



BRIEF TO PARLIAMENT

By: Raine McLeod, Alberta Radical Feminists
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I am writing this letter to express my concerns about the inclusion of gender identity in the proposed legislation that would ban conversion therapy (Bill C-6). Sexual orientation and gender identity are separate concepts which require different medical and legal treatment.

Policies and research which have been cited in support of a ban on conversion therapy to change sexual orientation do not apply to changing gender identity. Gender identity medicine, particularly for younger patients, is still a developing area and much more research is needed. A ban on conversion therapy would prevent necessary research and expose patients to potentially harmful treatments.

Lesbians, gays and bisexuals do not have a mental health condition and do not require any sort of therapy. Multiple studies have shown that sexual orientation cannot be changed by therapy. Every major mental health professional organization rejects the practice. Even most of the ex-gay religious groups that used to promote conversion therapy have given up and closed down.

People whose sense of gender identity does not match their sex at birth do require some form of therapy. They suffer mental distress because their body is not aligned with their mind. This condition is described as gender dysphoria. There are two possible ways to treat this condition: either modify the mind to align with the body or modify the body to align with the mind.

There is ongoing disagreement in the medical profession as to which approach is best. This is a developing area and the research studies are limited. Nevertheless, many professional bodies have endorsed the affirming approach, which usually means modifying the body, as the only acceptable way of treating gender dysphoria.

Supporters of the affirming approach claim that it is supported by science and point to standards of care of various professional associations. However when these standards of care are examined closely they do not stand up. They often rely on low quality studies and, in many cases, the studies simply do not support the conclusions being drawn.

The affirming approach involves several stages. The first is social transition which involves adopting a name, pronouns and dress of the preferred gender. If a child has not started puberty, he or she may be given a puberty blocking drug. This is followed by cross sex hormones, which will trigger changes in physical appearance to match the desired gender. The final step is one or more “gender affirming” surgeries.

These procedures are being performed at much younger ages than previously. In the United States there have been cases of breasts being removed from trans-boys as young as 13 and vaginoplasty (removal of penis and testicles and construction of an artificial vagina) being performed on trans-boys as young as 16.

Medical transition has serious health risks. Once hormone treatment is started, it generally continues for life. The consequences of cross sex hormone treatment may include sterility, loss of sexual function, weaker bones and elevated risk of stroke, heart disease and various cancers.

A legislated ban on conversion therapy will lock in the affirming approach as the only way to treat gender dysphoria. In practical terms, this means that if a young woman is in distress because she believes that she is really a man and hates her breasts, a psychiatrist or psychologist may refer her to a surgeon for a double mastectomy. A clinician who attempts to explore the causes of her distress and assist her to accept her woman's body, would risk criminal charges. It would be acceptable to give children with multiple mental health issues drugs which will sterilize them but criminal to attempt to resolve their distress through talk therapy.

Gender dysphoria is often associated with other mental health conditions such as autism spectrum disorders, eating disorders and post-traumatic stress. There is growing concern by mental health professionals throughout the world that gender dysphoria is being over diagnosed and that medical transition is being used as the first line treatment. The affirmation only policies adopted by many professional associations make it difficult for responsible clinicians to do proper diagnosis and treatment of gender confused patients with complex mental health issues. Adding in criminal law would make a bad situation worse.

There is no clear evidence that the affirming approach is the best or only way to deal with gender dysphoria. Before the affirming approach became common, studies found that between 60 and 90 percent of children who experienced gender dysphoria as children would desist when they started puberty. Today, many of these children are given puberty blockers and studies have found that over 90 percent of children who go on puberty blockers persist and go on to cross sex hormones. The combination of puberty blockers follow by cross sex hormones will result in sterility and reduction or loss of sexual feeling.

Children do not have the capacity to consent to life altering treatments. The human brain continues to develop until around age 25 and the part that controls risk assessment and long term decision making is the last to develop. A 12-year-old or even a 16- or 18-year-old does not have the mental maturity to understand what it means to be sterilized.

There are many issues which require better research. In 2009 the number of children referred to gender clinics each year was very low, with natal boys slightly outnumbering natal girls. Today the number of referrals has increased by over 1000 percent and natal girls outnumber natal boys by two to one. In any other area of medicine this type of dramatic growth and change in makeup of a patient population would be a cause for major concern but none of the leading gender clinics seem interested in studying the question.

Treatment of gender dysphoria in children and youth is still experimental. The drugs for blocking puberty and cross-sex hormones are being used off-label. That is, they have never received regulatory approval for treatment of gender dysphoria. More studies are needed to determine whether this type of risky medical treatment is beneficial in the long term.

Some patients are realizing that the risks of medical gender transitioning do not outweigh the benefits.. A growing number of people, mostly young women, are detransitioning. They found that hormone treatment and surgery did not relieve their distress and they are re-identifying as their birth sex. They now complain that they did not receive proper (or any) therapy for the underlying causes of their distress. Transgender activists claim that the number of these detransitioners is very small, but no one really knows because there is no good research on the issue.

This is not a partisan issue. While some of the most visible opponents of gender transition are religious conservatives, the same concerns are shared by people across the political spectrum and of many faiths and none.

