AOTEAROA
LGB ALLIANCE
NEW ZEALAND

"Lesbians, gay men, and bisexuals living free from discrimination or disadvantage based on their sexual orientation."

LETTER SENT TO MEMBERS OF PARLIAMENT 11/08/2022
INTERNATIONAL DEVELOPMENTS REGARDING PUBERTY BLOCKERS & GENDER AFFIRMATION

LGB Alliance Aotearoa New Zealand wishes to express our concern over the use of puberty blockers being prescribed as a treatment for "gender" issues for children and youth under the age of 18.

Recently, the FDA has issued a label warning to be added regarding the risk of puberty blockers.

"The Food and Drug Administration (FDA) has added a warning about the risk of pseudotumor cerebri (idiopathic intracranial hypertension) to the labeling for gonadotropin releasing hormone (GnRH) agonists that are approved for the treatment of central precocious puberty in pediatric patients. These products include Lupron Depot-Ped (leuprolide acetate), Fensolvi (leuprolide acetate), Synarel (nafarelin), Supprelin LA (histrelin) and Triptodur (triptorelin). The new warning includes recommendations to monitor patients taking GnRH agonists for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred or loss of vision, diplopia, pain behind the eye or pain with eye movement, tinnitus, dizziness and nausea."
American Academy of Pediatrics July 1, 2022

The world's largest pediatric gender clinic, the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust in the UK, is being shut down due to fears over patient safety. This announcement follows serious concerns regarding patient safety in recent years with regards to the gender affirmation model of care, including concerns raised by whistleblowers, patients and their parents, clinicians, and the UK Health Secretary.

The closure of GIDS by NHS England followed recommendations issued by Dr Hillary Cass who is chair of an Independent Review of GIDS commissioned by the NHS. Dr Cass has deemed the gender affirmation model at GIDS as "not a safe or viable long-term option". Given the particular uncertainties regarding long-term outcomes of medical intervention, and the broader knowledge gaps in this area, there is an imperative to build research capacity into the national network. This research capacity is needed to provide ongoing appraisal of new literature and rapid translation into clinical practice, to continue to identify areas of practice where further research is needed, and to develop a research portfolio that will inform policy on assessment, support and clinical care of children with gender dysphoria, from presentation through to appropriate social, psychological and medical management.

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"A further concern is that adolescent sex hormone surges may trigger the opening of a critical period for experience-dependent rewiring of neural circuits underlying executive function6 (i.e., maturation of the part of the brain concerned with planning, decision making and judgement). If this is the case, brain maturation may be temporarily or permanently disrupted by puberty blockers, which could have significant impact on the ability to make complex risk-laden decisions, as well as possible longer-term neuropsychological consequences. To date, there has been very limited research on the short-, medium- or longer-term impact of puberty blockers on neurocognitive development.

In light of these critically important unanswered questions, I would suggest that consideration is given to the rapid establishment of the necessary research infrastructure to prospectively enrol young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood, with a more immediate focus on the questions regarding puberty blockers. The appropriate research questions and protocols will need to be developed with input from a panel of academics, clinicians, service users and ethicists. Without an established research strategy and infrastructure, the outstanding questions will remain unanswered and the evidence gap will continue to be filled with polarised opinion and conjecture, which does little to help the children and young people, and their families and carers, who need support and information on which to make decisions."
Dr Hillary Cass – Independent Review of Gender Identity Services for Children and Young People

Dr Cass found that GIDS had been captured by Rainbow agenda-driven political lobby groups to the point where vulnerable children and youths were being forced into affirmation and medical treatment which included puberty blockers, cross sex-hormones and surgery, rather than an approach based on unbiased counselling.

A Dutch paper (1) notes that, for gender dysphoric children the more likely psychosexual outcome in adulthood is a homosexual orientation without gender dysphoria (i.e. transing the gay away). Evidence (2) suggests that many boys whose childhood gender dysphoria recedes with puberty will grow up to be bisexual or homosexual. Another study of males (3) indicates that bisexual/homosexual is far greater than base rates in the general male population, with 63.6% of boys with gender identity disorder being same-sex attracted. This suggests that a non-heterosexual orientation is particularly likely among gender dysphoric boys. One study (4) of detransitioners found that a large proportion of them believed, in hindsight, that they were suffering internalised homophobia. In a 20-year follow-up (5) of children, it was found that adult homosexuality was 8-15 times higher for participants with a gender variance.

1 Wallien, M.S. & Cohen-Kettenis P.T. (2008) Psychological Outcome of Gender Dysphoric Children. J Am Acad Child Adolesc Psychiatry 47 (12):1413-23
2 Kattiala-Heino, R., Bergman, H., Tyolajarvi, M., & Frisen, L., (2018) Gender Dysphoria in Adolescent: Current Perspectives. Adolescent Health, Medicine & Therapeutics 9, 31-41.
3 Singh, D. (2012). A follow-up study of boys with gender identity disorder. Doctoral thesis, University of Toronto.
4 Littman, L., (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. Arch Sex Behav.
5 Steensma, T.D., van der Ende, J., Verhuist, F.C. & Cohen-Kettenis, P.T. (2013). Gender Variance in Childhood and Sexual Orientation in Adulthood: A Prospective Study. J Sex Med (11): 2723-2733.

Comments by clinicians at GIDS have been recorded saying "soon, there will be no gay children left" due to the excessive number of young people treated who would probably grow up to be LGB. We regard this as anti-homosexual conversion therapy by medical intervention. We are extremely concerned this has happened in the UK and would like confirmation that the same, or similar, is not happening here in New Zealand.

We request the following information for, and conformation of, that:

- the Ministry of Health guidelines in this respect be updated to warn of the risks of Lupron and other puberty blockers
- gender clinics in New Zealand be carefully investigated to ensure children are not being rushed into medicalisation prior to receiving in-depth, appropriate counselling
- records kept by New Zealand gender clinics are regularly audited

LGB Alliance Aotearoa New Zealand