



GENID

Gender Identity Challenge

- Skandinavia

Intern utbildningsdag Kvinnolobbyn/Unizon 2018-12-06

Vilka är GENID?

- Nordiskt nätverk av anhöriga som ser ett allvarligt problem med nuvarande behandling av plötsligt uppkommen könsdysfori.
- Oroliga för att den stora och snabba ökningen av unga personer med könsdysfori inte bemöts med större försiktighet, utan att de alltför snabbt erbjuds irreversibel medicinsk och kirurgisk behandling.
- Vänder oss mot den ensidigt positiva bilden av könsbyte som ges av expertis och media.
- Vårt huvudmål: Att få en säker och effektiv vård för de som lider av könsdysfori. Att inga irreversibla ingrepp ska göras innan 25 års ålder.

Våra historier

Trans teenagers have become an experiment

An academic has risked her career by highlighting troubling parallels with false memory syndrome of the 1990s



Janice Turner
@VICTORIAPECKHAM

they won't have any fertility to preserve. Their gametes can't mature enough to bank. Indeed if your natal puberty is blocked you may never orgasm or feel sexual desire. Imagine the outcry if, say, disabled children were effectively neutered at 11. But where is the ethical debate and long-term research into how Lupron — a prostate cancer drug used 'off

of trans cases in many high schools? She questioned 250 parents whose teenagers (83 per cent girls) had shown no signs of gender dysphoria as children. The vast majority (63 per cent) had pre-existing mental health problems including serious psychiatric disorders; half self-harmed; half had suffered a traumatic event such as death of a parent/sibling, family

the context of gender dysphoria," she notes, "this greatly complicates evaluation and treatment."

Online trans activists, she notes, encourage young people to interpret their vaguest dissatisfactions as signs they are trans. Do you feel an outsider? Are you awkward in your body? One parent wrote: "I believe my child experienced what many kids feel on the cusp of puberty — discomfortableness." But the online world insisted she was in the wrong body. Such forums advised young people to edit their childhoods to persuade clinicians they had always felt trans to gain treatment. One girl who went through early puberty felt fat because she'd grown breasts when she discovered that hating your breasts is a sign of being transgender she edited the text of her diary.

There are strong comparisons here, says Dr Littman, with "false memory syndrome", a now-debunked theory among 1990s psychotherapists that ordinary problems, like struggling to form relationships, meant a person was repressing childhood abuse. In the course of therapy these wholly imaginary incidents were "recovered". In publishing this report, Dr

support gay marriage and trans rights.) They will claim these kids are just realising their true trans identity, although the vast majority were reportedly less happy and stable after they "came out". They will do anything but admit that what Dr Littman has termed "rapid onset gender dysphoria" among girls is a social contagion, because this undermines their key ideological principle, that gender is not constructed but innate.

The trans movement is mainly led by trans women, who never experienced the maelstrom of female puberty, its intense but fleeting certainties. Some transitioned late after fathering children. What do they care about the fertility of troubled girls? Meanwhile LGBT groups such as Stonewall lobby to expedite hormones and surgery, rather than urge diagnostic caution. The vast majority of these cases involve lesbians, whose same-sex attractions are seldom clarified until late teens. By then they will be compelled towards blockers, testosterone and double mastectomies, with ovaries, as one endocrinologist put it, like "shrivelled

Aftenposten

A-magasinet Osloby Sport Meninger

Vintersalg Meny

Vi har fått en eksplosiv økning i antall tenåringsjenter som ønsker å skifte kjønn. Tar du ansvaret, Bent Høie? | Anne Wæhre og Kim Alexander Tønseth

Behandlingsivrige sexologer spanderer hårvest og mørk stjerne nasjonens døtre.

Anne Wæhre

Leder ved Nasjonal behandlingstjeneste for transeksualisme (NBTS), barn og unge, Barne- og ungdomsklinikken, Oslo Universitetssykehus, Rikshospitalet.

Kim Alexander Tønseth

Leder for NBTS og sjef for Klinikk for hode, hals og rekonstruktiv kirurgi, Oslo universitetssykehus, Rikshospitalet

Svært mange av pasientene som søker seg til Nasjonal behandlingstjeneste for transeksualisme (NBTS) har i dag startet behandling utenfor den nasjonale tjenesten. Ivrigt private behandlere står i kø for å gi mannlige

From a leading psychotherapist, a trenchant personal view...

In 20 years we will look back on the rush to change our children's sex as one of the darkest chapters in medicine

By **BOB WITHERS**
PSYCHOTHERAPIST WITH A SPECIAL INTEREST IN GENDER ISSUES

ET me be absolutely clear: I am in no doubt that people who while having the body of the other... Living with such constant internal conflict is hell for many of those affected, and it should never be ignored. No one should seek to suppress another person's genuinely held sexual orientation or gender identity. But the question we must ask ourselves today is this — how do we decide whose needs are treated first?

I have been a psychotherapist for more than 20 years and, in that time, I have worked with a small but significant number of patients who wished to change gender. For everyone's sake, I believe that surgery — which is irreversible — should only ever be a last resort. We should always begin by working to help the mind fit better with the body before we start altering the body to fit the mind.

Yet in today's NHS, professionals are enabling hundreds — possibly thousands — of teenagers to have major surgery to change their gender. It is being done, almost unthinkingly, at the name of transgender

Therapists not asking patients probing questions is a cowardly dereliction of our duty

rights. But in 20 years' time, I believe we will look back on this as one of the darkest periods in the history of modern medicine. We will question why we failed to challenge their belief that they were born in the 'wrong' bodies. We will ask why we so readily ignored the changing alarm bells that many were autistic or had mental health problems. What we are faced with today is extremely worrying. While 17 children are transitioning in our secondary school, be in no doubt — it is almost certainly being repeated in other schools. What is happening is that we are bringing up a generation of children who have quite complex mental health issues. Identifying as trans can feel like a way to explain that suffering, rather than understanding where it might be coming from — feeling lonely or isolated, being bullied, having an autistic spectrum disorder or struggling with any number of issues from necessity to abuse to self-harm — we are allowing them to change sex.

