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Dear Practitioner

Concerns with the Gender Affirming Model of Treatment

We are instructed by a coalition of those concerned for the human rights of young and otherwise vulnerable people. We have obtained your details from ACON's "[Gender Affirming Doctor List](#)" on their Trans Hub website.

The Trans Hub website notes that "there is little training on offer for GPs and other doctors wanting to support their trans patients". We appreciate that this may be the case and that by agreeing to list yourself on this website you may be simply wishing to show your support for trans and gender diverse people.

However, we are concerned that the Trans Hub website seems to promote the use of puberty blockers and cross-sex hormones when, in our view, there is no robust evidence to support their use in young people. We also consider that there is a foreseeable risk that these interventions may cause irreversible psychological and physical harm and we are concerned that people are increasingly being encouraged to commence this treatment without even having had an assessment by a mental health professional.

There have been a number of significant international developments signaling increasing caution about the affirmation approach promoted by the Trans Hub website. The Society for Evidence Based Gender Medicine has documented these developments on its website segm.org. In addition, we urge you to review the following:

- In 2020, Annelou de Vries, one of the originators of the Dutch protocol, which pioneered youth transition, expressed concern in the journal [Pediatrics](#). She warned that past outcome research may not apply to the current cohort of youth with gender dysphoria.

- [Finland issued new guidance](#) in 2020 recommending psychological interventions, rather than puberty blockers and cross-sex hormones, as the first line approach to gender dysphoria in youth.
- [The Karolinska hospital](#), along with a number of other Swedish Hospitals, agreed in September 2021 that hormonal interventions would only be administered outside of clinical trials in exceptional circumstances.
- Recent research conducted by clinicians from the [Gender Service at Westmead Children's Hospital](#) in Sydney records high rates of adverse childhood experiences, including trauma and loss, high-risk attachments and comorbidities in children and adolescents presenting with gender dysphoria. They reported that untangling gender dysphoria from comorbid issues such as anxiety, depression and sexual abuse, is a complex process. The Westmead researchers highlighted the need for a trauma-informed, biopsychosocial model of care, rather than rapid access to medical gender-affirming treatments.

Most recently [two prominent trans health-care providers](#), Dr. Marci Bowers, a world-renowned vaginoplasty specialist and president-elect of WPATH, and Erica Anderson, a clinical psychologist at the University of California San Francisco's Child and Adolescent Gender Clinic, have acknowledged the role of social influence in the development of gender dysphoria. [Previous research](#) has suggested that peer influence and intensive social-media exposure may precede the announcement of a trans identity in young people. This raises concerns about whether this group of young people may experience higher rates of regret. Bowers has also acknowledged that early puberty blockade may lead to permanent sexual dysfunction and significant surgical complications if the individual proceeds to Stage 3.

The risk of regret is being highlighted by the growing number of testimonials by detransitioners. [A recent survey](#) of detransitioners found that most felt they had not received adequate psychological exploration prior to commencing their transition. Ultimately, the majority discovered that their so-called gender dysphoria was related to other issues that had never been addressed. Erica Anderson also expressed concerns about the inadequate provision of psychological exploration. We are concerned that inadequate mental health assessment is resulting in issues related to body image, autism and the psychological impacts of sexism and homo/lesbophobia being wrongly identified and treated as gender dysphoria.

A new position statement from the Royal Australian and New Zealand College of Psychiatrists (RANZCP) stresses the importance of a mental health evaluation for people with gender dysphoria before any firm decisions are made on whether to prescribe hormonal treatments to transition, or perform surgeries. Meanwhile, the

National Association for Practising Psychiatrists ([NAPP](#)) has outlined an [alternative approach](#) for medical practitioners to follow for the safe treatment of gender dysphoria, as well as [some information](#) on the restrictions that apply to the treatment of under-18s. While many critics of the affirmation approach focus on the impact on minors, many of the same objections apply to young adults and those who are otherwise vulnerable.

We are also raising our concerns with appropriate elected representatives and others with responsibility for overseeing health care treatment, to alert them to the potential liability likely to arise from continued use of gender affirming medical interventions. In view of these matters, we would urge you to reconsider your support for gender affirming medical treatments and your inclusion on the Trans Hub website.

Yours faithfully



Anna Kerr
Principal Solicitor

The following organisations have endorsed this letter which we intend to post publicly shortly.



Women's Human Rights Campaign (WHRC)



National Child Protection Alliance (NCPA)



Australian Lesbian Health Coalition



Coalition of Activist Lesbians (CoAL)



LGB Alliance Australia



Coalition for Biological Reality