

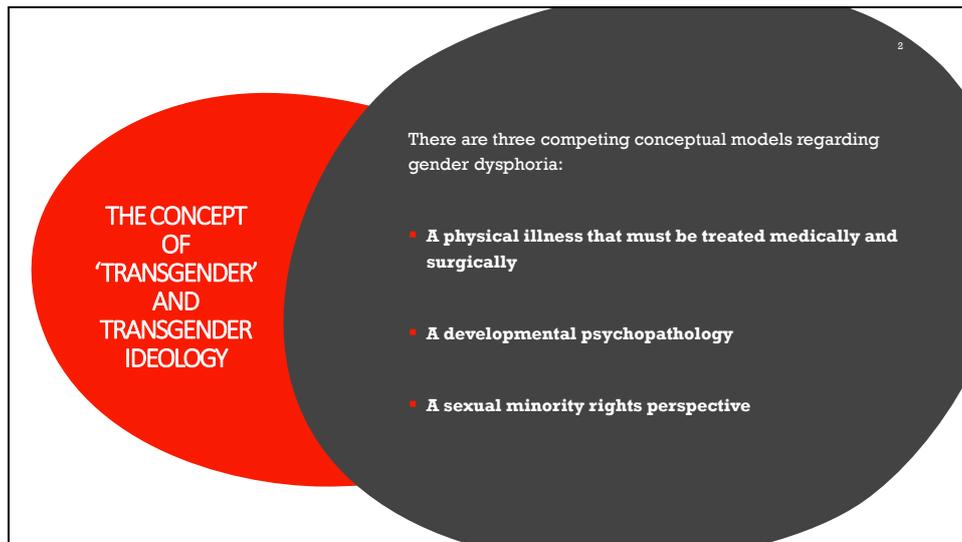


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Affirmation only: Where's
the evidence?

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Catholic Medical and Bioethical Conference
30 May 2020



There are three competing conceptual models regarding gender dysphoria:

1. A physical illness that must be treated medically and surgically

Transgender advocates state that in transgenderism - the belief/assumption that one has been born in the wrong body - the body must be aligned to one's gender belief, not one's belief to one's biological body. They assume that the mind is "correct" in its perceptions and beliefs and the body is diseased and must be treated.

Transgenderism is a disorder of assumption and like other disorders of assumption, is solipsistic. Solipsism is the belief that ideas that arise in the mind are true and cannot be questioned. For example, those with anorexia nervosa believe that they are a fat when in fact they are emaciated. People with body image dysphoria engage in endless plastic surgery to correct their perceived ugliness when their appearance falls well within the 'norms' for their culture.

Disorders of assumption are disorders of perception. Disorders of perception belong in the domains of psychology, psychiatry, and psychotherapy, not endocrinology or surgery.

Gender identity ideology conflates 'gender' which is a social construct, with 'sex' which is a biological phenomenon. Gender Identity refers to the manner in which a person chooses to perform gender roles. A man may perform femininity; a woman may perform masculinity. These social role enactments are not related to a person's sex, or sexual orientation. Gender is the socially constructed performance of masculine or feminine.

Mis-definitions abound:

"Transgender describes persons who do not feel like they fit into a dichotomous sex structure through which they are identified as male or female" (Meier & Labuski, 2013, p. 291).

Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In *International Handbook on the Demography of Sexuality* (pp. 289-327). Springer, Dordrecht.

In fact, the opposite is true – transgender people enact rigidly BINARY gender roles i.e., male OR female, but in the opposite binary to their assigned sex at birth.

