



The Kelsey Coalition

Working to change the systems that failed our kids

Presentation to the House of Lords

First Do No Harm: The Ethics of Transgender Healthcare

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We are witnessing an unprecedented number of young people who identify as transgender or non-binary. They see themselves — and want others to see and treat them — as if they were the opposite sex, or no sex at all. Their feelings and pain are real. They should be treated with respect and compassionate care. Instead, their gender identities are being quickly affirmed by teachers and therapists — regardless of age or underlying issues — and most alarmingly, often treated by physicians with invasive, risky, and poorly researched medical interventions. Nowhere is the medicalization of young people’s identities more concerning than in the United States where children as young as eight years old receive hormonal treatments, and those as young as 13, irreversible surgeries.

School is often the first place where children begin to suspect that they may have been born into the wrong body. State-mandated curriculum sometimes requires teachers to instruct students that their sex was “assigned to them” by a doctor when they were born, but that it is up to them to decide their gender identity. Teachers have been warned not to notify parents when their children request a change of name and pronouns.

When parents try to get help for their children, they have difficulty finding a therapist and report being pressured by health care professionals to consent to risky hormonal treatments. One couple described how they took their 13-year old daughter to a prestigious university's gender clinic for an assessment. Within just a few hours, and with no consideration of mental health or medical issues, the gender clinician informed them that their daughter was transgender and they should start her on testosterone that very day.

One mother reached out to countless doctors and counselors, but found that the only ones willing to help her daughter are those who push her to medically transition. She wrote:

Our daughter, at around age 15, began to think that she was transgender. She said she likes boys, but also believes she is a boy. It is difficult to get any help -- other than from those who affirm that she should pursue medical treatment. We've talked to doctors and psychologists we know, off the record, who've expressed to us their opinion that taking hormones long term and that removing breasts and ovaries is gravely harmful to the majority of young people, but that laws keep their “hands tied.”

Our daughter is now 17 and is considering transitioning to a boy as soon as she turns 18, believing lifelong treatment of testosterone, permanent body-altering surgeries, and sterilization is the answer.

These parents have struggled for over three years as they tried to find help for their daughter. They wrote:

When our daughter expressed the desire to be male three years ago at the age 12, we allowed her to choose an androgynous name, cut her hair short, and bought new clothing because we wanted to support her during a difficult time. We thought it would be a short-lived phase. We wanted to explore where these feelings were coming from, but everyone we consulted pushed unquestioning affirmation.

She spoke with her teachers about being transgender and changing her name. They concluded she should come out to classmates to explain what being transgender is. We were not informed.

Instead of encouraging our daughter to love herself as she is, her school and therapist encouraged her to socially transition to a male, which is far more challenging for a child to reverse than anyone can comprehend.

When we told our daughter's therapist that we were not comfortable using a new masculine name, she said we were doing irreparable damage to our child.

She wears a binder to flatten her breasts all of the time. It seems to have made her more insecure about her body. We are concerned about the effects of constant binding that includes decreased lung capacity and back pain.

We constantly search for support to help our child, but we do not believe that hormone treatment and surgeries will improve her quality of life.

Looking back, we see how online influences, the school counselor, and therapist all encouraged our daughter to move away from the support and love of her family. She was being told that we didn't understand or care. Nothing could have been further from the truth.

This letter is from a mother whose concerns were dismissed, and whose daughter was harmed, by the therapist she trusted to help.

During the confusing and emotional stage of puberty, my daughter thought she was a boy. I took her to a gender therapist and was shocked to learn there was no test, no diagnosis, no criteria beyond a child's feelings during puberty to verify whether or not her self-diagnosis was accurate. When I questioned this, the therapist dismissed me as a transphobic parent.

I felt completely discriminated against and stereotyped as a typical mother who had a problem accepting a trans child. It was a horrible experience I will never forget.

Even worse is that there are no guarantees that underlying causes for the dysphoria are explored, like my daughter's deep grief from suddenly losing her father in an accident.

