The ‘Clinical Trial’ of Puberty Blockers risks “Transing away the Gay”

“A Labour Government must not experiment with the lives, health and happiness of young lesbians and gay men. Stop the trial, now.”

There are many strong arguments to halt the proposed trial of puberty blockers. This briefing focuses on the impact on young lesbians and gay men, and touches on three other key issues.

Clinical intervention disproportionately hits lesbian and gay young people
We know from the Cass Review that a high number of people seen by GIDS were same sex attracted, and that staff whistle-blowers even joked that there would soon be no gay children[1]. Research emphasises the consistent link between gender non-conforming behaviour in childhood and later homosexuality; research linking a dysphoria diagnosis and homosexuality has been well summarised by Transgender Trend.

A dysphoria diagnosis damages young people. Those struggling with their emerging sexuality should not be subjected to medicalisation and potentially irreversible harm. We see strong peer-pressure to assert dysphoria despite poor outcomes from doing so. Studies show many young people with gender dysphoria grow up homosexual or bisexual, with especially high numbers of biological females attracted to other females.

Even in 2025, it can be a challenge to find young people and parents content with being lesbian or gay, directly affecting treatment for dysphoria. Research suggests that nearly all girls with dysphoria persisting into adolescence also exhibit a lesbian identity. As Dr Cass points out, many are directed towards a medical pathway by adopting a masculine gender identity. Nearly a quarter of de-transitioners cite homophobia as propelling their transition and subsequent detransition.

Yet we have seen nothing that suggests the trial will even consider sexual orientation. It is as if the existence and thriving of lesbians and gay men is (yet again) erased and side-lined, this time in the face of a fashionable urge to medicate. We will not let a Labour government, allegedly committed to our rights, to experiment on the young lesbians and gay men in our community.

We urge the Government to stop the trial and rethink how they will support young people questioning their sexual orientation and possibly gender identity. Such support should be non-interventionist and not risk permanent damage. It will not involve a trial which does not even recognise our existence.

But hasn’t Dr Cass recommended there should be a puberty blocker trial?
Dr Cass reported that because the GIDS did not follow up the children they placed onto puberty blockers and cross sex hormones there was no way of measuring whether these treatments worked for those children in the long-term. Her team tried to extrapolate the data on these young people, most of whom had transferred to adult GIDS services, but they refused to hand it over.

Thousands of young people were prescribed blockers by GIDS and some 9000 are now in the adult service. Rather than experiment on more youngsters, the government should compel those agencies to share full and meaningful data on longitudinal outcomes. This information should include detransition, sexual function and orientation, and social wellbeing. There is already strong anecdotal evidence of the physical impacts, including brittle bones, double incontinence, infertility. If services do not have that data, they should be required to collect it. There should be no need to repeat the experiments that have already been conducted, mostly on young lesbians and gays.

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[1] Hannah Barnes, “Time to Think”

Prioritise the well-being of patients, not peer-group pressure
'The proposed research proposal to medicate selected children with PBs as part of clinical trial, we believe, goes against the ethical demands and normal regulatory practice of such trials' [2].

The authors suggest that previous trials were very poor and arose from service users perceived wishes and ambitions to legitimise surgery, rather than evidence-based benefits. (The article, like Dr Cass, rebuts the claims regarding suicidality amongst gender-questioning young people.) They argue that prescribing blockers in the trial would create real harms to physically healthy children. There is no clear (or even unclear) benefit to wider society from such risks, and possible societal harm in attacking the lives of young lesbians and gay men.

The challenges of creating a robust and meaningful trial
Many have pointed to the enormous challenges of creating an evidence base which meets the standards rightly established to protect patients.

- Will there be a group with no counselling?
- Will there be one with counselling and one with a placebo?
- How will randomisation reflect expressed or potential sexual preference, perceived parental pressure, comorbidity and other risk factors (including neuro-divergence), and possible other sources of reported gender dysphoria?

Until such questions can be transparently addressed, any trial risks creating yet more weak, unusable data, at the high cost of more medicalised and harmed young people from our communities.

References:
Much excellent material is summarised at
https://www.transgendertrend.com/child-transgender-gay-neither/#:~:text=The%20results%20of%2%200an%20important,lesbian%20and%2021.1%25%20were%20bisexual

Holt, Skagerber & Dunsford, *Young people with features of gender dysphoria: Demographics and associated difficulties* Clinical Child Psychology and Psychiatry Vol 21 (1) https://journals.sagepub.com/doi/10.1177/1359104514558431 see Table 2. This article also contains a strong survey of associated difficulties for young people referred to GIDS.

Wallien & Cohen-Kettenis, *Psychosexual outcome of Gender-Dysphoric Children,* Child & Adolescent Psychiatry, Volume 47, Issue 12, 1413 – 1423 https://www.jaacap.org/article/S0890-8567(08)60142-2/abstract, which has a small sample of 77 but a transparent and meaningful methodology.

Littman, *Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria*, Plos, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330
Littman 2021 (cited by Cass para 15.53)

Summary including survey of the numbers already prescribed:
https://www.bbc.co.uk/news/articles/clyd2qe5kkjo

CAN-SG article on ethics: https://can-sg.org/academic-papers/

[2] Helyar and Bell, *Would a Puberty Blocker trial be ethical?i* Clinical Advisory Network on Sex and Gender, January 2025