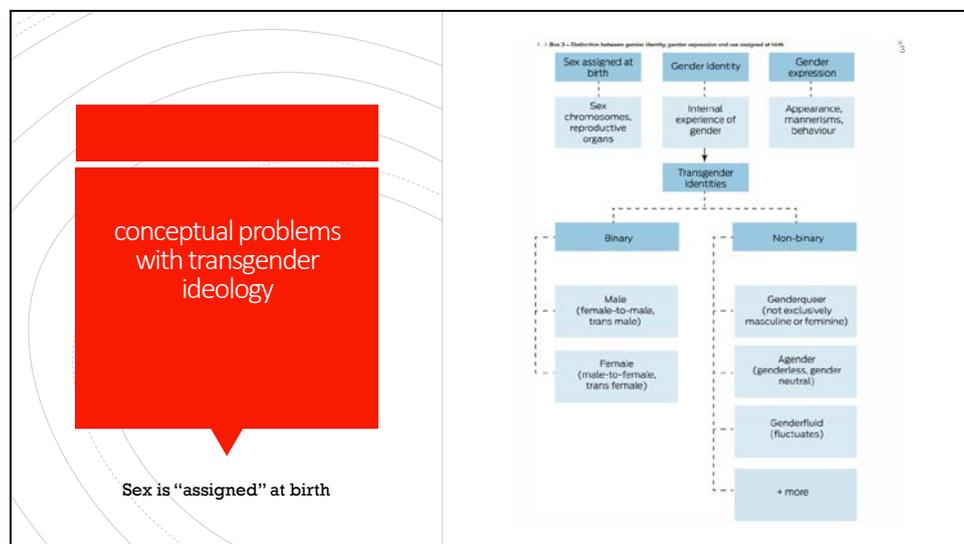
2. A developmental psychopathology

GD results from a failure to establish a secure sense of self, including one's core identity and gender identity. This results from traumatizing experiences in the young person's early history that makes them vulnerable to influences from the outside world, including the transgender online community. Many of these young people have serious underlying psychological comorbidities such as autism spectrum disorder, anxious attachment, history of some form of child abuse, or destabilized family environment.

3. A sexual minority rights perspective

This approach is underpinned by a view that failure to acknowledge and accept all forms of gender identity is a violation of the individual's civil right to self-expression. This is the ideology adopted by the trans lobby that has been disturbingly successful in changing medical, educational, and legal practices.

Slide 3



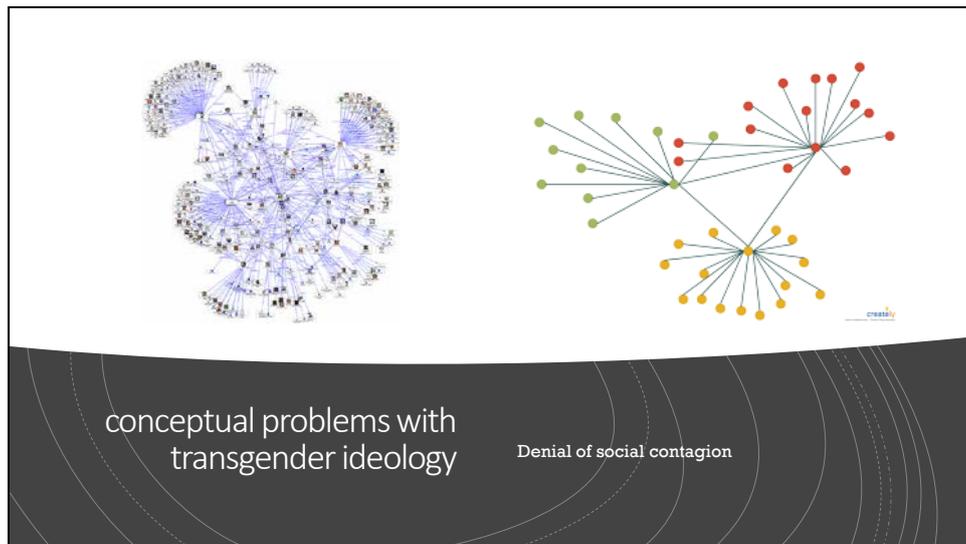
Below is a brief outline of the conceptual problems with transgender ideology:

"Sex assigned at birth"

The figure below is taken from a respected Australian medical journal, yet it persists with incorrect terminology and the implied incorrect theory underlying this terminology. Note the use of the phrase "sex assigned at birth." Sex is not assigned at birth; indeed, it is never "assigned" – it is a biological fact of the union of X and Y chromosome. Sex as defined by biology and reproductive function cannot be changed.

While hormonal and surgical procedures may enable some individuals to "pass" as the opposite gender, no procedures can enable an individual to perform the reproductive role of the opposite sex.

