



END THE
UNCONTROLLED EXPERIMENTAL
USE OF PUBERTY BLOCKERS FOR
“GENDER IDENTITY”

Homosexuality is same-sex attraction.

Biological sex is real.

Sex is binary, not a spectrum.

TABLE OF CONTENTS

• Open Letter to Members of Parliament	1
• What are Puberty Blockers?	2
• Why does this concern LGB people?	2
• Australasian Psychiatry research concludes Gender-Affirming Model of Care unethical	3
• NHS England bans Puberty Blockers	3
• Scandinavia halts pediatric transition	3
• Netherlands reassess the Dutch Protocol	4
• The WPATH Files scandal	5
• References	6

END THE UNCONTROLLED EXPERIMENTAL USE OF PUBERTY BLOCKERS FOR “GENDER IDENTITY”

LGB Alliance Aotearoa New Zealand calls on the government to end our contribution to the global medical scandal of disrupting and damaging healthy children’s development into adulthood, a practice done in the name of the pseudoscientific concept known as “gender identity”.

The Ministry of Health NZ | Te Whatu Ora has previously made the ill-informed claim that “Puberty blockers are a safe and fully reversible medicine” in the context of “gender health options”, more commonly known as “gender affirming care”.

From NHS England banning puberty blockers to Australasian Psychiatry research concluding that the gender-affirming model of care is "incompatible with competent, ethical medical practice", there is no excuse to ignore the fact that the use of puberty blockers in this context lacks scientific and ethical rigour, effectively amounting to an uncontrolled experiment on masses of children & adolescents across the world, notably western nations where the concept of “gender identity” was born and proliferates.

While any child is at-risk from falling prey to this promoted ideology that views atypical behaviour of ones’ sex as a possible marker of being “born in the wrong body” (an impossibility as we are our bodies), we note that children and adolescents with Autism Spectrum Disorder (ASD) and emerging same-sex attraction (LGB) are over-represented as patients of “gender affirming care”.

Autistic children don’t need to be chemically “fixed” and gay teens aren’t sick. Every child should have the right to reach adulthood free from iatrogenic harm.

We urge the New Zealand government and all political parties to take this issue seriously and prevent further harm to young New Zealanders by ending this uncontrolled experiment.



WHAT ARE PUBERTY BLOCKERS?

Puberty blockers, known in the medical field as gonadotropin-releasing hormone agonists (GnRHa), are powerful drugs used in rare circumstances to treat central precocious puberty, a condition where puberty begins earlier in children. They are also used to treat cancers such as prostate and breast cancer, endometriosis, and to chemically castrate sex offenders (1).

The World Health Organisation makes it clear that adolescence is a “unique stage of human development and an important time for laying the foundations of good health” (2).

WHY DOES THIS CONCERN LGB PEOPLE?

It is well-established that there is strong association between persistent gender non-conforming behaviour in childhood and latent homosexual or bisexual orientation outcomes. Prior to the “gender-affirming” model of care, which has been promoted and enforced in the last decade, the “watchful waiting” model of care was in place. This pathway showed that most adolescents outgrew their dysphoria, accepted their sex, with the majority being same-sex attracted adults (3).

For example, in one study of boys during the “watchful waiting” period, 87.8% resolved their dysphoria with 63.6% having biphilic/androphilic outcomes (bisexual/homosexual orientation) (4).

Another study, in the UK, showed that of the girls presenting with gender dysphoria, 66% were lesbian, 21% were bisexual, with just 8.5% heterosexual (5).

It is with these facts in mind that we express our concern at what we see as the medicalisation of gender non-conformity which often amounts to a new conversion practice, that of “transing away the gay”. This is a direct result of prioritising unquestioning “gender-affirming” model of care rather than the “watchful waiting” approach.

AUSTRALASIAN PSYCHIATRY RESEARCH CONCLUDES GENDER-AFFIRMING MODEL OF CARE UNETHICAL

An examination of the compatibility of gender-affirming care with the principles and practices of psychiatry has concluded that “gender affirming guidelines forbid the application of the core psychiatric competencies of phenomenology and psychopathology to the assessment of gender diversity. They substitute the political goal of expanding personal liberty for the evidence-based medicine processes of clinical reasoning, rendering them incompatible with competent, ethical medical practice.” (6).

