Essay: Treatment of Minors with Gender Dysphoria[1]

First, an article:

> *On Tuesday, Britain's High Court defended young children from the transgender movement's rush to give kids experimental drugs that put them on a path to chemical castration. The court laid out a framework for considering whether minors under age 18 might be able to give informed consent to receive experimental so-called "puberty-blocking" drugs intended to treat gender dysphoria (the persistent condition of identifying with a gender opposite one's biological sex).*
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> *In a groundbreaking ruling that should set the standard for such complex issues, Dame Victoria Sharp concluded that puberty-blockers are experimental, that their effects are not "reversible" as transgender activists claim, and that in order to consent to receive such drastic treatment, children must understand adult concepts that are almost certainly beyond their grasp.*

Let me start off by pointing out something that is ignored in the above but explained later that puts a slightly different spin on things.

> *Sharp described the use of puberty-blockers for children going through puberty at the right age as "very unusual" because "there is real uncertainty over the short and long-term consequences of the treatment with very limited evidence as to its efficacy, or indeed quite what it is seeking to achieve."*
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> *Worse, "there is a lack of clarity over the purpose of the treatment." While GIDS[Gender Identity Development Service] has claimed that puberty-blockers give children a "pause to think" about gender identity before they proceed to irreversible cross-sex hormones, transgender advocates have also suggested that puberty-blockers "limit the effects of puberty, and thus the need for greater surgical and chemical intervention later" in cases where a child persists in his or her transgender identity.*
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> *Finally, "the consequences of the treatment are highly complex and potentially lifelong and life changing in the most fundamental way imaginable. The treatment goes to the heart of an individual's identity, and is thus, quite possibly, unique as a medical treatment."*

[1] The essay was written in 2021 following the results of a court case in the UK brought by an transgender female that had transitioned, and then detransitioned blaming her doctors for pushing HRT and surgery when she was too young to understand the consequences.

The blockers do not, by themselves, cause permanent sterility. It is cross-sex hormones that do that. But the concern being raised in the article is that less than 2% of those that go onto puberty blockers come off them and resume their standard puberty. But, because of that low rate of rejection, puberty blockers are considered the first step in the process of reassignment and the consequence of that process is complex and far reaching.

I don't see a problem with puberty blockers, even for pre-pubescent kids[2]. My concern is that minors are not getting good support and advice from the adults around them. Parents are not evaluating the child's full history; they seek to respond to the societal pressures for resolution of issues with clear dimensions. And the medical community appears to be compromised, and as a result is failing to treat each child as a unique patient, opting instead for a one-size-fits-all assembly line approach to 'get'm in, get'm out'.

The details of the case are informative:

> *GIDS set Bell on a path to puberty-blockers at age 16 and she started taking testosterone at 17. By age 20, she realized "the vision I had as a teenager of becoming male was strictly a fantasy and that it was not possible. My biological make-up was still female, and it showed, no matter how much testosterone was in my system or how much I would go to the gym. … I felt like a fraud, and I began to feel more lost, isolated, and confused than I did when I was pre-transition."*

Three things here: she had already entered puberty, within a year she was on cross-sex hormones, her expectations were unrealistic, and she had non-gender related unresolved issues not related to gender prior to transition.

Once she had begun menses and had breast development, only surgical intervention would have changed them. Testosterone would not of itself change them – though menses probably would have been interrupted. The time on blockers was relatively short – this is the time for consideration and determination of underlying issues. Her self-described 'fantastical' expectations should have been talked through with a therapist but apparently were not. The medical community accepting the conclusions of a teen alone as sufficient evidence of appropriateness is malpractice.

For the female incongruent teen, hormones have a strong impact that cannot be reversed even early in the process. Voice change and hair growth can start as soon as 60 days into treatment. For the male incongruent teen changes often take six months or more and are far more subtle and easily reversible. For that reason alone, the female incongruent teen needs to be better informed and be treated with much more caution than the male incongruent teen.

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[2] Blockers have been used for children undergoing what is called precocious puberty – one starting very early – for years. Their use is well understood and not experimental.

