From: STREET, Celia
Sent: Wednesday, 30 November 2022 1:56 PM
To: s22
Cc: GOODCHILD, Tiali; BROWN, Karlie; s22
Subject: Gender dysphoria - response points [SEC=OFFICIAL]
Attachments: Gender dysphoria - response points.docx

Hi s22 and s22

Please find attached quick points on gender dysphoria as requested.

Thanks to the team.

Happy to discuss

Kind regards

Celia

The use of puberty blockers in Australia, with particular reference to:

a. the causes of the increase in rapid onset of gender dysphoria in children, including friendship groups, peer contagion, gender clinic staff and social media;

- An increase in onset of gender dysphoria has been observed around the world. The causes are unknown.
- While there is an increase in younger people presenting with gender dysphoria, the existence of 'rapid onset gender dysphoria' is disputed and is not a formal diagnosis.
- A public inquiry will not increase the evidence available to understand the cause of the increase.
- A better way forward would be to progress research on the long-term outcomes of the care and treatment of gender dysphoria. I have asked my Department to explore opportunities for this research to be undertaken.

b. the experiences of parents of young people who have been prescribed puberty blockers, including their experience with the medical system;

- In Australia, treatment for gender dysphoria is a matter for young people and their parents or guardians to agree and consent to, in consultation with their clinicians. If there is a disagreement about the diagnosis, treatment or capacity of the minor to provide informed consent, the family court has ruled this requires an application to the court to resolve the dispute consistent with the child's best interests.
- In Australia, specialist gender services across a number of jurisdictions provide care to young people that is based on a multidisciplinary approach that is tailored to individual circumstances and needs. Puberty blocking treatments are prescribed after a thorough multidisciplinary clinical and psychosocial assessment and a careful and well documented consent process which includes provision of information about potential benefits and side effects.

c. the experiences of young people who have been prescribed puberty blockers, including their experience with the medical system;

- See response for b.
- There are differences between the mental health and wellbeing of transgender and gender diverse people and cisgender people. Transgender people aged 14-25 are fifteen times more likely to have attempted suicide.[1] 48.1% of transgender and gender diverse people aged 14 to 25 reported they had attempted suicide in their lifetime.[2]
- Evidence suggests that trans children who have socially transitioned demonstrate rates of depression, anxiety and self-worth comparable to their cisgender peers.[3][4]

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[1] https://assets.nationbuilder.com/lgbtihealth/pages/549/attachments/original/1648014801/24.10.21_Snapshot_of_MHSP_Statistics_for_LGBTIQ__People_-_Revised.pdf?1648014801

[2] Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2017). Trans pathways: The mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute;

[3] Olson K, Durwood L, DeMeules M, McLaughlin K. Mental health of transgender children who are supported in their identities. Pediatrics. 2016;137(3):e20153223. Cited from the Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents.

[4] 4. Durwood L, McLaughlin KA, Olson KR. Mental health and self-worth in socially transitioned transgender youth. J Am Acad Child Adolesc Psychiatry. 2017;56(2):116-123 e112. Cited from the Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents.

- The number of children in Australia who later socially transition back to their gender assigned at birth is not known, but anecdotally appears to be low and no current evidence of harm in doing so exists.

d. the medical oversight of general practitioners prescribing puberty blockers;

- In Australia, decisions on clinical care are shared between clinicians, the young person and their family. Care to young people is based on a multidisciplinary approach, tailored to individual circumstances and needs.
- Puberty blocking treatments are prescribed after a thorough multidisciplinary clinical and psychosocial assessment and a careful and well documented consent process which includes provision of information about potential benefits and side effects.
- For patients under 16 years of age consideration of puberty blockers generally occurs in a tertiary setting and is considered by a multidisciplinary specialist team.
- General practitioners would typically be involved as part of the multidisciplinary team.

e. the results of longitudinal studies of young people prescribed puberty blockers;

