Genspect

A rational approach to gender.

Reference: **Þingskjal 45 - Mál 45.**

Genspect Submission to the Iceland Parliament regarding Bill 45 Conversion Therapy Ban

5 November 2022

Contents

Who we are.

Genspect is an international alliance of professionals, parent groups, trans people, detransitioners, and others who seek high-quality care for gender distressed young people. We have concerns about the currently popular "gender affirmative" approach and favour therapeutic approaches that offer a more exploratory approach to gender. Uniting 20 different organisations in 18 countries, we don't just speak for a few: we speak for thousands.

We believe that there are many routes that may lead to the development of distress over an individual's gender. Equally, there are just as many routes out of such distress.

That's why we would like to see a wider range of treatment options and more evidence-based approaches to gender-questioning children and young people.

Genspect is independent

We are a non-partisan, independent organization, with members hailing from across the political spectrum and holding a range of personal beliefs. Our interest relates exclusively to the well-being and safeguarding of children and young people and does not extend to party-political or religious allegiance. We welcome people of all faiths and none. We seek the following approaches:

Neutral spaces

We want to see schools, colleges and higher education establishments hold neutral space for students as they explore their gender, sexual orientation and identity formation. We value supportive environments for students, so they feel neither encouraged nor discouraged to follow certain paths.

Evidence based medicine

We advocate for an evidence-based approach to gender distress, and we would like health care professionals to take the time and care to evaluate the low-evidence base for the current affirmative approach, looking more closely at the harms that medical treatment paths can cause. We recognize the high occurrence of comorbidities such as autism and ADHD among children and young people who are questioning their gender.

Full acceptance of gender non-conformity

We would like to raise public awareness of the issues facing gender-questioning children and young people. We wish to help create a society that supports gender non-conformity — one which doesn't require the heavy burden of medical treatment. We acknowledge that gay, lesbian and bisexual youth are often gender non-conforming; rather than suppressing hormonal urges with medication, we support an approach that allows adolescents to explore their sexuality with freedom and acceptance.

Finally, in this fast-paced world, we advocate for a slower, more thoughtful approach to any difficulties that children and young people face.

Genspect supports sexual minorities

Genspect wholeheartedly supports the rights of sexual minorities in society and is proud to include many gay and lesbian members of our team. We abhor homophobia and biphobia and have a zero-tolerance policy towards such forms of discrimination. We stand alongside members of the lesbian, gay and bisexual communities in continuing to fight prejudice on the basis of sexual orientation.

We say “gender-questioning” instead of “trans”

Identity in children and young people is often flexible, changing throughout adolescence and early adult years. We challenge the idea that gender identity is a permanent property: using terms such as “trans kids” indicates immutability and may conceal a far more nuanced and fluid reality. A change in gender identity can sometimes manifest as a concrete physical solution to a psychic trauma that leads to a belief part of the self can be discarded or left behind. It is the role of the clinician to encourage the young person to understand their less conscious, inner defences and motivations. This can be painful work and should be done in an empathetic and slow paced manner, respecting the young person’s defences. When we use the word “trans,” we are talking about people who have undergone medical transition — sometimes more explicitly termed “transsexuals” — and not making a statement about gender identity.

Genspect is welcoming to trans people

Yes. We value open and honest discussion between the trans community and others to ensure that strongly held beliefs about sex and gender do not overpower one another. We have no prejudice against trans people in any way: one of our advisors is trans, as are many of our supporters.

How can we help children and young people who are questioning their gender?

We believe that children should be allowed to explore their own identities at their own pace, without adults jumping to assumptions about them. Whether we are male or female, gay or straight, small or tall, blue-eyed or brown-eyed, we are all born in the only body available! If anyone is born in the wrong body, surely people with physical challenges like spina bifida and cerebral palsy should be at heart of this debate. Learning to love and take care of your body is a key part of growing up and growing old. The transition from troubled child to happy, confident adult is always possible.

We also believe that young people who are distressed by their feelings — beyond the expected growing pains when ideas and concepts of self are tested against reality — need access to high quality mental health. Unfortunately, transition has never been demonstrated to improve long-term mental health outcomes; believing that medical transition will be the answer to distress is a perilous position to take.