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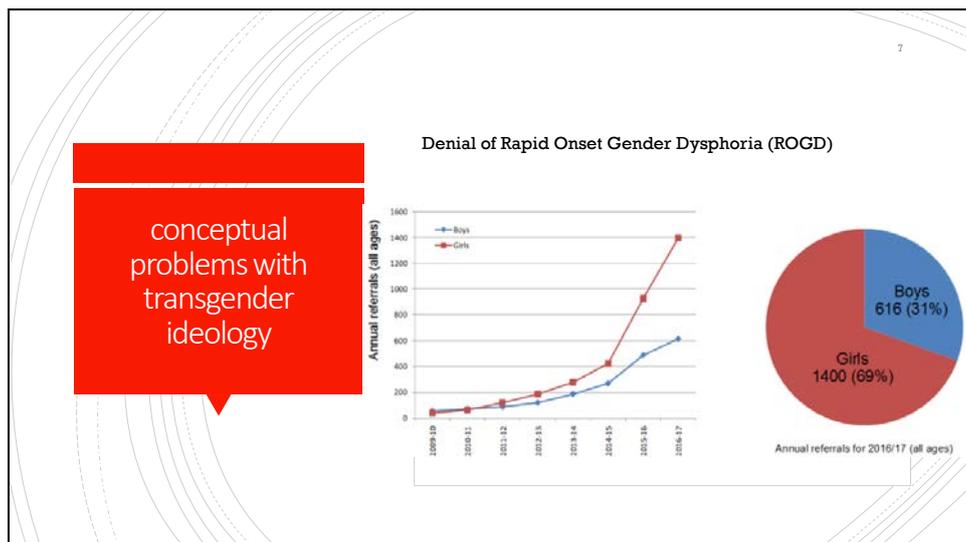


Denial of social contagion

Although very difficult to be precise, “[p]revalence estimates [before the rise of ROGD] indicated male-to-female cases outnumbered female-to-male cases, with 1 per 10,000 males and 1 per 27,000 females affected by gender dysphoria, although estimates vary depending on the setting. These rates would qualify for orphan designation status (defined by the European Union as less than 5 in 10,000 of the general population).”

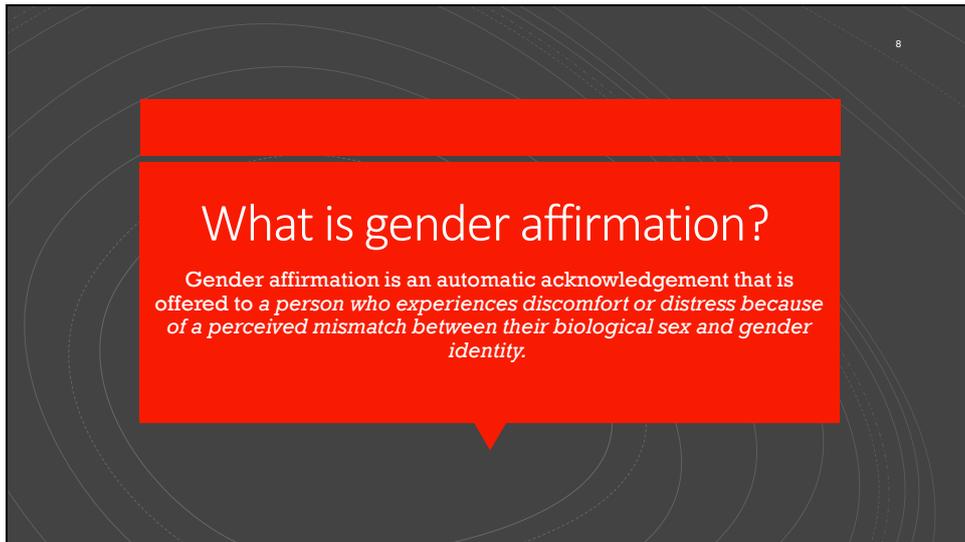
<https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/>

Slide 7



UK GID Clinic numbers rose from 200 to 2,000 (a ten-fold increase) in five years.

Denial of Rapid Onset Gender Dysphoria (ROGD) – proportion of females increased from 57% to 69% in same five-year period.

A presentation slide with a dark grey background and faint white concentric circles. A red speech bubble contains the text. The number '8' is in the top right corner.

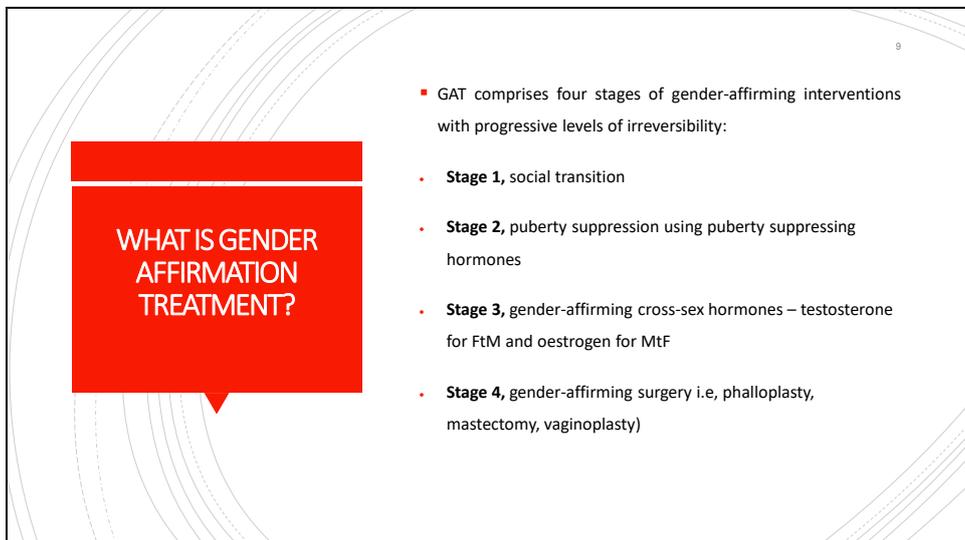
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What is gender affirmation?