Instead, the therapist ushered my daughter into his youth trans support group and recommended a colleague, a doctor, who put her on puberty blockers on the first visit...and testosterone on the third visit.

Parents of young adults are also concerned. Their children are arguably even more vulnerable to unscrupulous practitioners, and can be just as susceptible to outside influences as when they were young. Many young people first declare that they are transgender soon after beginning university where hormones can easily be obtained from informed-consent clinics. Medical history and mental health assessments are not required. Hormone and surgical treatments are often covered under the university health plan. Parents are blindsided, shocked, and utterly helpless as their young adult children are quickly medicalized. These are excerpts from a few of their testimonials:

My daughter transitioned at age 18 as a college freshman. Her university directs students who identify as transgender to an informed consent clinic. At the second visit, she received a prescription for testosterone.

Soon after my 20-year old son made the shocking announcement that he was transgender, I made an appointment to see the college campus therapist. I asked her to look into other mental health issues. She said no. She wasn't required to do so.

I asked her to help my son feel comfortable in his body to avoid life-long medication and surgeries. She said she couldn't do that either — that was considered conversion therapy and that was illegal in New Jersey.

Soon after settling into her dorm room to begin her sophomore year, my daughter called to inform me she is “transgender.” She had already been taking testosterone. She subsequently gave up her dreams of a college education, severed ties with her family and within a few months was seen for a consult for a double mastectomy.

Instead of recommending therapy for my son, a young man who has not only experienced extreme grief and trauma throughout his short life, but has terminal cancer, the university clinic directed him to begin feminizing hormone treatments. Aside from whether or not my son is transgender, these hormones would certainly hasten his demise. I knew very little about the transgender issue until a few weeks ago, and what I have learned has shocked me. I have learned that there is no real research to support putting a young man like my son on hormones, that there is no consideration for his health risks, and that there's no protocol to diagnosis this, and no attention paid to the underlying issues like trauma. The doctors are treating these young people with hormones, even kids like mine with terminal cancer.

In the US, minor children may also obtain medical treatment on their own. In the state of Oregon, where the age of medical consent is only 15 years old, children may receive risky hormonal treatments — and even surgical interventions — without their parents' permission. It should be noted that money is no barrier because these medical transitions may be paid for by the government-funded Medicaid program.

This is what happened to one mother and her young daughter.

At age 14, after suffering multiple traumatic events in her young life and spending a large amount of time on the internet, my daughter announced that she was “trans.” Her personality as a sweet, loving girl changed almost overnight. At first, I thought she was just going through a phase. But the more I tried to talk sense into her, the more she dug her heels in. Around this time, I came to realize that my daughter exhibits many signs of being on the autism spectrum. I expressed my concern to mental health “professionals,” who seemed mostly interested in helping her process her new identity as male and to get me to accept the notion that my daughter is actually my son. They diagnosed her with ADHD, depression, and anxiety. I was advised that amphetamines were the best option for her. I declined.

At age 16, my daughter found a pediatric endocrinologist who taught her to inject herself with testosterone. Soon after, she ran away to Oregon. I was left with no valid options to stop her. In Oregon, at the age of 17, without my consent or even knowledge, she was able to change her name and gender in court, obtain testosterone treatment, a double mastectomy, and a radical hysterectomy.

My once beautiful daughter is now 19 years old, homeless, living in poverty, bearded, sterilized, extremely mentally ill, but not receiving any mental health services. Instead, surgeons performed another irreversible and risky procedure on my young daughter: a radial forearm phalloplasty: They removed parts of her arm to surgically construct a fake penis. My daughter tells me that she is in constant pain. The level of heartbreak and rage I am experiencing as her mother is indescribable.

This is a child whose body has been irreversibly transformed, and who will likely experience medical complications, and one day, tragic regret. In what other medical field do physicians rely on the self-diagnosis of children — particularly mentally ill children — as the basis for serious hormonal treatments and drastic surgeries? When else do healthcare professionals treat young people with life-altering medical interventions without a single long-term study to support their use?

We must stop this.