Several of Genspect’s advisors and parents have unfortunately witnessed first-hand mentally distressed youth spiral downwards after transitioning, sometimes ending in tragedy. Often, that experience motivates people to become more involved in campaigning for better standards of care. These vulnerable youths regret being

“affirmed” (Holt, 2020) and should have had the more conventional and long-established psychotherapeutic approach.

A cautious, least-invasive-first approach is utilized in clinical best practice: for this reason, Genspect firmly believes that psychotherapy should be a first-line treatment for gender-questioning young people before medical interventions such as puberty-blockers, cross-sex hormones and sex reassignment surgery are considered.

Are all types of gender dysphoria the same?

No. This is a quickly changing landscape, and we simply don’t have enough research into this expanding condition. However, there are certainly two distinct types of gender dysphoria, and probably more. The key distinction is based on the time of the onset of transgender ideation and bodily distress.

Until recently, the most typical presentation — “early-onset gender dysphoria” — occurred in early childhood, and predominantly affected boys. The majority of such children reidentified with their biological sex on reaching maturity, many growing up to be gay or bisexual. The other variant that has been long recognized is adolescent-onset gender dysphoria. However, this was rare, and also primarily affected boys; it is believed to be in part connected with the development of a gay identity or unusual sexual behaviour (e.g., sexual arousal from cross-dressing). Roughly 70% turn out to be gay; roughly 80% grow out of it altogether.(Singh et al., 2021)

However, since around 2015, there has been an extraordinary surge in the number of individuals who present with dysphoria and seek to transition medically — often with none of the typical presentations historically associated with gender dysphoria. While most of them are girls, there has recently been an increase in boys. In many cases, the internet and peer-group involvement has been a key factor in these young people’s identities. Other common factors include neurodiversity (as these kids are often on the autistic spectrum or the ADHD spectrum), giftedness and significant mental health difficulties that often predate their focus on transition.

This phenomenon has been documented in gender clinics around the world (Aitken et al., 2015; de Vries, 2020; Kaltiala-Heino et al., 2015; Zucker, 2019; de Graaf & Carmichael, 2018), and has been given several names, including “post-pubescent onset of trans identity”, “late-onset gender dysphoria”, “post-puberty adolescent-onset transgender histories” and most commonly “rapid-onset gender dysphoria” (ROGD). In their bid to be taken seriously, some of the teenagers presenting with this type of gender dysphoria are sometimes rewriting their personal histories to account for the way they now feel.

Although not yet recognized as an official diagnosis, clinicians around the world are very concerned (Bewley et al., 2019) with this newly predominant presentation: we don’t understand its aetiology, and there is a complete lack of scientific basis for the provision of risky and irreversible procedures to people who are so young.

Iceland Bill 45 (Þingskjal 45 - Mál 45) - Conversion Therapy Ban

For the following reasons we advise that gender identity and gender expression should be removed from the bill.

Proposed criminalisation when evidence is poor

National independent evidence reviews of treatment for young people with gender dysphoria in Finland, Sweden, the U.K., Florida and France have all concluded that psychological support should be the first line of support and recommend increased caution regarding the use of medical interventions including puberty blockers, cross-sex hormones and surgery.

The National Health Service (NHS) in England recently issued updated guidelines for the treatment of gender dysphoria in children and young people which recognizes *social transition* as a form of psychosocial intervention and not a neutral act, as it may have significant effects on psychological functioning. Social transition is the term used to describe the process where an individual decides to change their social identity. This often includes a change of name; a change of pronouns (she/her, he/him or they/them); and a change of clothes, style, hair, grooming and mannerisms to an expression of an identity that the individual believes better matches their inner sense of self. Social transitioning may also involve the person coming out as transgender to their school, family, friends and/or wider community. Social transition is often framed as a benign and compassionate way to allow a young person to explore a different gender identity, however it is important to recognise that it is a powerful psychosocial intervention. The NHS strongly discourages social transition in children and clarifies that social transition in adolescents should only be pursued in order to alleviate or prevent *clinically-significant distress* or significant *impairment in social functioning* and following an *explicit informed consent process*.