As a lay and disengaged audience, we which NHS professionals, teachers, politicians and the law are all too eager to embrace to signal their progressive views. In 2015, I published a prize-winning but controversial paper questioning whether therapy could replace some patients' perceived need for surgery?

Responsibly, I believe that as a society we should celebrate gender variance. Some of my patients have been able to live creatively with the research between their mind and body. Where that isn't possible —



By **BOB WITHERS**
PSYCHOTHERAPIST WITH A SPECIAL INTEREST IN GENDER ISSUES

and where a patient is obviously suffering — we should always do something about it. Yet the debate on this issue has been hijacked by transgender activists who label as 'transphobic' anyone who dares to challenge their dogma. This blind adherence to ideology has led to dangerous consequences. In my field, for example many psychotherapists are now afraid to properly question a patient who identifies as trans, afraid to explore their past, ask questions of their sexuality, or look into their mental health. They won't go there, for fear of being struck off. One major problem in today's hurried reality is that, if you don't affirm a patient's claims to be transgender, you can run the risk of being accused of practicing 'conversion therapy' — we should always do something about it. Yet the debate on this issue has been hijacked by transgender activists who label as 'transphobic' anyone who dares to challenge their dogma. This blind adherence to ideology has led to dangerous consequences. In my field, for example many psychotherapists are now afraid to properly question a patient who identifies as trans, afraid to explore their past, ask questions of their sexuality, or look into their mental health. They won't go there, for fear of being struck off. One major problem in today's hurried reality is that, if you don't affirm a patient's claims to be transgender, you can run the risk of being accused of practicing 'conversion therapy' — we should always do something about it.

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On... path... lea... sex... it's v... to,

transgender i... perhaps for li... serve as a... some... The NHS routinely handles them out... Beauty how many make the full... One, which followed men who... The attraction of popularity... anyone not practicing 'conversion...

THE SUNDAY TIMES NEWS NEWS

Activists and vloggers are in the spotlight as one school says 40 pupils 'do not identify as their birth gender'

Andrew Gilligan

At Dorothy Stringer School in Brighton, the wind of gender change is blowing hard. Hailed by Tatler magazine as the coolest state secondary in town, with a "liberal vibe" to fit its progressive catchment area, Dorothy Stringer is at the forefront of something very cool indeed.

According to the school's "equality information report" this spring, no fewer than 40 pupils — children aged between 11 and 16 — "do not identify as [the] gender presented at birth". A further 36 are gender-fluid, not identifying with their birth gender "all the time".

The head teacher, Richard Bradford, said the figures, the highest yet revealed in any school in the country, were from a survey of his students by the local council. The number of "openly trans children" who had "approached us with their families to say that they are transgender [was] much lower", he said. Even allowing for a certain number of teenagers messing around with the survey-takers, something important is hap-



Dorothy Stringer School in Brighton

service for those seeking to change their gender has risen by 700%.

When they turn 16 or 18, some will make life-changing alterations to their bodies, cutting off breasts or taking hormones such as testosterone that affect their fertility. What are the long-term effects? Will they regret it? No one knows, because the change has been so fast. "In no other field with such effects has treatment got so far ahead of research," said Michele Moore of the Patient Safety Academy at the University of Oxford.

To trans activist groups that focus on young people, such as Mermaids and Gendered Intelligence, this is a flowering of public awareness and acceptance that has lifted people's fear of revealing their innate

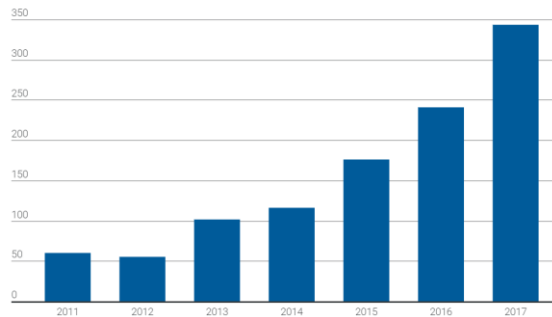
middle-aged people seeking transition?" said Jane Galloway, a parent and women's rights campaigner. Over the same five-year period there has been a rise in the number of adults referred for gender treatment of 240% — big, but lower than for children.

Part of the explanation, say some professionals, is the activist groups themselves. Helped by funding from the public sector, the national lottery and the BBC's Children in Need, they have undergone their own transition, from marginalised outsiders to darlings of the Establishment, fixtures of official panels and glossy diversity awards ceremonies. "They are not just supporting transition, they are promoting it," said Moore. "They

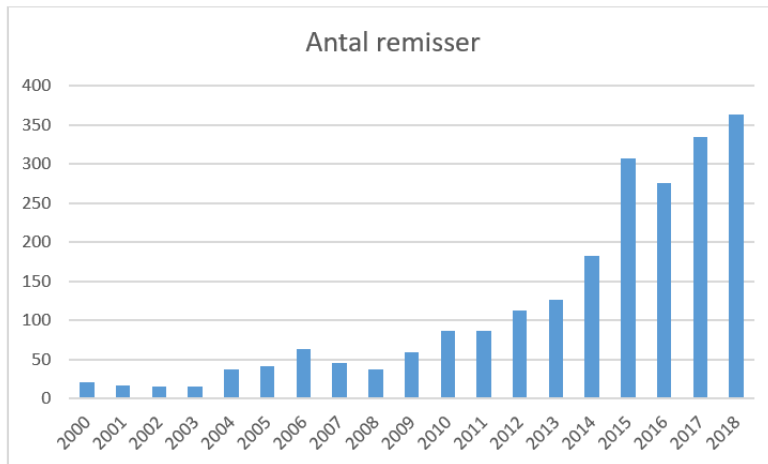
Remisser till könsidentitetskliniker ökar i hela västvärlden

Varför?