Gender affirmation is an automatic acknowledgement that is offered to *a person who experiences discomfort or distress because of a perceived mismatch between their biological sex and gender identity.*

WHAT IS GENDER AFFIRMATION?

Gender affirmation is an automatic acknowledgement that is offered to *a person who experiences discomfort or distress because of a mismatch between their biological sex and gender identity.*

A presentation slide with a white background and faint grey concentric circles. A red speech bubble contains the title. A bulleted list is on the right. The number '9' is in the top right corner.

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WHAT IS GENDER AFFIRMATION TREATMENT?

- GAT comprises four stages of gender-affirming interventions with progressive levels of irreversibility:
 - **Stage 1**, social transition
 - **Stage 2**, puberty suppression using puberty suppressing hormones
 - **Stage 3**, gender-affirming cross-sex hormones – testosterone for FtM and oestrogen for MtF
 - **Stage 4**, gender-affirming surgery i.e, phalloplasty, mastectomy, vaginoplasty)

WHAT IS GENDER AFFIRMATION TREATMENT?

Prima facie, the universal call from the trans lobby for the practice of gender affirmation therapy (GAT) to the exclusion of all other therapies meets the definition of a conversion therapy. This therapy has a rigid course, and a pre-specified yet impossible to achieve outcome i.e., a change in one's biological sex.

Gender affirmation treatment is being loudly trumpeted as the only valid and acceptable response to children and young people with gender dysphoria presenting to gender clinics and health professionals. All other attempts at intervention with these young people and their families is considered ‘conversion therapy,’ defined as treatments and practices that attempt to change or suppress a person’s sexual orientation or gender identity.

However, GAT has the effect of establishing a ‘fixed’ transgender identity in young people who are in the exploratory phase of their sexual and gender identity development. Thus, gender affirmation treatment meets the definition of conversion therapy and according to trans-ideologists should be prohibited.

GAT comprises four stages of gender-affirming interventions with progressive levels of irreversibility:

Stage 1, social transition

Stage 2, puberty suppression using puberty suppressing hormones

Stage 3, gender-affirming (i.e., cross-sex hormones – testosterone for FtM and oestrogen for MtF)

Stage 4, gender-affirming surgery (i.e., phalloplasty, mastectomy, vaginoplasty)

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Where's the evidence?

- **'...evidence regarding psychosocial and cognitive impacts are generally lacking'**
- **'a momentous step in the dark'**
- **'an unregulated live experiment on children'**
 - *"Giving children the right to independently make life-changing decisions at an age when they cannot be expected to understand the consequences of those decisions, lacks scientific evidence and is contrary to established medical practice."*
- **Project Nettie**
 - it is "wholly ideological, scientifically inaccurate and socially irresponsible (to) recast biological sex as a social construct, which then becomes a matter of chosen individual identity."

WHERE'S THE EVIDENCE?

A 2018 paper in the journal, Paediatrics, concluded:

*Low-quality evidence suggests that hormonal treatments for transgender adolescents can achieve their intended physical effects, but **evidence regarding their psychosocial and cognitive impact are generally lacking.** Future research to address these knowledge gaps and improve understanding of the long-term effects of these treatments is required.*

A 2019 letter to the *Archives of Disease in Childhood* describes gender affirmation treatment as **'a momentous step in the dark'**:

Butler provides evidence that intervention with a gonadotrophin-releasing hormone analogue (GnRHa) promotes a continued desire to identify with the non-birth sex — over 90% of young people attending endocrinology clinics for puberty-blocking intervention proceed to cross sex hormone therapy. In contrast, 73%–88% of prepubertal GD clinic attenders, who receive no intervention, eventually lose their desire to identify with the non-birth sex. Our concern is that

the use of puberty blockers may prevent some young people with GD from finally becoming comfortable with the birth sex.

