Rua Da Boavista,

Guimarães,

Portugal

18th December 2019

Dear Mr Madrigal-Borloz

I am writing in response to your call for input on your ‘Report for so-called conversion therapy’. I recognise that your invitation was to 'states' and to organisations and that your request was to address the specific questions you presented. Unfortunately, I'm not aware of an organisation that is established enough to submit responses to those questions that represent the position outlined below but I do believe that there are many individuals who would agree with what I set below and I would like to ask you to consider my response on this basis.

I am a UK trained Clinical Psychologist who previously worked at the Tavistock & Portman NHS Gender Identity Development services (for children and adolescents) in Leeds, England. I resigned from my post partly because I believed that the gender identity assessments for children and young people were not thorough enough nor based on sufficiently robust evidence given the profundity and irreversibility of the medical interventions that children and young people were seeking that may lead to compromised fertility and compromised capacity for sexual function.

I was also very concerned that many of the young people who wished to transition had not had sufficient time nor received sufficient, compassionate support to accept their homosexual orientation, indeed there were young people wishing to transition who had experienced homophobic bullying or had parents who held homophobic beliefs.

I am deeply alarmed that there are gender clinicians and activists who are seeking to restrict gender identity assessments even further under the guise of ‘conversion therapy’ and even claiming that psychological assessment prior to the medical pathway is ‘dehumanising’. I believe that Clinical Psychologists and other professionals working with children and adolescents are already deeply anxious of being accused of transphobia if they question a child or adolescents transgender identification. I believe that further restrictions will only serve to make clinicians and professionals more anxious which would not be in the best interest of children and adolescents.

Definitions of conversion therapy in relation to gender identity and Zucker et al as purported example

Wright, Candy and King (2018) state that “conversion therapy for TGD people is a general term to describe treatments that aim to suppress or divert affirmed gender; in short to make the person cisgender, that is, no longer TGD.” (Wright et al. define TGD as ‘transgender and gender diverse’).

Their definition is notably more concrete and uses different terminology to the definition given in The Memorandum of Understanding (Keogh et al. 2016): “’conversion therapy’ is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual’s expression of sexual orientation or gender identity on that basis.”

Wright et al. state that Zucker, Wood, Singh & Bradley’s (2012) paper met their inclusion criteria as a ‘case study of conversion therapy’ in their Systematic Review of Conversion Therapies. In my opinion Zucker et al. (2012) is a comprehensive description of the developmental, biopsychosocial model that underpinned their work with Gender Dysphoric children at Center for Addictions and Mental Health in Toronto, Canada in 2008. Dr Zucker is a Clinical Psychologist who had led the service for decades and has published extensively on Gender Dysphoria. In 2014 there was a public petition against Zucker that stated that “Part of his dehumanizing practices include teaching transgender children to be "more content with their biological gender." Zucker was fired in 2015 but has since received an apology from CAMH as well as a large financial settlement.

I think that Wright et al.’s claim that Zucker et al. (2012) were practicing conversion therapy should be scrutinised. I can’t imagine that most UK Clinical Psychologists would agree with Wright et al. and that, instead, they would be satisfied that Zucker et al.’s summary of the 26 children (aged 3 years old to 10 years old) that attended their Gender Identity Service in 2008 shows that they were undertaking thorough psychological assessments, working systemically and providing individual psychological formulations and treatment plans to enable families to understand their child’s gender dysphoria and support them without incurring the potential risks to physical health and mental health posed by GnRHas/’puberty blockers’ and Cross Sex Hormones.

What alternative approach do Wright et al. propose for the gender dysphoric 3 to 10 year olds who attended Zucker’s clinic? I would like to see the authors describe an alternative assessment and treatment model for pre-pubescents that is also underpinned by developmental psychology with the same level of transparency and rigour as Zucker et al.