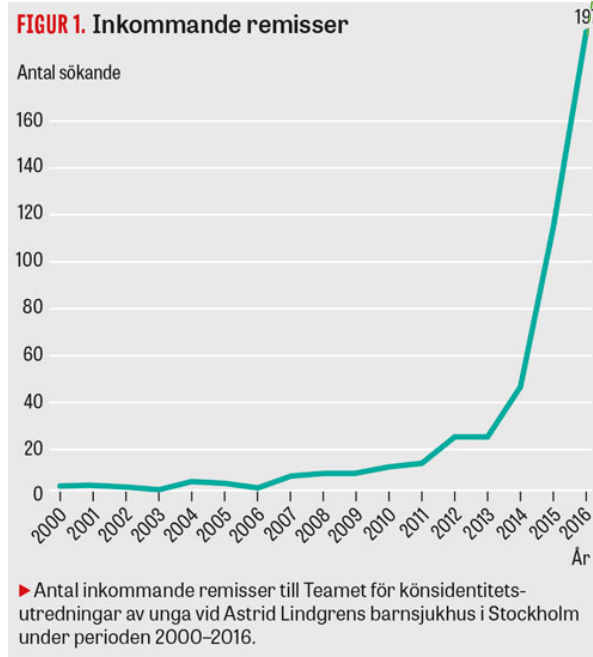
2018: ca 1 remiss/dag
ca 40 x fler remisser



Lundströmmottagningen

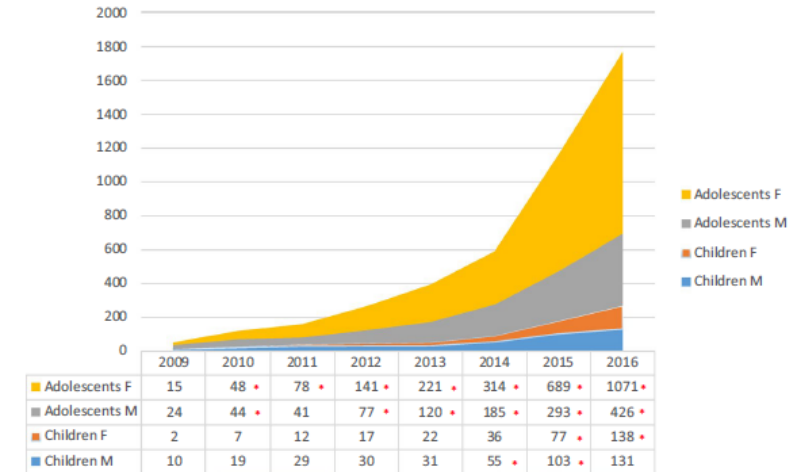


ANOVA - Stockholm



Antal inkommande remisser till Teamet för könsidentitetsutredningar av unga vid Astrid Lindgrens barnsjukhus i Stockholm under perioden 2000–2016.

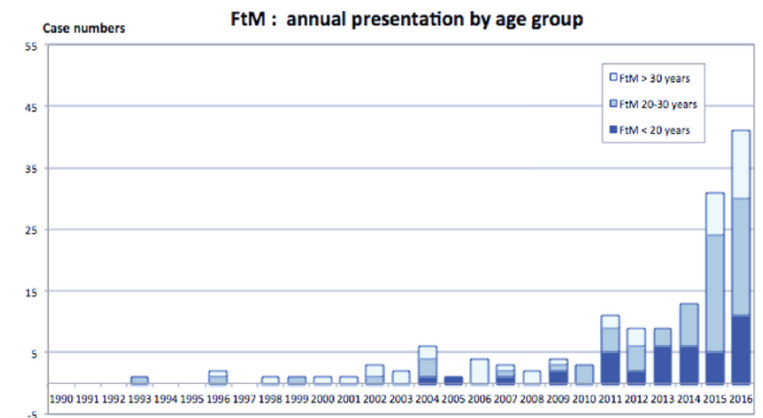
KID - Stockholm



AFAB = assigned female at birth; AMAB = assigned male at birth

* Indicates $p < .05$ which shows a significant increase of referrals compared to the previous year

GIDS, UK



Wellington, NZ



ROGD - Rapid Onset Gender Dysphoria

nytt fenomen (Littman, 2018)


Beskrivs av amerikansk terapeuten Sasha Ayad som:

- *tonårig eller ung vuxen kvinna vars sociala kontakter utanför familjen glorifierar transfenomenet.*
- *mycket tid på sociala medier, där hon blir övertygad om att hon är transsexuell.*
- *vanligt att nära vänner har samma övertygelse.*
- *alla livsproblem (ex depression, ångest) beror på att man är transperson, och enda lösningen är att byta kön.*
- *om föräldrarna inte håller med sin tonåring leder det ofta till svåra konflikter eller totalt avståndstagande från familjen.*
- *Hot om självmord är vanliga.*

Plötsligt uppkommen könsdyfori-ROGD

(Littman, 2018)

- Flickor är överrepresenterade (82.8%).
- Medelåldern i studien var 16 år.
- 41% var icke-hetero innan dom kom ut som trans.
- 62.5% hade minst en diagnosticerad psykisk sjukdom eller neuropsykiatrisk diagnos (ex. anorexi, add, ahdh, depression, psykiskt trauma),