Professor Carl Heneghan, director of the Oxford University Centre for Evidence Based Medicine, reviewed the evidence for these interventions in 2019, and concluded that they are ‘**an unregulated live experiment on children**’:

There are a large number of unanswered questions that include the age at start, reversibility; adverse events, long term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition. We wonder whether off label use is appropriate and justified for drugs such as spiro-no-lactone which can cause substantial harms and even death. We are also ignorant of the long-term safety profiles of the different GAH regimens. The current evidence base does not support informed decision making and safe practice in children.

A 2018 paper in *Lancet Diabetes Endocrinology* concluded:

Evidence regarding surgical vaginoplasty in transgender females younger than age 18 years remains extremely scarce and conclusions cannot yet be drawn regarding its risks and benefits in this age group. Further research on an international scale is urgently warranted to clarify long-term outcomes on psychological functioning and safety.

In their written submission to the government’s Health and Social Care for the LGBT Community consultation, a group of GPs, paediatricians and psychiatrists highlighted the need to differentiate between the ‘T’ and the ‘LGB’ in the treatment of children and young people, given that in the case of transgender identities ‘the issues are complex, the stakes high and the evidence very weak’:

... gender questioning and feeling trans are influenced by a complex mix of cultural norms and personal predispositions (related e.g., to trauma and autism traits). This means parents, teachers, social workers etc must be careful to be both kind and neutral – ‘affirming a child as a child’ is not the same as ‘affirming’ another gender or actively discouraging children to believe they are not trans. ‘Wondering’ about identity and experimenting with roles is a normal part of growing up and most children desist from seeing themselves as trans with the passage of time and development.

In Sweden, the Medical Ethics Council (SMER) called for caution in the medical treatment of gender dysphoria in young people. The Swedish Paediatric Society stated:

Giving children the right to independently make life-changing decisions at an age when they cannot be expected to understand the consequences of those decisions, lacks scientific evidence and is contrary to established medical practice.

Hundreds of scientists, including prominent American biologist Heather Heying, have put their names to an international petition called [Project Nettie](https://www.ncbi.nlm.nih.gov/pubmed/29514975), which argues it is "wholly ideological, scientifically inaccurate and socially irresponsible (to) recast biological sex as a social construct, which then becomes a matter of chosen individual identity.

<https://www.ncbi.nlm.nih.gov/pubmed/29514975>

Richards C, Maxwell J, McCune N, Use of puberty blockers for gender dysphoria: a momentous step in the dark. *Archives of Disease in Childhood* Published Online First: 17 January 2019. [https://www.transgendertrend.com/wp-content/uploads/2019/07/archdischild-2018-315881.full .pdf](https://www.transgendertrend.com/wp-content/uploads/2019/07/archdischild-2018-315881.full.pdf)

<https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/>

<https://www.ncbi.nlm.nih.gov/pubmed/30528161>

Byng et al (2019). Written submission to Women and Equalities Select Committee <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/health-and-social-care-and-lgbt-communities/written/102806.html>

<http://www.smer.se/publications/smer-calls-for-the-government-to-review-gender-dysforia-in-childhood-and-adolescence/>

<http://www.barnlakarforeningen.se/2019/05/02/blf-staller-sig-bakom-smers-skrivelse-angaende-konsdysfori/>

Slide 11

Slide 11 content:

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What are the consequences of gender affirmation treatment?

- **Physical risks**
 - Sterilization and infertility
 - Loss of sexual response and inability to experience orgasm
 - Irreversibility
 - Lifelong consumer of cross-sex hormones
- Strokes and other acute cardiovascular events
- Thromboembolic events
- Complications of complex

What are the consequences and implications of gender affirmation treatment?

Physical risks

- Sterilization and infertility due to the administration of cross-sex hormones and gender reassignment surgery.
- Loss of sexual response and inability to experience orgasm – puberty blockers prevent the maturation of the sexual organs; cross sex hormones in males reduces penile function.
- Many effects of cross-sex hormones cannot be reversed should the patient later regret his transition (e.g., voice deepening, body and facial hair, male pattern baldness)
- Lifelong consumer of cross-sex hormones

Elevated

- Strokes and other acute cardiovascular events among male-to-female transgender individuals taking oestrogen.
- Risk of thromboembolic events associated with strokes, heart attack, and lung and liver failure

-Health risks associated with complex surgery - surgery affecting the reproductive organs and urinary tract can have significant anatomical and functional complications for the patient's quality of life, including permanent problems with voiding, chronic pain, inability to enjoy sex

Tishelman, A. C., Kaufman, R., Edwards-Leeper, L., Mandel, F. H., Shumer, D. E., & Spack, N. P. (2015). Serving transgender youth: Challenges, dilemmas, and clinical examples. *Professional Psychology: Research and Practice*, 46(1), 37.