The NHS states that *puberty blockers* can only be administered in formal research settings, due to the unknown effects of these interventions and the potential for harm. The NHS states all children and young people being considered for hormone treatment will be prospectively enrolled into a research study. The goal of the research study to learn more about the effects of hormonal interventions, and to make a major international contribution of the evidence based in this area of medicine.

Research from the UK National Institute for Health and Care Excellent (NICE) shows the evidence base for medical interventions is very low (Cohen & Barnes, 2021; NICE, 2020). A study at Otago University pointed out serious ethical issues of medicating children (University of Otago, 2021) The almost certain sequel to the adoption of a gender identity (known as social transition) is medication. But the evidence shows that when puberty blockers are used on children to delay puberty it causes nearly all of the children to move ontocross sex hormones (van der Loos et al, 2022) and is not as advised a ‘pause button’. It appears to have the effect of embedding a belief in the chosen gender identity (Carmichael et al., 2020) The recent UK judicial review in the case of Keira Bell found that the lack of ability for young people to provide informed consent, the high likelihood of continuation of treatment and the experimental nature of the medicine were all factors that led to the decision that puberty blockers should not be provided without a court order (Transgender Trend, 2020).

Bill 45 defines conversion therapy as the practice of making a person receive therapy to suppress or change that person's sexual orientation, gender identity, or gender expression, and it would be illegal to make a child receive this type of therapy.

It would not be appropriate to criminalise parents for failing to affirm a gender identity/gender expression when the evidence for the gender medicine that nearly always follows is so poor. Puberty blocker medicine can lead to lifetime negative effects to health including sterility, reduced sexual function and lower bone density. The evidence for their use is very poor and they may even be associated with greater higher levels of mental illness and suicidality (Biggs, 2020). In New Zealand which is cited in Bill 45 as another country seeking to ban conversion therapy, early social transition is also advocated as part of the treatment path for gender questioning children (Oliphant, 2018). Recent research shows that the quality of mental health for gender questioning children is more closely associated to good family and peer relationships than whether a medical route is taken or not (Sievert et al., 2021). If gender identity and expression is not removed from the bill then an amendment should ensure that parents are not criminalised if they fail to present their child for puberty blockers, cross sex hormones or social transition.

Conversion therapy and counselling are different

Bill 45 does not make a clear distinction between ethical, evidence-based, exploratory counselling and conversion therapy. The inference of conflating counselling and conversion therapy and including gender identity is that the causes of gender identity issues should not be explored.

While the standard for a criminal conviction has been argued to be high the reality is that it has become commonplace in countries around the world for gender identity allies to make claims of harm that appear to have little substantive proof. (Rainbow Midwives Alliance, 2021; Earley, 2021). While these are the current standards against which harm is measured in public life any disagreement between a parent and a child in relation to gender could be construed as 'serious harm' by those advocating for gender change. As a result of this if gender identity is not removed from the bill we suggest an amendment to ensure that conversion therapy and counselling are not conflated and that the regulatory impact statement is altered to clarify the reasoning for this change.

There is opposition to counselling to explore gender identity

There appears to be a pattern emerging in many countries against exploratory counselling to address root causes of a transgender belief, for example in Australia where AUSPATH the Australian Professional Association for Trans Health argues:

> *AusPATH reaffirms its commitment to gender affirming healthcare and asserts that any approach that would offer psychotherapy as an alternative to gender affirmative healthcare (i.e. offered while gender affirming healthcare is withheld or withdrawn)* ***involves the risk of harm to the health and welfare of the clients concerned,*** *whether they are trans youth or adults* (emphasis added) (AusPATH, 2021).