Vi ser problem med transvården för ROGD

Socialstyrelsens kunskapsstöd "goda råd för vård av transexuella" baseras på en annan patientgrupp, nämligen vuxna individer som i ca 30-årsålder bytte kön, varav majoriteten var män. Dagens stora patientgrupp är i huvudsak ROGD-patienter

⇒ Beprövad erfarenhet är bristfällig

⇒ Vetenskapligt stöd är bristfälligt

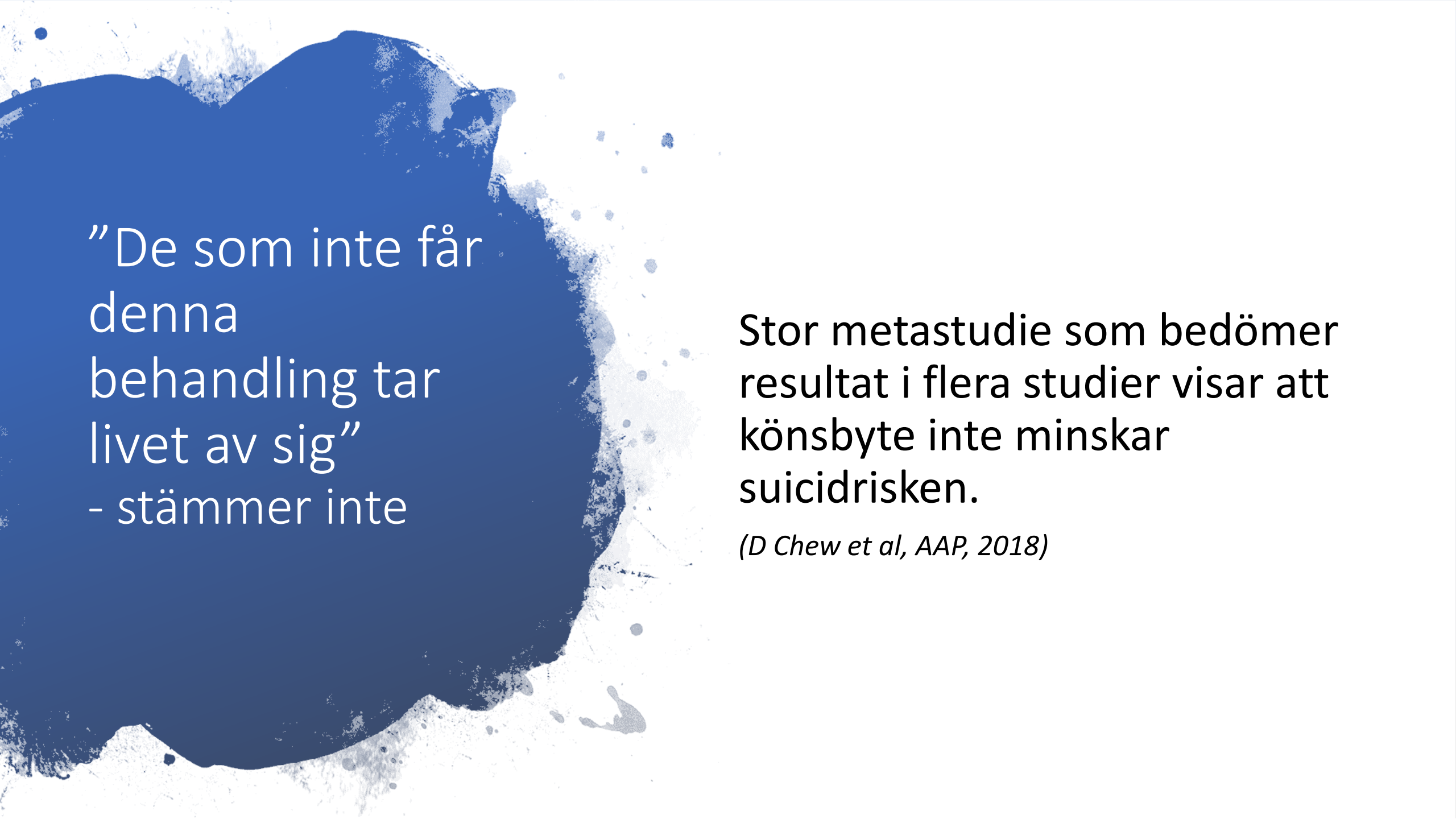
⇒ Kunskapsstödet (ligger till grund för behandling) för både barn och vuxna är från april 2015, dvs huvudarbetet gjordes under 2012-13. Innan den stora ökningen av ny patientgrupp.

I Norge, England och USA debatteras detta.
I Sverige saknas debatten.

”Sanningar” om könsdysfori

- Självmord
- Behandlingen är nödvändig
- Ingen ångrar sig (2%)
- Utredningarna är omfattande och tar lång tid
- Helt ofarligt att ge barn pubertetsblockare
- Helt ofarligt med könskonträra hormoner (östrogen till pojkar, testosteron till flickor).

GENID: Självklart ska ungdomar som mår dåligt få hjälp, men är irreversibel och invasiv vård den enda behandlingen – studier saknas för alternativ.



”De som inte får
denna
behandling tar
livet av sig”
- stämmer inte

Stor metastudie som bedömer
resultat i flera studier visar att
könsbyte inte minskar
suicidrisken.

