CHANGED
MOVEMENT

Bans on ill-defined "Conversion Therapy" harm youth who question their gender

Early medicalization is harming countless children, creating patients for life, and we are now beginning to see the impacts among young adults expressing regret, such as eighteen-year-old Chloe Cole[1]. It is increasingly common for regret to emerge 6-10 years after transgender "affirming" procedures, making "conversion therapy" bans for minors a severe restriction of vital, psychotherapeutic care. Unfortunately, the U.S. currently has no medical or insurance safety nets for these young adults who detransition and there has not been adequate research regarding psychological care—since "change" and "questioning" one's gender is anathema to the LGBTQ-identifying population.

Across Europe, based upon the devastating misdirection of gender clinics like Tavistock[2] in England, governments are rushing to create important guidelines for the care of children experiencing gender dysphoria. Among them is the requirement for increased psychological care beginning at the onset of dysphoria and extending into adulthood.

In 2022, Finland, Sweden, France, and the UK[3] have revised their nationwide approaches to **restrict all surgical interventions for children under age 18,** reflecting concern that children are unable to provide informed consent. In addition, these nations have instituted a **requirement for objective and clinical psychological care and mental illness assessments**. We call upon the United States to follow its lead.

> *"Based on thorough, case-by-case consideration, the initiation of hormonal interventions that alter sex characteristics may be considered before the person is 18 years of age* ***only if it can be ascertained that their identity as the other sex is of a permanent nature*** *and causes severe dysphoria. In addition, it must be confirmed that the young person is able to understand the significance of irreversible treatments and the benefits and disadvantages associated with lifelong hormone therapy, and that no contraindications are present."*
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> *"If a young person experiencing gender-related anxiety has experienced or is simultaneously experiencing psychiatric symptoms requiring specialized medical care, a gender identity assessment may be considered if the need for it continues after the other psychiatric symptoms have ceased and adolescent development is progressing normally. In this case, a young person can be sent by the specialized youth psychiatric care in their region for an extensive gender identity study by the TAYS or HUS research group on the gender identity of minors, which will begin the diagnostic studies. Based on the results of the studies, the need for and timeliness of medically justified treatments will be assessed individually."*

[1] "Detransition: The Wounds That Won't Heal", Jordan Peterson interview of Chloe Cole https://youtu.be/6O3MzPeomqs
[2] "NHS to close Tavistock child gender identity clinic" https://www.bbc.com/news/uk-62335665
[3] https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/implementing-advice-from-the-cass-review/

> *"**Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors."**[4]*

Additionally, studies continue to reflect viewpoint bias. Both the Williams Institute studies used broadly to support so-called "conversion therapy" bans as well as the recently published Dutch studies on transgender youth have been publicly scrutinized. Calls have been made for retractions.

> *"Recent studies have claimed that such therapies increase suicide risk by showing positive associations between SOCE and lifetime suicidality, without excluding behavior that pre-dated SOCE. In this way, Blosnich et al.'s (2020) recent analysis of a national probability sample of 1518 sexual minority persons concluded that SOCE "may compound or create…suicidal ideation and suicide attempts" but after correcting for pre-existing suicidality, SOCE was not positively associated with any form of suicidality."[5] (from the abstract)*

> *"…the Dutch research suffers from profound, previously unrecognized problems. These problems range from **erroneously concluding that gender dysphoria disappeared** as a result of "gender-affirmative treatment," to **reporting only the best-case scenario outcomes** and **failing to properly examine the risks**, despite the fact that a significant proportion of the treated sample experienced adverse effects.[6]*

We call upon the United States to:

- establish 18 as the year of majority for all surgical interventions addressing gender dysphoria.
- make peer-reviewed, longitudinal studies of the impacts of surgical and medical transition of children and adults.
- reassess the American Psychological Association's and American Psychiatric Association's standards of care for "questioning" individuals so that view-point discrimination is exposed and corrected, and people are not coerced to embrace unwanted feelings.
- establish funding for detransitioner care that includes life-time medical coverage with mental heath care.
- support a private right of action for individuals who have undergone gender transition procedures to sue medical practitioners who performed the procedures, including a 30-year statute of limitation after the age of majority.

[4] https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
[5] "Sexual Orientation Change Efforts Do Not Increase Suicide: Correcting a False Research Narrative" https://link.springer.com/article/10.1007/s10508-022-02408-2
[6] "The Dutch Studies and The Myth of Reliable Research in Pediatric Gender Medicine" https://segm.org/Dutch-studies-critically-flawed

