</li> <li>• the context of the content</li> <li>• the nature of their involvement.</li> </ul> <p>The more significant their contribution, the more detail we should provide. However, we should normally expect to explain the following:</p> <ul style="list-style-type: none"> <li>• The kind of contribution they are expected to make. We should tell them in advance about the range of views being represented in the specific content to which they are contributing and, wherever possible, the names of other likely contributors</li> <li>• Whether their contribution will be live or recorded and/or edited. When recorded, we should not guarantee it will be broadcast</li> <li>• We can only give a broad outline of question areas because the direction the interview takes will be dependent on what is said</li> <li>• The final content will be a fair and truthful representation of what they say and do</li> </ul> <p>Their contribution may be used by other BBC outlets including reproduction and archiving online.</p> |              |
| 6.4.17 | <p>In news and factual output, where there is a clear public interest, it may occasionally be acceptable for us not to reveal the full purpose of the output to a contributor. Such deception is only likely to be acceptable when the material could not be obtained by any other means. It should be the minimum necessary and in proportion to the subject matter.</p> <p>Any proposal to deceive a contributor to news or factual output must be referred to a senior editorial figure or, for independents, the commissioning editor.</p>  |              |
| 9.2.1  | <p>We must ensure that the physical and emotional welfare and the dignity of children and young people is protected during the making and broadcast of our content, irrespective of any consent given by them or by a parent, guardian or other person acting in loco parentis. Their interests and safety must take priority over any editorial requirement.</p>   | 1(c)<br>3(b) |
| 9.4.1  | <p>We should apply the principles of the <u>BBC Child Protection Policy</u> in our dealings with children and young people under 18. Their welfare is our paramount consideration. This means their interests and safety must take priority over any editorial requirement.</p>   | 3(b)         |
| 9.4.3  | <p>All children and young people, regardless of age, disability, gender, racial or ethnic origin, religious belief and sexual identity have a right to protection from harm or abuse.</p>   | 1(c)<br>3(b) |

## Appendix B – Claims asserted by the narrator

This appendix is a transcription of the relevant comments by the narrator. Parts that have been excluded are those which introduce people in the film.

Around the world, the transgender community is on the march.

Parents are facing an explosion in the number of children saying they were born in the wrong body.

We are now told to believe children and support them in changing gender.

One top expert has now been fired for challenging the idea that children know best.

Parents face terrifying choices and the stakes could not be higher.

In Toronto, politician and priest Cheri DiNovo leads the fight for transgender rights.

This gender affirmative approach is now the mainstream in Canada and much of the western world.

Online media and TV shows are now full of young people who are proud to talk of their transgender identity. Parents like Melissa are encouraged to accept their child's new gender.

These attitudes have coincided with a steady increase in young people attending gender clinics in Canada. But not everyone agrees with this approach. Modern ideas of gender diversity and gender fluidity can feel like a long way from traditional childhood and parenting.

Some parents aren't comfortable with simply agreeing to their child's demands to switch gender.

Dr Kenneth Zucker is one of the world's foremost child psychologists, specialising in gender dysphoria, a condition where a person is unhappy with their biological sex.

For three decades Zucker and his team treated more than a thousand children at Toronto's Child Gender Clinic, at the Center for Addiction and Mental Health – Cam-H. He doesn't agree with the gender affirmative approach, promoted by many transgender activists.

Zucker became a target for transgender activists who have increasingly influenced policy in Canada.

Zucker was accused of trying to cure transgender children in the same way that psychologists used to try to cure gay people of their homosexuality. He was accused of practising conversion or reparative therapy.

In June 2015, supported by gender affirmative doctors, Cheri DiNovo pushed through a new law banning conversion therapy in Ontario. A review was launched into Zucker's clinic and, six months later, it was shut down.

Dr Kenneth Zucker, one of the world's leading authorities on gender dysphoria, was fired.

But many of Zucker's patients were shocked.

And there was a warning for parents too. So-called conversion therapy could risk the life of their child. Only gender affirmation could save them.

Zucker's dismissal sent shockwaves through the scientific community. More than 500 clinicians and academics from around the world signed a petition in protest against the politicisation of gender therapy.

The issue of gender identity has always been controversial. In the 1950s former American GI, Christine Jorgensen, caused a sensation by having an early form of gender reassignment surgery.

Until recently the ability to transition to the opposite sex was mostly confined to adults. But with changes in attitudes spreading through TV and social media, the focus has now turned to children and young people.

Modern medicine can now supply hormone blockers to stop children going through puberty, meaning that a boy might never develop the attributes of a man.

And modern surgery can create realistic breasts, penises and vaginas to order for young adults.

In the US there are now 40 gender clinics for children and adolescents. Ella was helped to transition by Dr Norman Spack from Boston Children's Hospital where he set up America's first clinic to medically treat transgender children.

When she was 10, Ella's parents took her to a transgender summer camp, one of 20 that have sprung up across North America.

Transgender camps help children like Ella make a social transition to the opposite gender.