(D Chew et al, AAP, 2018)

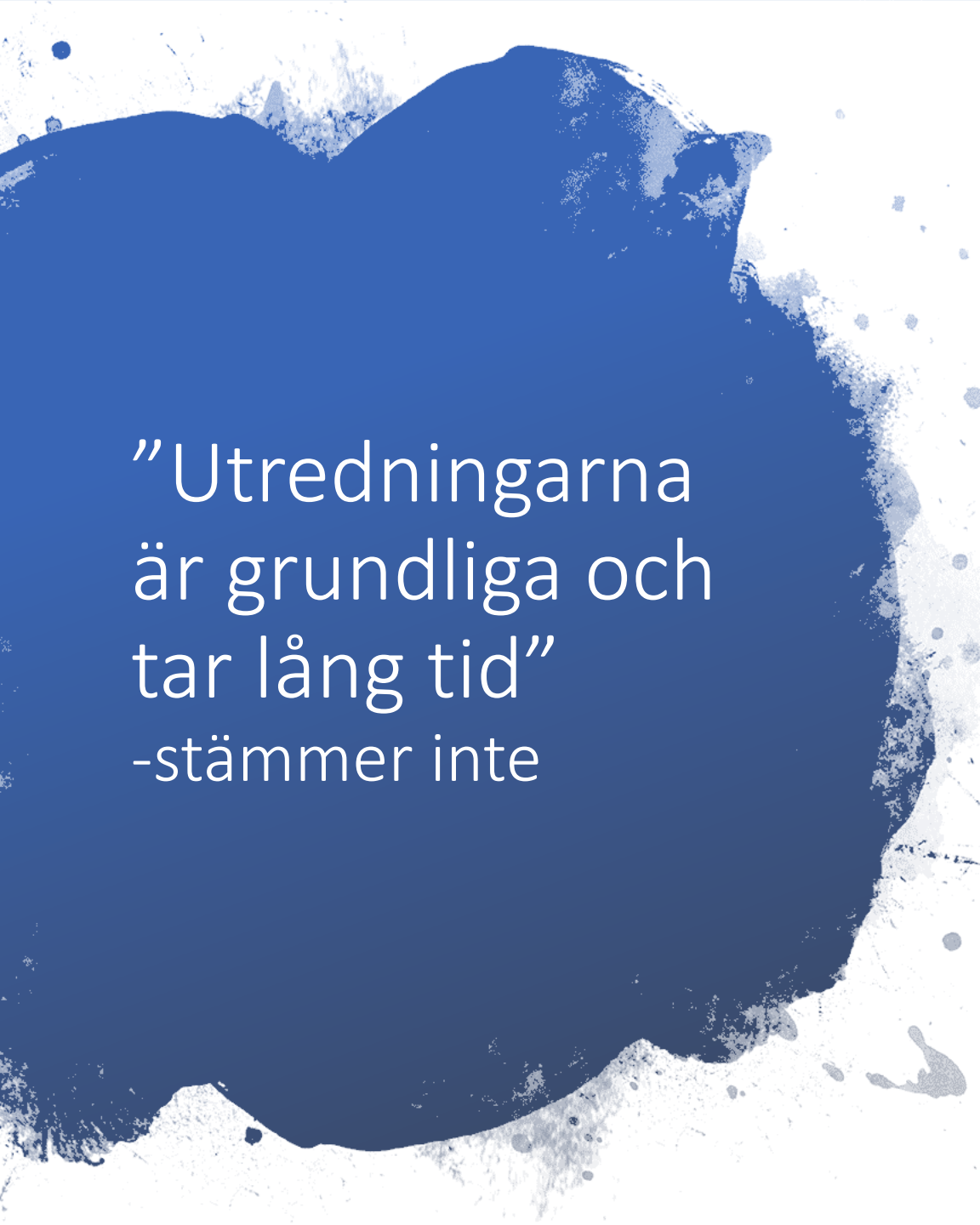


”Inga ångrar sig”

Flera ångrar sig

- De data som hela tiden hänvisas till här (2%) är insamlade fram till 2010, dvs innan den stora ökningen av patienter kom (*DS 2018:11 Vissa kirurgiska ingrepp i könsorganen*).
- Uppföljning sker inte aktivt från vårdens sida; i studien har man bara tittat på hur många som ansökt om att få byta tillbaka kön i folkbokföringen.
- Ånger kommer oftast några år efter behandling. Anova följer bara sina patienter i upp till 5 år.

Notera: Initialt i Sverige fick de som ville byta kön leva i det motsatta könet i 4-5 år, vilket gav betänketid och tid för psykiska sjukdomar etc att stabiliseras. Mycket få ångrare.



”Utredningarna
är grundliga och
tar lång tid”
-stämmer inte

- ANOVA nekar inte självdiagnosticerade transpersoner vård (en policyfråga då det rör sig om identitet inte psykisk sjukdom).
- Osannolikt att självdiagnos är korrekt i 100% av fallen. Ex. Norge säger man nej till minst 60%.
- Pubertetsblockare (<18 år) och könskonträra hormoner (>18 år) skrivs ut efter några få möten (<5).