There is also evidence that transgender advocates have purposefully mistaken the difference between exploratory counselling and conversion therapy (D'Angelo, et al., 2020). Research that purports to show that there is a link between counselling/ conversion therapy to address causation of a transgender identity and future mental health purports to show higher levels of suicidal ideation. The research is argued to show that exploration causes mental health crises, but they have been shown to be

fraught with difficulties. These have included counselling being conflated with conversion therapy in questions, self-selecting surveys, suicide trigger warnings attached to many questions and conclusions that do not take account of prior mental health (Trevor Project, 2019). In one frequently cited paper there were issues with the data collection, survey design, research methodology and inferences. A review showed that the research findings could more plausibly have been reversed. (D'Angelo et al., 2020). If gender identity is not removed from the bill we suggest an amendment to ensure that the provisions that allow for exploratory counselling clarify that this includes exploration of the reasons why the gender questioning has arisen.

Existing professional guidelines will create a stranglehold over exploratory practice.

By not making it clear that counselling to explore the causes of gender questioning is permitted registered health professionals will be constrained by law from providing full exploratory counselling and guidance. But as things stand even a law change that provides clarity may not be enough. There is a danger that practitioners will fall foul of existing professional standards, preventing them from fully exploring the causes of gender questioning. Often standards of this kind appear to have been adopted as an emotional response to discrimination or policy capture rather than by evidence. The affirmative gender medicine guidelines of the American Association of Paediatricians is a case in point (Cantor, 2018). But when the members recently voted for a review of the gender medicine standard 80% were in favour (SEGM, 2021) As a result of this, if gender identity is not removed from the bill we suggest that some way of ensuring that health practitioners can provide cause related exploratory practice for gender questioning clients.

Gay/Lesbian to transgender conversion therapy is not catered for

Relationship and sexuality education guidelines were withdrawn in Australia when it was discovered that gender transition was increasing because of teaching about transgender identities (Transgender Trend, 2017). Young gay and lesbian people are especially vulnerable to homophobia as are those who are gender non-conforming in their preferences (Turner, 2017). Since puberty blockers suppress sexual development, they also suppress same sex attraction. Without counselling to ensure that homophobia is not part of the desire to transition it cannot be known whether same sex attraction is being suppressed when they are used. Similarly, without knowing whether there is homophobia behind the decision to identify as transgender the presentation of language and resources intended to promote a transgender identity are effectively conversion therapy. Similarly, a suggestion by an authority figure to someone with whom they have a relationship of care that that person "could be transgender' is conversion therapy. As a result of this, if gender identity is not removed from the bill we suggest an amendment to ensure that the legislation includes gay/lesbian to trans conversion therapy.

Detransitioners are not catered for

The research on detransition is paltry, and detransitioners' testimonies are — with scant exception (Entwistle, 2020) overlooked. Members of our team work extensively with detransitioners, and Genspect wants to bring their voices to the fore.It's important

that people who regret transition have their own voice, uncensored and unexploited. A recent study of 237 detransitioners demonstrated that, for a large majority of them, transition did not resolve their emotional distress:

Forty-five percent of the whole sample reported not feeling properly informed about the health implications of the accessed treatments and interventions before undergoing them. A third (33%) answered that they felt partly informed, 18% reported feeling properly informed and 5% were not sure. The most common reported reason for detransitioning was realising that my gender dysphoria was related to other issues (70%). The second one was health concerns (62%), followed by transition did not help my dysphoria. (50%), found alternatives to deal with my dysphoria (45%)(Vandenbussche, 2021).

Public consultation in other countries proposing conversion therapy bans

Bill 45 cites other countries seeking to also ban conversion therapy including the UK, Ireland and New Zealand, but does not highlight the important point that these countries are all carrying out research and/or public consultation on their proposed conversion therapy bans before enacting legislation to ensure that the legislation achieves the desired aims and does not have unintended consequences.

Genspect supports the foundational medical principal: “First, do no harm.” As a result of this if gender identity is not removed from the bill we recommend amendments are included to:

- ensure that parents are not criminalised if they fail to present their child for puberty blockers, cross sex hormones or social transition.

- ensure that ethical, evidence-based exploratory therapy for children and young adults is not criminalised

- ensure that the provisions that allow for exploratory counselling clarify that this includes exploration of the reasons why the gender questioning has arisen.

- ensure that the legislation includes gay/lesbian to trans conversion therapy.

- ensure that the phenomena of regret, desistance and detransition is recognised, so that people who experience these, can still seek help that is not labelled as conversion.

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