You cannot treat the female and the male incongruent teen the same medically. Timing, impact, the extent of puberty, and societal influences are different for both and must be addressed differently.

This bothers me greatly:

> *Bell claimed that she could not have consented to puberty-blockers at her age. Dame Sharp considered whether or not a 16-year-old child could be considered competent to consent to such an experimental "treatment" under the precedent of Gillick v. West Norfolk and Wisbech Health Authority (1986), in which the High Court ruled that minors could consent to receive contraception.*

This is saying: I felt the need to be able to control my body at 16 and then having regretted the decision have told everyone it's their fault for letting me have the control. My problem is less with the child than with the adults around them.

However, I also have a problem with this:

> *Yet the use of puberty-blockers to treat gender dysphoria is experimental. In such cases, "the consequences of the treatment are profound, the benefits unclear and the long-term consequences to a material degree unknown." In such cases, informed consent may be impossible, especially for children under age 16 who think of themselves as transgender.*

The use of puberty blockers in youth with gender dysphoria is not experimental. The effects are well-known. The consequences are profound, the benefits are clear, and the long-term consequences can be judged. But two things have to happen: the child must be evaluated objectively, free from societal pressures; the medical community must be assured that the full history of the child, free of prejudice, is considered and their current state of mind and expectations are rational.

It is also worth noting that successful cases are much less likely to make the news than unsuccessful ones, creating a skew in media representation of the issue.

Stopping puberty in a child with gender dysphoria is a blessing. The betrayal of the body when dealing with the issue of gender dysphoria has a profoundly negative impact on their self-worth and evaluation. If there are other mental health issues, they must be addressed prior to moving to cross-sex hormones. If they cannot, then changing sex is likely the wrong solution for an unrelated issue, to be an additional burden rather than helpful.

The following paragraph clearly fails to understand the nature of gender identity and the issue of gender dysphoria:

> *Even puberty-blockers do not make time stand still. They prevent a child from going through puberty in the normal process. At a minimum, this deprives him or*

> *her of "undergoing the physical and consequential psychological changes which would contribute to the understanding of a person's identity."*

A person's gender identity is established well before puberty. Other aspects of their personality continue to develop during, and after, puberty. But the physical and psychological changes of puberty can damage a child with gender dysphoria. Clear understanding by the parents and medical community caring for the child is needed – and right now, I have little confidence in either. And the court's order, and the article's author are insufficient to help fix it.

> *In order to achieve competence to consent to transgender treatment, children must understand eight factors, according to Sharp:*

(i) the immediate consequences of the treatment in physical and psychological terms;
(ii) the fact that the vast majority of patients taking PBs [puberty blockers] go on to CSH [cross sex hormones] and therefore that s/he is on a pathway to much greater medical interventions;
(iii) the relationship between taking CSH and subsequent surgery, with the implications of such surgery;
(iv) the fact that CSH may well lead to a loss of fertility;
(v) the impact of CSH on sexual function;
(vi) the impact that taking this step on this treatment pathway may have on future and life-long relationships;
(vii) the unknown physical consequences of taking PBs; and
(viii) the fact that the evidence base for this treatment is as yet highly uncertain.

> *Children lack the ability to understand what fertility and sexual fulfillment will mean to them as adults. As Sharp wrote, "the meaning of sexual fulfilment, and what the implications of treatment may be for this in the future, will be impossible for many children to comprehend."*

To that, I'd argue adults lack the ability to clearly understand all the consequences if their mental health is compromised in any way. The demands of the Court show little understanding of gender dysphoria or the development of children with it.

The criteria of the Court, rightly expressed by the article's author, will result in few if any applications of puberty blockers to those under 16 or even 18. And I think that is a failure of the Court and of the effort to protect children.[3]

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[3] In 2021, a court of appeals overturned the results of this UK case stating: "In its ruling today, the Court of Appeal said that it was "inappropriate" for the High Court to "provide the guidance" that trans youth couldn't consent to puberty blockers, adding that "the claim for judicial review should have been dismissed" outright.