Wright et al. also state, “little consideration has been made of the concept that denying access may constitute a form of conversion therapy, obliging those who meet the criteria for a gender dysphoria diagnosis to continue physically in their natal sex.” It would be helpful if the authors could confirm whether they are referring to puberty blockers here. Are they saying that ‘denying’ puberty blockers to a child is a form of conversion therapy? It is a grave omission of Wright et al. to not present the potential long term implications of puberty blockers which include compromised fertility and compromised sexual function.

I believe that it is a great loss to all children with gender dysphoria and all professionals who seek to understand them that Ken Zucker’s clinic was closed down. I see nothing ‘dehumanizing’ in the 2012 account of the approach they were taking in 2008. I see an approach that considers the child and their family holistically and compassionately and is grounded in psychological theories and the (limited) evidence base. I think it is a great shame that Zucker’s work is being described in this way as I do not believe the practice described constitutes conversion therapy and I believe that there should be an opportunity to present a different opinion.

Controversies

As I’m sure you’re aware the subject of paediatric gender transition is highly contentious and that there are particular activists and lobbyists who are calling for the removal of ‘gatekeeping’ for medical interventions such as GnRHas/’puberty blockers’ to children and cross sex hormones to adolescents (Ashley, 2018) even though this practice has never been subject to randomised controlled trial.

You might also be aware that Brown University researcher, Dr Lisa Littman, recently published on the subject of ‘Rapid Onset Gender Dysphoria’ (ROGD) a concept that fits with many parents observations of their children’s wish to change gender. Since her study was published Littman has been subjected to intense and sustained criticism from transgender activists who dismiss her work as ‘junk science’ (Jontry, 2018) and at the 2019 USPATH conference the USPATH Board Member Dr Maddie Deutsch also referred to Dr Littman’s work as ‘junk science’. I consider this unprofessional behaviour that serves to discourage others from investigating whether ‘ROGD’ is a valid way of conceptualising the steep increase of referrals of teenage females to gender clinics across Northern Europe and North America.

Detransitioners

For decades there have been reports of adults who realised that their medical transition was a mistake and have sought to reverse it (Bindel, 2007) and more recently there have been increasing reports on ‘detransitioners’ across the lifespan (Cohen & Barnes, 2019) .

We are seeing collectives of detransitioners emerging such as ‘Detrans Advocacy Network’ (<https://twitter.com/DetransAdNet>) who recently launched their organisation with an event in Manchester featuring a panel of young, detransitioned women. Although the sound quality is poor I hope that you will persevere with this important document and that you will observe that the young women who have been harmed by the ‘affirmative model of gender identity’ and who should not have been put on the medical pathway by their gender clinicians are all lesbians, some of whom underwent both mastectomy and hysterectomy before realising that medical transition was a mistake. If you wish to make sense of why young lesbians might be at greater risk of being harmed by the ‘affirmative model’ I cannot recommend highly enough ‘Internalised Homophobia is More Powerful than you Know’ (2019) by GNC Centric and Thomasin.

I also urge you to read the posts on ‘detrans reddit’ (<https://www.reddit.com/r/detrans/> ) an online community support space for detransitioners which will provide you with an insight into the enormous challenges combined with lack of resources and lack of support that detransitioned people face.

<https://www.gccan.org/> is the website for a new organisation led by transgender and detransitioned people in the USA to strive for better understanding of gender dysphoria and better access to high quality, evidence based treatments.

<https://rxisk.org/transgender-meds-a-call-for-reports/> the organisation Rxisk is currently calling for reports on adverse side effects from GnRHas and Cross Sex Hormones.

Autism and Gender Dysphoria

It has also been acknowledged that a significant proportion of adolescent females presenting at gender clinics in North America and Northern Europe either have a diagnosis of Autism or have traits associated with Autism. The association between Autism and Gender Dysphoria has not been rigorously investigated and I fear further restrictions on research and clinical practice under the guise of ‘conversion therapy’ will make it even harder for researchers and clinicians to understand this and attune their clinical practice to their particular needs.