De som remitterar

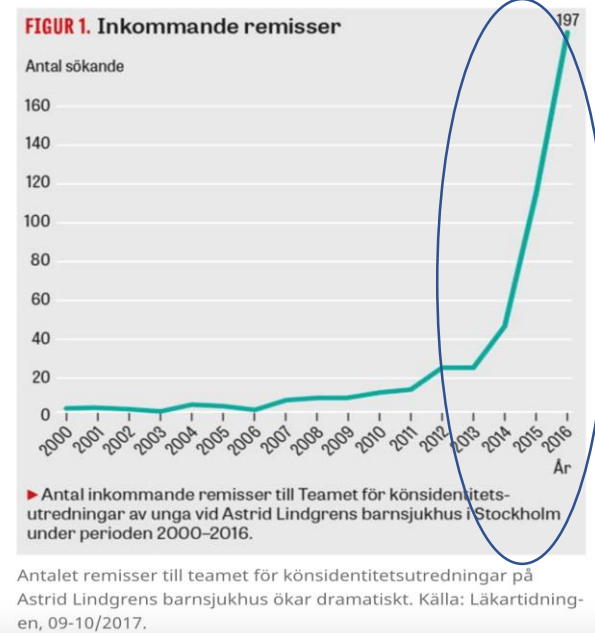
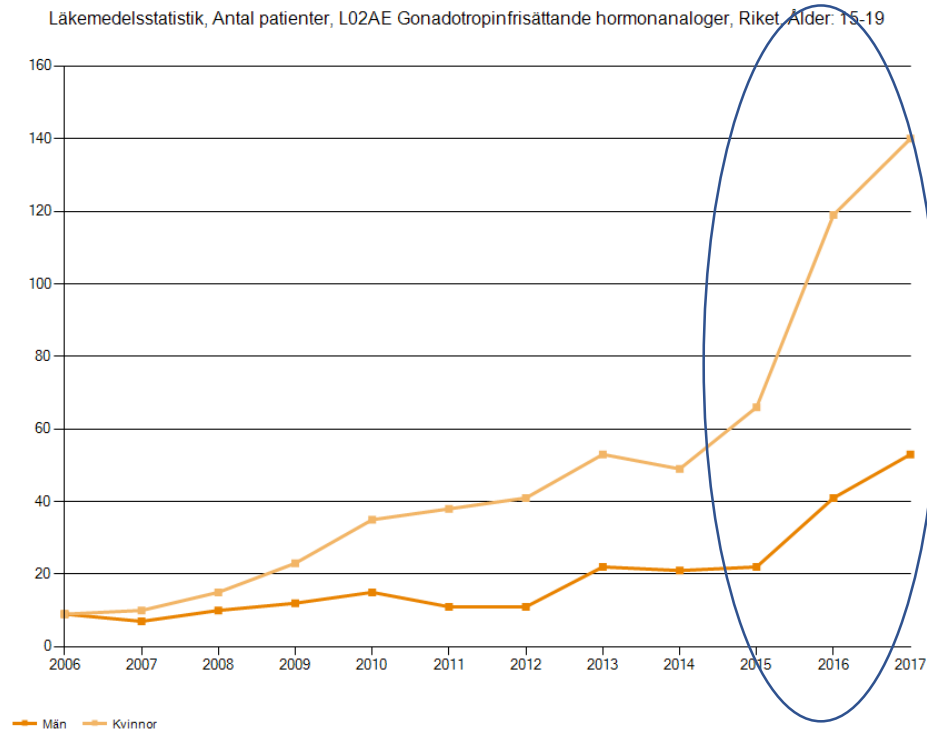
- Skolhälsovård, primärvård, ungdomsmottagningar och specialistmottagningar (psyk).
- De känner inte till följderna av en remiss, dvs vad en utredning de facto innebär.
- Finns ingen som tar ett övergripande ansvar.

=> Insikt i utredningarna och konsekvenserna av behandlingen saknas

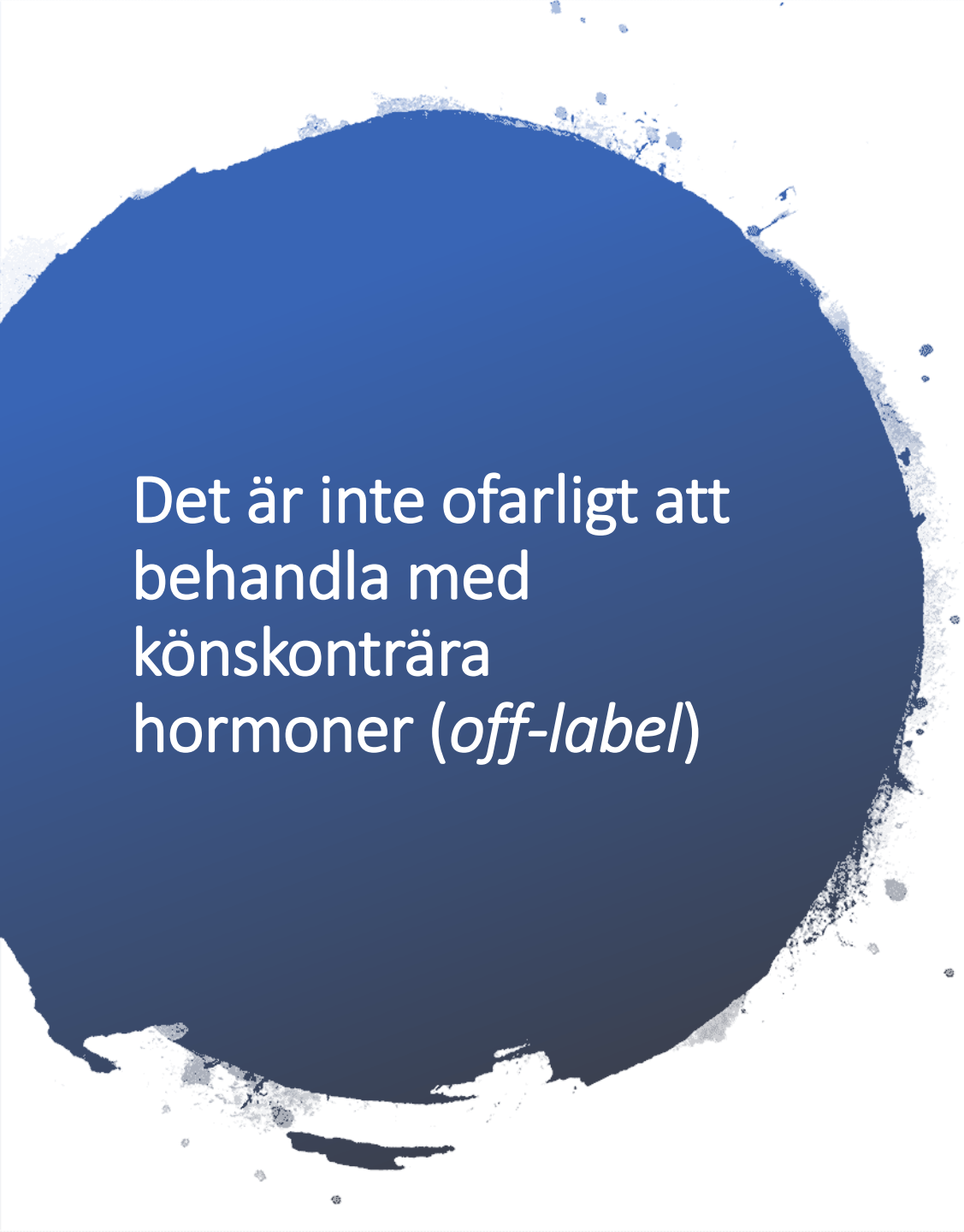
Det är inte ofarligt
att ge barn
pubertetsblockare,
(*off-label*)