Guss, C., Shumer, D., & Katz-Wise, S. L. (2015). Transgender and gender nonconforming adolescent care: psychosocial and medical considerations. *Current Opinion in Pediatrics*, 26(4), 421. D.

Getahun, D., Nash, R., Flanders, W. D., Baird, T. C., Becerra-Culqui, T. A., Cromwell, L., ... & Robinson, B. (2018). Cross-sex hormones and acute cardiovascular events in transgender persons: a cohort study. *Annals of internal medicine*, 169(4), 205-213.

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What are the consequences of gender affirmation treatment?

- **Psychosocial risks and consequences**
 - Delayed puberty – bullying, ostracism, discrimination, loss of self confidence
 - Anorgasmia
 - Impacts of infertility
 - Loss of family and friendships
 - Reduced capacity/opportunity to engage in sexual/romantic relationships
 - Narcissism
 - Marginalization, social isolation, discrimination

Psychosocial risks and consequences

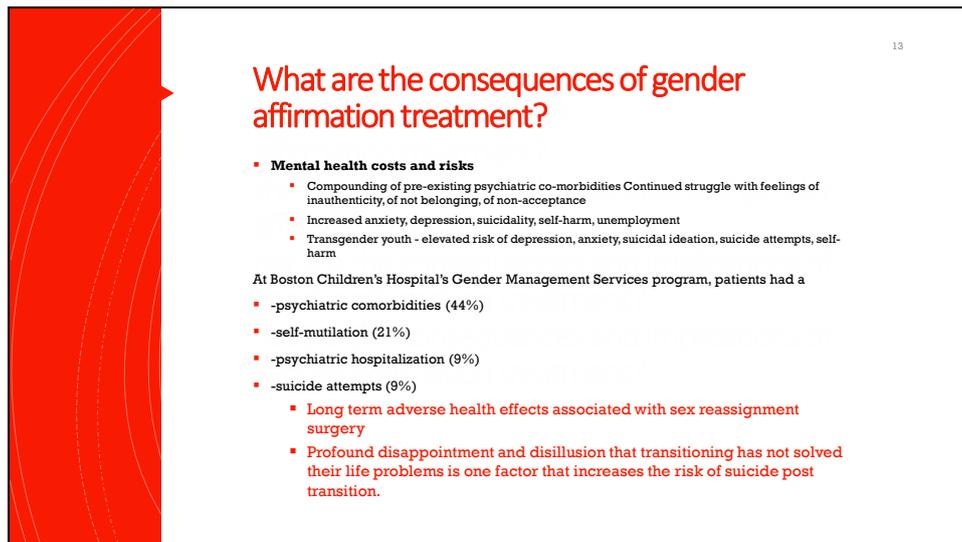
- Psychosocial risks of delayed puberty – bullying, ostracism, discrimination, loss of self confidence
- Negative psychological and relational consequences of anorgasmia among non-transgender individuals applicable to the transgendered population although no direct research on this population.
- Long term psychological impacts of infertility
- Loss of family and friendships, narrowing of social network to other transgender individuals, often “virtual” online friends, many with significant psychological/psychiatric disorders.
- Reduced capacity/opportunity to engage in sexual/romantic relationships. At risk from paraphilic individuals more interested in “kinky” sex than genuine intimate relationships.
- Transgender individuals commonly become strongly narcissistic, unable to give the level of attention to the needs of another that is necessary to sustain a loving relationship.
- Marginalization, social isolation, discrimination. “Transgender people face systematic oppression and devaluation as a result of social stigma attached to their gender nonconformity.”

Levine, S. (2013). *Barriers to loving: A clinician's perspective*. New York: Routledge.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951.

+ see http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

Slide 13



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What are the consequences of gender affirmation treatment?

- **Mental health costs and risks**
 - Compounding of pre-existing psychiatric co-morbidities Continued struggle with feelings of inauthenticity, of not belonging, of non-acceptance
 - Increased anxiety, depression, suicidality, self-harm, unemployment
 - Transgender youth - elevated risk of depression, anxiety, suicidal ideation, suicide attempts, self-harm

At Boston Children's Hospital's Gender Management Services program, patients had a

- -psychiatric comorbidities (44%)
- -self-mutilation (21%)
- -psychiatric hospitalization (9%)
- -suicide attempts (9%)
 - Long term adverse health effects associated with sex reassignment surgery
 - Profound disappointment and disillusion that transitioning has not solved their life problems is one factor that increases the risk of suicide post transition.

