Comment On American Psychological Association 2015 Guideline 8 - Working With Gender Non-Conforming and Transgender Youth September 28, 2020

I am writing on behalf of Rethink Identity Medicine Ethics, Inc., an educational and research non-profit corporation established to promote optimal ethical care for children and youth with gender dysphoria or who are gender non-conforming.

Since 2015, there has been an exponential growth in minors presenting with gender dysphoria and a downward trend to provide irreversible medical interventions at younger and younger ages. In addition, a new unstudied adolescent cohort is now presenting and there are increasing numbers of detransitioners. Consequently, treatment approaches (along with their rationales) which merely endorse a youth's gender identity have come under ethical scrutiny and have raised wide spread concern regarding best practices for safeguarding the long term health and well being of these young people.

We believe that in light of the factors outlined below, the Guideline Rationale and Application should be revised to reemphasize the need to avoid the following:

- Premature reification of a gender identity.
- Conflation of gender non-conformity with a Transgender identity.
- Untreated co-morbid conditions.
- Unnecessary medical interventions that have significant irreversible impact on long term health.

Specifically, there have been the following medical developments:

- Children and Youth are presenting to gender clinics in unprecedented numbers (e.g., 400% increase in 5 years in the U.K.) with complex case histories.
- 2% of high school youth now identify as transgender, according to the CDC.
- The reasons for this rise and the standards of care being provided are now a public health concern and being officially reviewed in the United Kingdom and Sweden.
- 70+% of these adolescents are now females. (1/3 are on the ASD spectrum).
- A new unstudied adolescent cohort is now presenting with no prior symptoms of gender variance or dysphoria, often referred to as "Rapid Onset Gender Dysphoria." Little is understood about them or whether and to what extent this population is stable in comparison to those of children who present earlier and persist.
- Increasing numbers are detranstioning in their 20s, many of whom attest to their homophobia as a contributing factor (e.g. 16k on Reddit Forum).
- Nearly 100% of children placed on puberty blockers go onto cross sex hormones.
- Females as young as 13 are undergoing double mastectomies and are being put on cross-sex hormones as young as eight.

In addition, there have been profound cultural and environmental changes that have impacted the self perception of children and youth and the care being provided.

Changes in Social Media. With the advance of social media, young people are now well versed in the symptoms, concepts and expressions attendant to discomfort and dissatisfaction with cultural gender stereotypes. They also are readily schooled in the options of medical transitions and self identification with a Trans Identity that provides a sense of belonging to an umbrella community and a means of avoiding complex developmental issues. There are dozens of videos and forums popularizing and glamorizing a Trans Identity and medical transitioning. In this environment, a Trans Identity can be a means of rebranding a developmental distress with an identity that shields their developmental dilemmas from scrutiny and resolves their discomfort with ambiguity through the rationale of "born in the wrong body."

Changes in Schools. Many schools have adopted curricula that advance Transgender identities based on the "being born in the wrong body" axiom and the application of regressive cultural stereotypes. This rationale casts the body as a secondary feature to be readily modified and stereotypes as dictating identity which children incorporate into their self perception. This view of gender and identity is so detrimental that the Department of Education in the U.K. has expressly prohibited teachers from suggesting it their students.

> "You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear. … teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of changing…"

Changes in The Law. Many States have now adopted "Conversion Therapy Bans" applicable to gender identity. Most are broad and vague prohibiting therapies that seek to change the individual's gender identity without clarity as when and under what circumstances a therapist may respectfully question and fully explore the individual's identity formation and underlying co-morbid conditions. The result is a chilling effect on individualized developmental therapies which provide clients with full assessments and cognitive treatments to avoid unnecessary medicalization.

The Neutral Approach -

The current guidelines articulate only two treatment approaches: The first encourages affirmation and acceptance of the child's expressed gender identity and a second encourages the child to embrace their given bodies and alignment with assigned gender roles. We believe that a third neutral approach is best practice to safeguard the long term health and well being of young people.

"A [third] approach makes no direct effort to lessen gender dysphoria or gender atypical behaviors.… [This] approach is to remain neutral with respect to gender identity and

to have no therapeutic target with respect to gender identity outcome." Byne, W., Bradley, S. J., Coleman, E., Eyler, A. E., Green, R., Menvielle, E. J., American Psychiatric Association Task Force on Treatment of Gender Identity Disorder (2012). Archives of Sexual Behavior, 41, 759–796.

The goals under a truly neutral approach are: (1) "to allow the developmental trajectory of gender identity to unfold naturally without pursuing or encouraging a specific outcome;" (2) provide a full assessment and exploration of the conditions and possible comorbidities that may be causing or contributing to the Youth's self-perception and distress; and (3) avoid over diagnosis and irreversible unnecessary medical interventions that the minor is not competent to consent to and may later regret.

Adolescence is a complex adjustment to physical and emotional changes that take place during puberty. Depression, anxiety, social isolation, eating disorders, and identity confusion are commonplace at this time. Youth need help to navigate the complex issues of gender, sexual orientation, self-esteem and cultural stereotypes. Many of which are described in the APA Guidelines for treating Girls and those for treating LGB Youth. Specifically, the Guidelines for Girls acknowledge that body and gender discomfort at puberty are common place, and that misogyny, media images, sexual violence and objectification, along with internalized stereotypes play a large role in how girls perceive themselves, their self worth and their sense of belonging.
Similarly, the LGB Guidelines cite internalized misgivings, self stigmatization and homophobia as active dynamics that impact the self-perception and attitudes of person's who are same-sex attracted. Therapists treating gender variant, gender non-conforming and gender questioning children and youth should be fully versed on how these same dynamics may inform their client's attitudes and levels of distress concerning their natal sex.

In addition, the therapist should have a clear understanding and full appreciation of the distinctions between gender-nonconforming behaviors and expressions and a Transgender Identity. And be aware that, in the current environment, a Transgender Identity may serve as a means of avoidance and compensation for developmental psychological distress - where the Youth hopes to consolidate feelings and expressions into an identity that alleviates and simplifies their distress and clears a pathway of action.

For these reasons, clinicians should recognize all the external and internal factors influencing a young person's self-perception, be educated about the implications of premature reification of an identity, and have adequate tools and leeway to fully assess them which are not readily available under the Affirmation Approach. Accepting and endorsing the minor's Transgender Identity, solidifies the loci of their distress in their bodies, deters openness and curiosity as to nature of their distress and prevents exploration and possible resolution through therapeutic means. Because of the limitations of the Affirmation Approach and the medical risks at issue, many are calling for extended assessments, better safeguards and the NHS in the UK is conducting an inquiry into the identity services provided to Youth.

We believe that the Neutral Approach allows for use of assessment and treatment tools to fully support an adolescent's exploration of identity, gender non-conforming attitudes and expressions without seeking to establish or endorse such as a stable identity that warrants medical interventions. And, therefore, is the best practice when treating children and adolescents.