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(29/06/23) MEDIA RELEASE: END 'GENDER AFFIRMING CARE'

Overseas peak body health organisations after systematic review have moved away from Gender Affirming Care.

**1. Over the past 24 months, an increasing number of countries in Western Europe have acknowledged the significant concerns surrounding the "gender-affirmative" model of care.** This has been due in part to the growing number of [detransitioners and regretters](#) among the population of gender-dysphoric youth. [Sweden](#) has recently decided to no longer offer gender transition to minors outside of clinical trials, while [Finland](#) has limited eligibility for gender transition to minors with classic early childhood-onset of gender dysphoria and no mental health comorbidities. They have also emphasized psychotherapy as the primary treatment. The [UK](#) seems to be following a similar path, as suggested by the [Cass interim report](#). The [National Academy of Medicine in France](#) has also indicated a similar move in their recent announcement. Moreover, the [Royal Australian and New Zealand College of Psychiatrists \(RANZCP\)](#) has released a set of guidelines recommending psychotherapy as the first line of treatment for gender dysphoria in youth.

Several states in North America have recently passed laws to prohibit gender reassignment of minors. However, at the federal level, the US maintains that "gender-affirming" care is safe and effective, despite multiple [systematic reviews indicating that the benefits of gender transition for minors are uncertain and the risks may be significant](#). In particular, adhering to the Endocrine Society's treatment guidelines for gender-dysphoric youth may lead to future sterility in minors, as well as other health risks such as compromised bone health, altered brain development, cardiovascular complications, and other yet-to-be-identified risks.

It is not surprising therefore to recently see conflict in the fields of psychiatry, psychology, endocrinology, and general health regarding the use of a single approach like affirmative care, versus the availability of various alternative guidance. Any psychologist keeping abreast with changes will hesitate to promote the gender affirmation model as the only therapeutic model for youth experiencing gender dysphoria or gender ideation.

**2. There is no consensus, and the primary point of conflict is violation of the principle of 'do no harm'.** Organisations like SEGM and NAPP are examples of organisations that put an emphasis on professional expertise, following ethical principles, minimising the risk of iatrogenic harm, and acknowledging the limitations of the current scientific evidence base in the field of gender care.

**3. It is important to note that guidelines change with evidence.** Guidelines are not protocols. There is no single standard of care as there is no evidence for Gender Affirmative Care in a clinical setting. The major complaints with current guidelines from WPATH, AusPATH, ACON and APS is that the following organisations are:

- heavily influenced by unscientific ideology.
- lean towards transgender advocacy over impartial evidence based care.
- relying on poor quality research, failing to highlight the methodological limitations of most studies and at times misrepresenting or exaggerating the research findings and conclusions.
- Mischaracterising psychotherapy for gender dysphoria as potentially harmful.
- They are ignoring and shutting down those who show substantial evidence that gender affirming care (medical and surgical transitioning) has caused serious physical and psychological damage, death and an increase of suicide risk after transitioning.

Tavistock – UK, The Cass Review: Independent Review of Gender Identity Services for Children and Young People

**Key points relevant to this case:**

- Gender dysphoria is not a unique presentation that should automatically and unquestioningly lead to clinical intervention; rather, it is a medical condition that needs clinical diagnosis.
- “Where a clinical intervention is given, the same ethical, professional and scientific standards have to be applied as to any other clinical condition.”
- The treatment pathway for gender dysphoria has not developed in line with other conditions and treatment pathways.
- The evidence base for an affirmation-only model is severely lacking.
- Puberty blockers, rather than acting as a “pause button” allowing children time to explore their identity, seem to lock them into a medicalised treatment pathway.
- “Data from both the Netherlands and the study conducted by GIDS demonstrated that almost all children and young people who are put on puberty blockers go on to sex hormone treatment (96.5% and 98% respectively).”
- There is too little evidence to make any recommendations on hormone treatment.
- “Decisions need to be informed by long-term data [but] the NICE evidence review demonstrates the poor quality of these data, both nationally and internationally.”
- The best way to support young people experiencing gender distress has not been determined.
- “From the point of entry to GIDS there appears to be predominantly an affirmative, non-exploratory approach, often driven by child and parent expectations and the extent of social transition that has developed due to the delay in service provision.”

**Please examine:**

**[Paper for the Family Law Profession Gender Identity in children and adolescents \(May 2023\)](#)**

"Australia's Family Court, which relied on testimony from gender-affirming clinicians when liberalising access to hormonal and surgical treatments for minors, has been left "largely unaware" of the intense debate about these poorly evidenced medical interventions. This is the claim of a landmark paper by family law **barrister Belle Lane** urging judges to catch up and come to grips with the profound questions raised by an unprecedented international surge in teenagers, chiefly girls, seeking medicalised gender change."

<https://cass.independent-review.uk/publications/interim-report/>

[The Interim Report](#)

[BMJ Review of gender identity services for children and young people](#)

[BMJ INVESTIGATION Gender dysphoria in young people is rising—and so is professional disagreement](#)

[Dutch Studies upon with Gender Affirming Care is based on is critically flawed](#)

[The Beginners Guide to evaluating scientific studies](#)

[SEGM Response to "AusPATH Public Statement on Gender Affirming Health Care, including for trans youth"](#)

[Detransition-Related Needs and Support: A Cross-Sectional Online Survey](#)

The Collapse Of The UK's Gender Identity Clinic - Hannah Barnes | [Modern](#) Wisdom 611

[EPISODE 104: No Time to Think with Hannah Barnes: The Downfall of GIDS at the Tavistock](#)

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