- Pubertetsblockare verkar kunna "konservera" könsdysfori och alla barn som fått pubertetsblockare gick vidare med könskonträra hormoner (*De Vries ALC et al, J Sex Med 2011*).
- Hos ca 80-95% av de som inte behandlas med pubertetsblockare försvinner könsdysforin med tiden (*flera referenser*).
- Pubertetsblockare + könskonträra hormoner
 - ⇒ Medför stor risk för infertilitet.
 - ⇒ Hjärnan blir inte "vuxen". Puberteten är en viktig del i detta.

Förskrivning av pubertetsblockare ökar parallellt med remissökningen



Uppföljande studier om långtidseffekter saknas (i SLL)



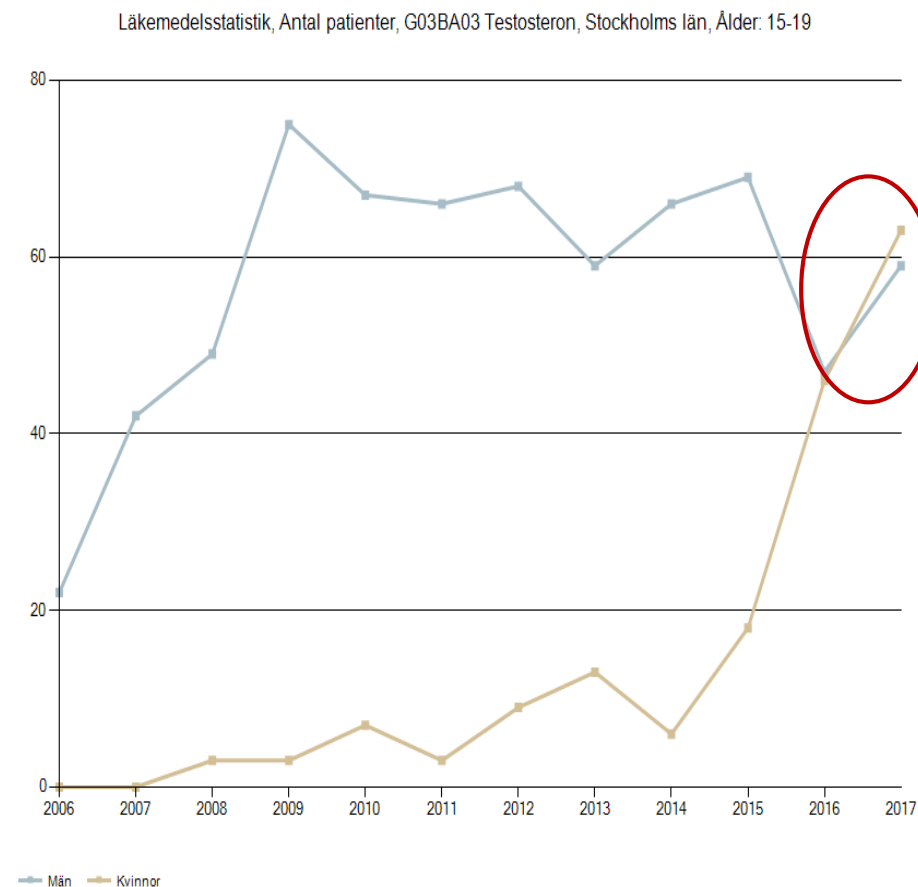
Det är inte ofarligt att
behandla med
könskonträra
hormoner (*off-label*)

Omfattande användning. Enligt ståndpunkts
PM från LMV (*Dnr: 1.1.1-2016 084386*) ska
”omfattande off-label användning ingå i
kliniska studier”. Inga sådana studier görs
eller har gjorts på ANOVA vad vi vet.

Ingen uppföljning av biverkningar vid off-
labelanvändning görs eftersom det hamnar
utanför myndighetskraven på
läkemedelsbolagen.