NHS ENGLAND BANS PRESCRIBING PUBERTY BLOCKERS

On 12 March 2024 NHS England, following public consultation on the issue and an interim policy, confirmed that puberty blockers will no longer be prescribed to children as part of “gender affirming care”. They will have limited use in clinical trials only. UK government have said that it welcomed the “landmark decision”, adding it would help ensure care is based on evidence and is in the “best interests of the child” (7). Following on from this, there are now calls to extend this ban to the private health sector as well (8) (9).

SCANDINAVIA HALTS PEDIATRIC TRANSITION

In Finland, updated guidelines prioritise psychosocial support, addressing comorbid psychiatric conditions, and psychotherapy. Of particular concern, they note that “Clinical experience reveals that autistic spectrum disorders (ASD) are overrepresented among adolescents suffering from gender dysphoria; even if such adolescents are presenting with gender dysphoria, rehabilitative interventions for ASD must be properly addressed” (10).

In Sweden, the National Board of Health and Welfare now recommends restraint when it comes to hormone treatment for young people under 18 with gender dysphoria (11).

In Norway, the National Commission of Inquiry for the Health and Care Services recommends that puberty blockers and hormonal and surgical gender confirmation treatment for children and young people be defined as experimental (12).

NETHERLANDS REASSESS THE DUTCH PROTOCOL

The "Dutch Protocol" refers to the use of Gonadotropin-Releasing Hormone agonists (GnRHa) to suppress puberty in so-called "juvenile transsexuals". This was developed in the 1990's by three clinicians at Utrecht and Amsterdam. The practice quickly became the standard locally, then exported internationally, when treating children with a diagnosis of gender dysphoria (13).

However, in 2023 a growing debate in the Netherlands' medical, legal, and cultural contexts regarding the practice of youth gender transitions took place. The Society for Evidence Based Gender Medicine (SEGM) summarises the following key points of this debate (14):

- The highly medicalised approach for youth presenting with gender dysphoria has come under scrutiny in the Netherlands.
- The debate in the Netherlands is important for the rest of the Western world.
- A growing number of Dutch and international experts are concerned that the potential adverse effects of puberty blockers — a treatment that is central to the Dutch Protocol — have not been adequately researched.
- The Dutch critics have noted that the 2018 Dutch Protocol deviated from the original protocol in a number of important ways without providing any scientific justification for the changes.
- Several Dutch legal and ethics experts have opined that the current Dutch treatment guidelines are not "standard of care" in medical-legal context.
- The Dutch critics of the current practice are calling for re-evaluation of the practice of youth gender transitions.

THE WPATH FILES

On 4 March 2024 Environmental Progress published a damning report written by Mia Hughes containing leaked files from the World Professional Association for Transgender Health (WPATH) revealing widespread medical malpractice. WPATH is considered the world leaders in “transgender healthcare”.

Mia Hughes’ analysis of the state of WPATH is summarised by the following the key points (15)(16):

- **WPATH has misled the public.** They know that children do not understand the effects of hormone therapy and they know that children cannot consent to iatrogenic harm
- **WPATH is not a medical group.** They’ve abandoned the Hippocratic Oath as their practices include improvising and experimenting, trivialising detransitioner stories of harm, and permanently medicalising transient identities.
- **WPATH has no respect for medical ethics.** They employ abusive tactics such as claiming “Transition-or-Suicide” which is not based on evidence. Additionally, the improvisational and experimental nature of their practice means patients and their parents cannot be fully informed.
- **Parallel’s of past pseudoscientific hormonal and surgical experiments** on children and vulnerable adults are also examined.

We urge you to take the time to read the full report here:

[The WPATH Files: Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults. By Mia Hughes.](#)

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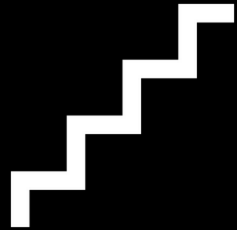
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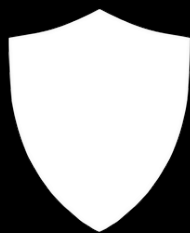


LGB RIGHTS

We work to advance the rights & diverse interests of lesbians, gay men, and bisexual women and men

FREEDOM OF EXPRESSION

We promote respectful freedom of expression on lesbian, gay, & bisexual issues



SAFEGUARDING

We advocate strong safeguarding practices to protect children & vulnerable people from harmful, unscientific ideologies

LESBIAN VISIBILITY

We highlight the dual discrimination faced by lesbians