- Research shows that puberty suppression typically relieves distress for young people experiencing gender dysphoria.
- The main concern with the use of puberty blockers is the possible impact on bone mineral density. Bone mineral density is measured at the commencement of treatment and monitored throughout treatment.
- A public inquiry will not increase the evidence available to comprehensively understand the health and wellbeing outcomes of young people prescribed puberty blockers.

f. whether the decision of the England and Wales High Court in Bell v Tavistock[2020] EWHC 3274, which held that it was highly unlikely that a child under the age of 16 could give consent to being prescribed puberty blockers, should apply in Australia;

- There are different care pathways in Australia as compared with the UK. Specialist gender services across a number of Australian jurisdictions provide care to young people based on a multidisciplinary approach, tailored to individual circumstances and needs.
- In Australia, treatment for gender dysphoria is a matter for young people and their parents or guardians to agree and consent to, in consultation with their clinicians. If there is a disagreement about the diagnosis, treatment or capacity of the minor to provide informed consent, the family court has ruled this requires an application to the court to resolve the dispute consistent with the child's best interests.

Background

- In September 2020, the National Health Service (NHS) England commissioned an independent review, led by Dr Hillary Cass, of gender identity services for children and young people.
- Dr Cass' recommendations emphasised the need to move away from the current model of a sole provider, and to establish regional services that provide holistic clinical care, better support for multidisciplinary care and which address prolonged waiting lists in the United Kingdom.
- In response, the NHS is moving to establish two Early Adopter services by mid-2023. The services will be led by specialist children's hospitals. Once established, they will assume clinical responsibility for and management of all patients at the Tavistock clinic – including those on the waiting list – as part of a managed transition.

g. whether puberty blockers are reversible as claimed;

- Puberty suppression relieves distress and is reversible in its effects.[5]

h. whether affirming gender dysphoria as a primary condition is always helpful in the absence of investigating prior trauma, mental illness and other conditions; and

- Gender dysphoria is a term used to describe the distress experienced by a person when their gender identity is different from their sex at birth.
- Care to young people is based on a multidisciplinary approach, tailored to individual circumstances and needs.
- Prior trauma, mental illness and other conditions would be considered in the clinical and psychosocial evaluation of a young person presenting with gender dysphoria.

i. any other related matters.

Details on the clinical standards in place in states and territories, especially around consent

- The Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents (Ver 1.3) have been developed and endorsed by the Australian Professional Association for Trans Health (AusPATH).
- These standards aim to maximise quality and care provision to trans and gender diverse children and adolescents across Australia. The recommendations are based on available evidence including clinical consensus and were developed in consultation with professionals from multiple disciplines working with these young people across Australia and New Zealand, as well as young people and their families.
- The Standards provide a detailed outline of the roles of each member of the multidisciplinary team, for example, mental health professionals, paediatricians, adolescent physicians or endocrinologists, GPs, nurses and bioethicists and some allied health professionals.

Arguments and evidence that demonstrate no connection to autism or other conditions

- The AusPATH Standards of Care acknowledge that Autism Spectrum Disorder (ASD) has been demonstrated to be associated with gender diversity and many children presenting to specialist gender services have co-existing ASD.
- A diagnosis of ASD will be taken into account in the therapeutic approach for young people experiencing gender dysphoria.
- Clinical guidelines for the management of co-existing ASD and gender dysphoria are available.[6]

Possible harm caused to trans kids through public inquiries

- The RACP has advised Government of a need for caution in relation to a national inquiry.
- A national inquiry would not increase the scientific evidence available regarding gender dysphoria but would further harm already vulnerable patients and their families through increased media and public attention.
- Considerations of care and treatment of medical conditions should be based on medical evidence and advice from medical and other health professionals who have specific expertise in the condition in question, as well as the affected patient population.

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6 Strang JF, Meagher H, Kenworthy L, et al. Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents. J Clin Child Adolesc Psychol. 2018;47(1):105-115