Mental health costs and risks

-Compounding of pre-existing psychiatric co-morbidities e.g., 23% of patients (9/39) presenting with gender dysphoria had possible, likely, or very likely Asperger syndrome as measured by the Asperger Syndrome Diagnostic Scale (ASDS).

-Continued struggle with feelings of inauthenticity, of not belonging, of non-acceptance

-Increased anxiety, depression, suicidality, self-harm, unemployment.

-Transgender youth - elevated risk of depression (50.6% vs. 20.6%); anxiety (26.7% vs. 10.0%); suicidal ideation (31.1% vs. 11.1%); suicide attempts (17.2% vs. 6.1%); and self-harm without lethal intent (16.7% vs. 4.4%) relative to the matched controls; and a significantly greater proportion of transgender youth accessed inpatient mental health care (22.8% vs. 11.1%) and outpatient mental health care (45.6% vs. 16.1%) services.

At Boston Children's Hospital's Gender Management Services program, patients had a

-high prevalence of diagnosed psychiatric comorbidities (44%),

-history of self-mutilation (21%),

-history of psychiatric hospitalization (9%), and

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Long term adverse health effects associated with sex reassignment surgery

Profound disappointment and disillusion that transitioning has not solved their life problems is one factor that increases the risk of suicide post transition

https://www.liebertpub.com/doi/full/10.1089/lgbt.2015.0070?casa_token=TFB8QrDYAKcAAAAA%3Aeq6q0s9bZ5Bmm6MLvV_YMok8NCr8zEOAj3_GkwkjdxLqplPJQAq1Z8R-bpqQ7c_DSejLZlrvXr4Zue4

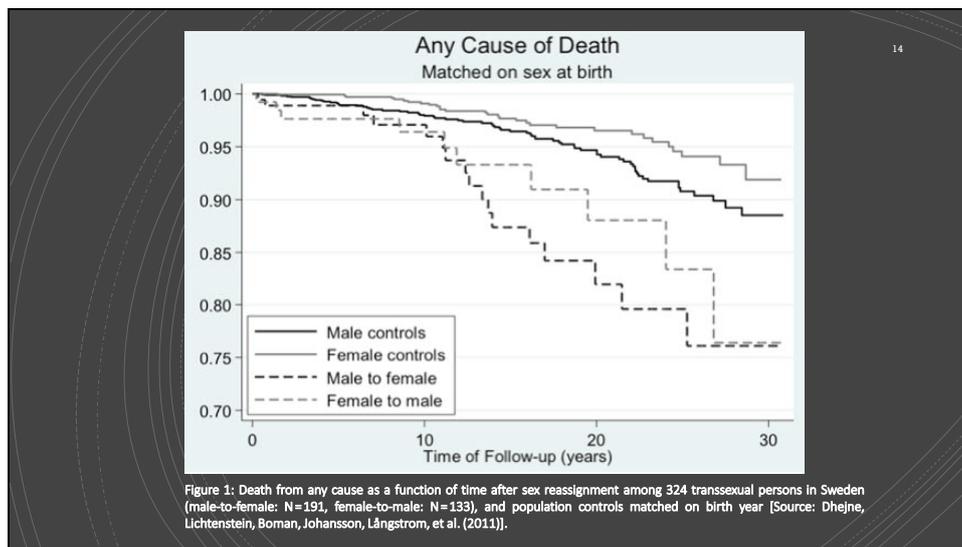
Pandya, A. (2014). Mental health as an advocacy priority in the lesbian, gay, bisexual, and transgender communities. *Journal of Psychiatric Practice*®, 20(3), 225-227.

Skerrett, D. M., Kölves, K., & De Leo, D. (2015). Are LGBT populations at a higher risk for suicidal behaviors in Australia? Research findings and implications. *Journal of Homosexuality*, 62(7), 883-901.