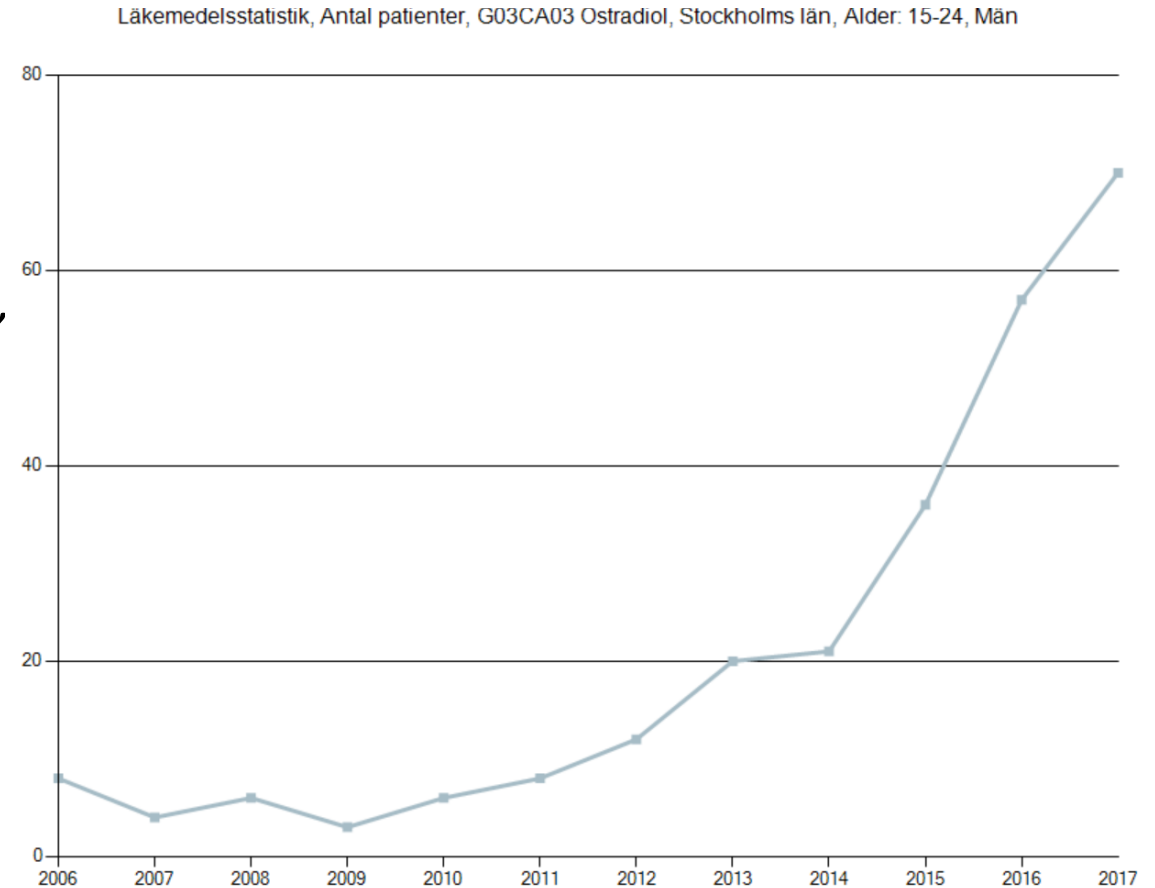
Testosteron, off-label i unga kvinnor

- Användningen är **omfattande**: fler unga kvinnor (15-19 år) än män i Stockholm år 2017 (ref: *Socialstyrelsens läkemedelsdatabas*). ANOVA är trolig utskrivare.
- Initiala studier i STRONG-kohorten (*Quinn et al 2017, BMJ*) på 6456 transpersoner indikerar en ökad risk för **blodproppar, stroke, hjärtinfarkt och åderförkalkning** hos FtM.
- Bedömd som **trolig humancarcinogen** av IARC, klass, dvs tillräcklig evidens i djur och begränsad evidens i människa (the International Agency for Research on Cancer, IARC, 1987).
- Bedömd av FDA som **beroendeframkallande** (25 okt 2016).
- Inte godkänt för användning i unga kvinnor (dvs inga prekliniska studier är gjorda på honor) och riskerna är därför **okända**. **Oetiskt** att inte informera patienter om detta. ANOVA: "det finns inga indikationer på att det är någon fara"



Östrogen, off-label i unga män

- Användningen ökar lavinartat (ref: *Socialstyrelsens läkemedelsdatabas*). ANOVA är trolig utskrivare.
- Högre risk för blodproppar och kranskärslsjukdom än kontrollgrupp (*Quinn, 2017*).



GENID aktiviteter just nu

- Stöttar varandra i en svår familjesituation. Många sjukskrivna föräldrar.
- Har lämnat in anmälan till Socialstyrelsen med begäran om granskning av kunskapsstödet, med bilagt juridiskt PM.
- Kommer att ingå i ett forskningsprojekt med fokus på autism och könsdysfori.
- Debattartiklar, film mm på gång för att få ut en alternativ bild av könsdysforivården i Norden. Svårt i Sverige. Mer debatt i Norge.
- Samarbete med engelska forskare (M Moore, H Bruskell-Evans) för att skapa nyanser i debatten och ge röst åt våra erfarenheter.
- Samarbete med amerikansk endokrinolog (M Laidlaw) för att få djupare insikt i studier om läkemedelsbiverkningar

Etiska överväganden - juridik

Det har fastställs i juridiskt PM att VBE (vetenskap och beprövad erfarenhet), inte efterföljs i transvården bl.a. på följande punkter:

- Krav på VBE vid off-labelbehandling. Praxis om sista halmstråets princip kan inte tillämpas.
- VBE ska omfatta behandlingsmetod, uppföljning, beaktande av samsjuklighet,
- Patienten har rätt till korrekt information och måste vara kapabel att förstå informationen
- Samtyckesförmåga kan vara nedsatt vid samsjuklighet. Detta tas inte hänsyn till.
- Föräldern är inte betrodd att avgöra vad som är bäst för barnet.