Further, there is growing international concern about the safety and ethics of medical transition of young people. Medical professionals in the United Kingdom, Australia, Sweden and Germany have warned that children are being given irreversible treatments without proper psychological assessment.

Members of the lesbian, gay and bisexual communities have a particular concern. Past research has shown that many people who show signs of gender confusion as children grow up to be same sex-attracted adults. Some people in the LGBT community see medical transition of gender confused children as a new form of conversion therapy which attempts to eliminate same sex attraction by converting potential gays and lesbians to the opposite sex.

Supporters of the affirmative approach will argue that any other approach will result in trans people committing suicide. There is no evidence to support this claim. There are studies that show that transgender people are at higher risk for suicide than the general population. However, these studies do not show that supporting transition is the only acceptable approach. Studies show that the risk of suicide remains high both before and after transition. Furthermore, most studies do not take into account other mental health conditions which might contribute to suicide risk.

Suicide threats always need a serious response. However, the response should be mental health treatment guided by the best available research. That cannot happen if researchers and professionals have the threat of criminal prosecution hanging over them.

For these reasons, and other information you can reference below, please remove gender identity from the proposed legislation.

Sincerely,

Raine McLeod
Alberta Radical Feminists

RESOURCE LIST

4th Wave Now <https://4thwavenow.com/>

A supportive place for parents and others concerned about medical transition of young adults. Excellent articles and resource lists.

Twitter: @4th_WaveNow

Transgender Trend <https://www.transgendertrend.com/>

A United Kingdom based site for everyone concerned about the transition of children and gender identity teaching. It publishes a resource pack on supporting gender non-conforming and trans-identified students in schools.

Twitter: @Transgendertrd

Gender Health Query <https://www.genderhq.org/>

A resource created by members of the LGBT community to promote the long term physical and mental health of gender dysphoric youth.

Canadian Gender Report <https://genderreport.ca>

A group of parents and professionals concerned about medical treatment of gender identity and erosion of sex based rights in Canada.

Twitter: @GenderReportCA

Re-Think Identity Medicine Ethics - <https://rethinkime.org/>

Our mission is to promote the highest standards of care for children and youth who are gender variant.

Twitter: @RethinkIME

gdworkinggroup.org - <https://gdworkinggroup.org/>

Pediatric and Adolescent Gender Dysphoria Working Group: An International Discussion Space for Clinicians and Researchers

NOTES

Standards of Care for Treatment of Gender Dysphoria

Lisa MacRichards, *Bias, not evidence dominates WPATH transgender standard of care*, <https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/>

James Cantor, PhD *American Academy of Pediatrics policy and trans-kids: Fact-checking. Conclusion: "any assertion that their policy is based on evidence is demonstrably false"* <https://www.tandfonline.com/doi/full/10.1080/0092623X.2019.1698481>

Lesbian, Gay and Bisexual Concerns

It Feels Like Conversion Therapy for Gay Children, say Clinicians

<https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvsckdvq2>

Do Youth Transgender Diagnoses Put Would Be Gay, Lesbian, and Bisexual Adults at Risk for Unnecessary Medical Intervention? <http://www.thehomoarchy.com/do-youth-transgender-diagnoses-put-would-be-gay-lesbian-bisexual-adults-at-risk-for-unnecessary-medical-intervention/>

Dertransitioners

Lisa Marchiano, LSW, The Ranks of Gender Detransitioners Are Growing. We Need to Understand Why. <https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/>

Charlie Evans, The medicalization of gender non conforming children, and the vulnerability of lesbian youth <https://medium.com/@charlie.evans/the-medicalization-of-gender-non-conforming-children-and-the-vulnerability-of-lesbian-youth-10d4ac517e8e>

International Concern over Treatment Standards

Telegraph UK: Minister orders inquiry into 4,000 per cent rise in children wanting to change sex <https://www.telegraph.co.uk/politics/2018/09/16/minister-orders-inquiry-4000-per-cent-rise-children-wanting/>

Gender Inquiry: Australian Doctors Call For a Parliamentary Inquiry Into Childhood Gender Dysphoria <https://genderinquiry.wordpress.com/>

Jamie Doward, "Politicised trans groups put children at risk, says expert", *The Guardian*, 27 July 2019 https://www.theguardian.com/society/2019/jul/27/trans-lobby-pressure-pushing-young-people-to-transition?CMP=share_btn_link

Laura Donnelly, "Children's transgender clinic hit by 35 resignations in three years as psychologists warn of gender dysphoria 'over-diagnoses'" *The Telegraph*, 12 December 2019 https://www.telegraph.co.uk/news/2019/12/12/childrens-transgender-clinic-hit-35-resignations-three-years/?WT.mc_id=tmg_share_em

Michael Cook, A Critical Look at Treating Gender Dysphoria, 29 October 2019, <https://www.intellectualltakeout.org/article/critical-look-treating-gender-dysphoria>

Interview with Dr. Alexdander Korte (Munich Germany, April 2019) <https://www.dailymotion.com/video/x7o1pgf>

Suicide Concerns

Fair Play for Women, *Trans suicide facts and myths* <https://fairplayforwomen.com/suicide/>

J. Michael Bailey, Ph.D and Ray Blanchard, Ph.D , Suicide or transition: The only options for gender dysphoric kids? <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>