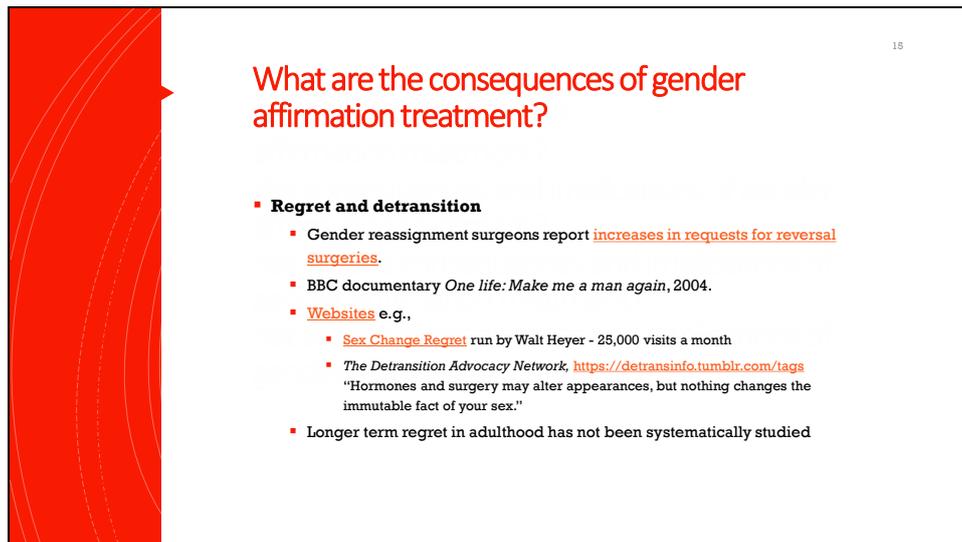
Reisner, S. et al. (2015). *Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study*, *Journal of Adolescent Health* 56(3)DOI:10.1016/j.jadohealth.2014.10.264¶

Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*, 129(3), 418-425.

Slide 14



This graph clearly shows the death rate for transitioners is 19 times higher compared with the general population matched for age and sex at birth.



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What are the consequences of gender affirmation treatment?

- **Regret and detransition**
 - Gender reassignment surgeons report [increases in requests for reversal surgeries](#).
 - BBC documentary *One life: Make me a man again*, 2004.
 - [Websites](#) e.g.,
 - [Sex Change Regret](#) run by Walt Heyer - 25,000 visits a month
 - *The Detransition Advocacy Network*, <https://detransinfo.tumblr.com/tags>
"Hormones and surgery may alter appearances, but nothing changes the immutable fact of your sex."
 - Longer term regret in adulthood has not been systematically studied

Regret and detransition

Although there are no reliable statistics on regret, a number of gender reassignment surgeons are reporting [increases in requests for reversal surgeries](#). A poignant BBC documentary *One life: Make me a man again*, was televised as early as 2004. There are also an increasing number of [websites](#) for regretters and detransitioners. e.g., [Sex Change Regret](#) run by Walt Heyer; *The Detransition Advocacy Network*, <https://detransinfo.tumblr.com/tags> founded by Charlie Evans, a 28-year-old biological female who lived as a transgender male for almost 10 years before de-transitioning.

According to The Federalist, Heyer's website receives about 25,000 visits a month. "I detransitioned more than 25 years ago. I learned the truth: Hormones and surgery may alter appearances, but nothing changes the immutable fact of your sex."

Longer term regret in adulthood has not been systematically studied, but there are anecdotes of adults regretting transition years after treatment. For example, a group of SRS surgeons published a report on a series of seven male-to-female patients requesting surgery to transform their surgically constructed female genitalia back to their original male form.

<https://www.newsweek.com/transgender-women-transgender-men-sex-change-sex-reassignment-surgery-676777>

<https://sexchangeregret.com/>

Djordjevic et al. (2016), *Reversal surgery in regretful male-to-female transsexuals after sex reassignment surgery*, *J. Sex Med.* 13(6) 1000, DOI: 10.1016/j.jsxm.2016.02.173.

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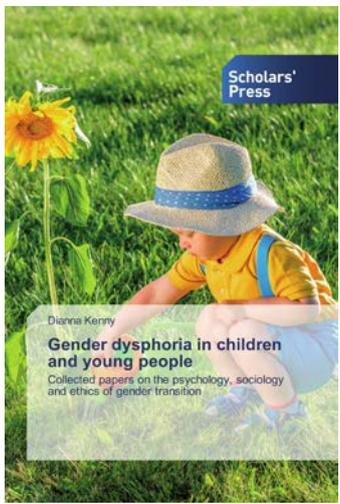
Parents beware!!

Use your own judgement and knowledge of your child before deciding on gender transition.

If in doubt WAIT, WATCH and WONDER!

See my new book:

Kenny, D.T. (2020). *Gender dysphoria in children and young people: Collected papers on the psychology, sociology and ethics of gender transition* (Scholars' Press).



Dianna Kenny
Gender dysphoria in children and young people
Collected papers on the psychology, sociology and ethics of gender transition

Parents beware!! There is insufficient evidence to agree to gender transition in young people under the age of 18.