Conclusion

I hope I have been able to convey the intensity of my alarm that ‘gender affirming’ clinicians, trans activists, and trans scholars are applying pressure to have restrictions on ‘conversion therapy’ tightened at the same time that we are in the situation of a huge demand on gender clinics across Northern Europe and North America, particularly from adolescent females, without any real understanding of what is driving this increased demand. We are also seeing an emergence of people across the lifespan speaking up, sometimes after decades of silence, sometimes very soon after medical interventions, about how their gender transition was a mistake and that they now accept their biological sex.

We have much to learn about gender identity, and in particular we need to be able to understand the novel cohort of females with adolescent onset gender dysphoria. I hope that you will enable clinicians and researchers as well as those children and adults with gender dysphoria to have access to the most thorough understanding of their distress and high quality interventions that have a robust evidence base.

We are beginning to see emerging confidence and new perspectives on gender dysphoria and I think it would be terrible for this to be set back. I highly recommend the documentary ‘Trans-Actions’ made by UK trained psychotherapist Silke Steindinger that I believe shows the importance of inviting complexity of thinking on the needs of people with gender dysphoria.

Yours Sincerely,

Dr Kirsty Entwistle, DClinPsy

UK HCPC registered Practitioner Psychologist

Ordem dos Psicologos Portugueses registered Psychologist

**References**

Ashley, F. Gatekeeping hormone replacement therapy for transgender patients is dehumanisingJournal of Medical Ethics 2019;45:480-482.

Barnes, H. & Cohen, D. (2019) ‘How do I go back to the Debbie I was?’ BBC News <https://www.bbc.co.uk/news/health-50548473>

Bindel, J. (2007) ‘Mistaken Identity’. The Guardian UK newspaper. <https://www.theguardian.com/lifeandstyle/2007/may/23/healthandwellbeing.health>

GNC Centric & Thomasin (2019) ‘Internalised Homophobia is More Powerful Than you Know’ <https://www.youtube.com/watch?v=k6Xe2P9c5x0&t=1705s>

Herbert, J. (2016) ‘Prejudice, not science, wins the day in Toronto’ <https://www.psychologytoday.com/gb/blog/hormones-and-the-brain/201602/prejudice-not-science-wins-the-day-in-toronto>

Jontry, B. (2018) ‘WPATH and The Advocate aim to suppress new research on adolescent gender dysphoria’ <https://4thwavenow.com/2018/02/25/wpath-the-advocate-aim-to-suppress-new-research-on-adolescent-gender-dysphoria/>

Keogh, B., Calderwood, C., Ruddle, A., Newell, R., Hawkins, A., Lousada, J., & Weisz, J. (2016). Memorandum of understanding on conversion therapy in the UK.

Make More Noise (2019) ‘The Elephant in the Room: Detransition. The Elephant in the Room. Medical Ethics in the Age of Gender Identity. <https://www.youtube.com/watch?v=stBt7_NTT3o>

Steindinger, Silke (2018) ‘Trans-Actions: An Exploration of Gender Dysphoria’ <https://www.youtube.com/watch?v=5W2lumyt1ac&t=6s>

Wright, T., Candy, B. & King, M. Conversion therapies and access to transition related healthcare in transgender people: a narrative systematic review. BMJ Open 2018;8:e022425. doi:10.1136/ bmjopen-2018-022425

Zucker, K., Wood, H., Singh.D & Bradley, S. (2012) A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder, Journal of Homosexuality, 59:3, 369-397, DOI: 10.1080/00918369.2012.653309

**Dr Kirsty Entwistle DClinPsy**

Clinical Psychologist in Independent Practice

UK Health Care Professions Council registered Practitioner Psychologist

Ordem dos Psicologos Portugueses registered Psychologist

Location: Guimaraes, Portugal

Not available on Tuesdays

Sent with [ProtonMail](https://protonmail.com) Secure Email.