"We recognise that the guidance stemmed from the understandable concern of the Divisional Court for the welfare of children suffering from gender dysphoria who, it is common ground, are deeply distressed and highly vulnerable," the Court of Appeal judges said.

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The important difference between kids at thirteen with gender incongruity and other kids at thirteen is that we have been dealing with our incongruity and its consequences for years at that point. We have tried to find information and understanding on our own (the internet age has certainly helped) and so we know what many of the issues are long before 'regular' kids ever have to begin to be aware of them. Like a child with a drunk parent, or a single parent, they grow up faster because there is no choice. We have faced aspects of our personality and nature long before others were often aware of them...

Is it realistic to expect that the majority of thirteen-year-olds are able to realize this?

Most of us know that we would have to give up having kids of our own. We know we would have to take hormones forever. And that surgery would be painful. All by thirteen. Did I understand the animosity, the violence, the weight of society against me? Nope. But I knew what my body had to go through to get where I needed to be. And nope, not all thirteen-year-old transsex kids do. They need good advice from objective, caring parents, and the medical community. That is not happening right now.

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If there seems to be some inconsistency in my comments on the case and 'self-identification', let me try to clarify.

We spend years with doubts and uncertainty. But we are certain we are incongruent. We know what needs to happen to deal with our dysphoria. Now, we need to talk to our parents and therapists and allow them to gain some of that certainty. That will take time and patience on our part. Unfortunately, we are just reaching teenagerhood and patience is not our strong point. We cannot demand, though many of us do (at this age), that parents, therapists, community, and society accept our assertion at face value. For society to capitulate to those demands was irrational.

For decades the process was:

a) identify as gender incongruent;
b) find a therapist (psychiatrist or psychologist), hopefully with some experience in gender issues;
c) engage in a period of therapy, usually one year;
d) have the therapist recommend hormone therapy via an experienced endocrinologist;
e) begin the real-life test (RLT) – a period of time living as the identified gender;

"In our judgment, however, the court was not in a position to generalise about the capability of persons of different ages to understand what is necessary for them to be competent to consent to the administration of puberty blockers."

f) continue therapy, usually for another year;
g) get approval from the therapist, after a year or more of RLT, for surgery;
h) find and pay for a surgeon to perform reassignment surgery.

I think we need to return to some semblance of the above – with the caveat that each person is an individual and needs to be treated as such. The process could take years, it did take years.

> *For me, it took five years. When I first heard there was surgery to fix my condition, in 1971, there were maybe three surgeons in the whole world that could, and would, perform the surgery and it cost a fortune. The number of experienced gender therapists in the world could be counted on one hand.*
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> *By the time I actually started RLT, sixteen years later, there were about a dozen surgeons and more than 30 or 40 therapists worldwide. In the United States, there were five gender clinics with therapists, endocrinologists, and surgeons. Today (2023), there are more than 50 surgeons, thousands of therapists in dozens of countries.*

One of the major changes in the last decade has been the abdication of the medical community with regard to the original standards of care for treating gender incongruent people.

By the mid-2010s, the process had been streamlined. Teens are getting approval for puberty blockers and even hormones with little therapist involvement, and surgical procedures are happening as early as fifteen. Rhetoric about 'gatekeepers' is used to skip the therapy that helps protect teens from acting without careful thought and screening. Yes, people lie to get access to blockers, hormones, and surgery. It is rare, but as fewer impediments exist, the need to lie becomes less – as long as you know what to say to the medical community. And the internet is a fount of information in that regard.

I want incongruent teens to get help. But at the same time, I want to ensure that it is the appropriate type of help and that requires time for therapists to get to know and understand the teen. Parents are being pushed and often dragged into agreeing to medical intervention when they don't fully understand the consequences. Or even the etiology of their child's situation.

As time goes on, the pressure we feel to tell someone what is going on increases. We feel alone and isolated and we need someone that can relate to us, preferably as who we wish we were. But how to find and tell such a person? Obviously, the best people to tell would be our parents but that is just fraught with dangers. And what would we tell them if we managed to work up the courage?

With the above in mind, I will continue with our experiences throughout puberty because even with the above in mind, most teens still deal with the same issues as those that came in the years and decades before them.