At the age of 12, Ella took puberty blockers. The next step was to take the hormone estrogen to give her adult female features. Still a teenager, Ella then considered the final, most irreversible step.

Around the world, gender clinics are being swamped by people like Ella, determined to transition and often supported by their parents. In just 5 years, the UK's main child gender clinic has seen an increase in referrals of more than 1,000 per cent. Many people are now convinced that a girl can simply be born in a boy's body and vice versa. But is it really so simple?

Gender dysphoria can be a disturbing childhood condition.

Dalia and Kareem were referred to Dr Zucker's Toronto clinic before it was shut down. His team didn't take what Kareem was saying at face value.

The psychologists at Zucker's clinic were looking for any hidden causes of Kareem's behaviour.

Zucker believes that there may be many reasons a child insists they should be the opposite sex.

Dalia came from a very traditional family and she was unmarried when she gave birth to Kareem.

Unable to cope, at one point Dalia moved out, leaving Kareem with her family.

Zucker believes that a whole range of psychological issues can manifest themselves in a child's obsession in changing their gender.

In one extreme case, Zucker treated a young girl who had tragically witnessed her own mother being murdered. Afterwards the girl then became convinced she was a boy.

There is also evidence of a link between gender dysphoria and autism. One study found that children with gender dysphoria are 7 times more likely to be on the autistic spectrum than children from the general population.

Dalia believes that her son's complex problems may ultimately have a simple explanation.

But for campaigners like Cheri DiNovo, it is simply wrong to link transgender children with mental illness. She believes that transgender people have always been a normal part of human society.

Transgender activists are now campaigning to stop gender dysphoria in children being considered a medical or psychiatric problem.

The suicide of 17 year-old Leelah Allcorn made headline news around the world and changed the terms of the entire debate. On social media her parents were blamed for trying to suppress her transgender identity.

Her death highlighted the shockingly high rates of suicide amongst transgender people.

Once again, the choice facing parents seemed stark. You either support your child's transgender identity or you risk losing them.

In Toronto, the gender clinic run by Dr Zucker was heavily criticised. They were accused of preventing kids from transitioning, stigmatising them and driving them towards suicide. Charges they strongly deny.

Zucker believes that stigma is not the only reason why children with gender dysphoria might self-harm or try to take their own lives.

Rates of suicidal feelings amongst these children are high. But Zucker's research suggests that they are no higher than for other children with mental health conditions like depression and anxiety or ADHD. For parents, the choices can be terrifying.

When Chris's daughter Alex was 2½ years old, she told him she was a boy, but he chose to resist her demands to be treated differently.

Chris took Alex to Dr Zucker's clinic.

Cases like Alex, where children do not transition, are common. Many overcome their gender dysphoria. But what this means is another source of controversy in the transgender debate. Studies from Europe and North America suggest around 80 per cent of children with gender dysphoria eventually accept their biological sex.

In a recent study, Zucker's colleague, Devita Singh, looked at the outcomes of more than 100 boys who attended the clinic. 88 per cent of them eventually desisted.

And there is now evidence that childhood gender dysphoria could be linked to homosexuality in later life. Studies have shown that between 60 and 80 per cent of boys who desist turn out to be gay or bisexual adults.

But Zucker's critics believe policy shouldn't focus on the children who desist, but the minority who go on to be transgender adults.

At the heart of the debate about transgender children is the idea that your brain can be at war with your body.

In its most simple form, some might call it a caricature, transgender people have been described as having a pink female brain inside a blue male body, or vice versa.

So could someone be born with a brain that is somehow a different gender from their biological sex?

Boys often display gender dysphoria by growing their hair, wearing dresses and playing with dolls, thinking this makes them a girl. But are these stereotypical behaviours innately female?

What the science tells us is that it's our relationship with the world around us that largely forms our ideas of gender.

Despite the lack of agreement about what is happening to children with gender dysphoria, the gender affirmative approach has now become almost universal. In Canada this change has coincided with the rise in sex reassignment surgery of nearly 400 per cent since 2010.

There is evidence that the younger a child is socially transitioned, the more likely they are to persist in their feelings of being the opposite gender. Many believe this will result in more children receiving hormone therapy and ,later, surgery.

Lou, not her real name, was born a girl. As a child she experienced gender dysphoria which intensified with the onset of puberty.

In the UK, the medical approach is similar to Canada. A child can begin hormone blockers at 9. They can receive sex hormones at 16 and have surgery at 18. At 20, Lou had her breasts removed in a double mastectomy – a decision that now haunts her.

Lou only agreed to do this interview anonymously. She has received extreme abuse when discussing her story online.

Canada is at the forefront of defending the rights of gay, lesbian and transgender people. But the debate over how to deal with gender dysphoria in children is polarising opinion.

New legislation in the province of Alberta states that parents have no right to be told if their children want to adopt another gender at school.

Expressing doubt about the gender affirmative approach to the children is now risky. Accusations of transphobia are common. In Canada, one of the world's leading authorities on gender dysphoria was fired.