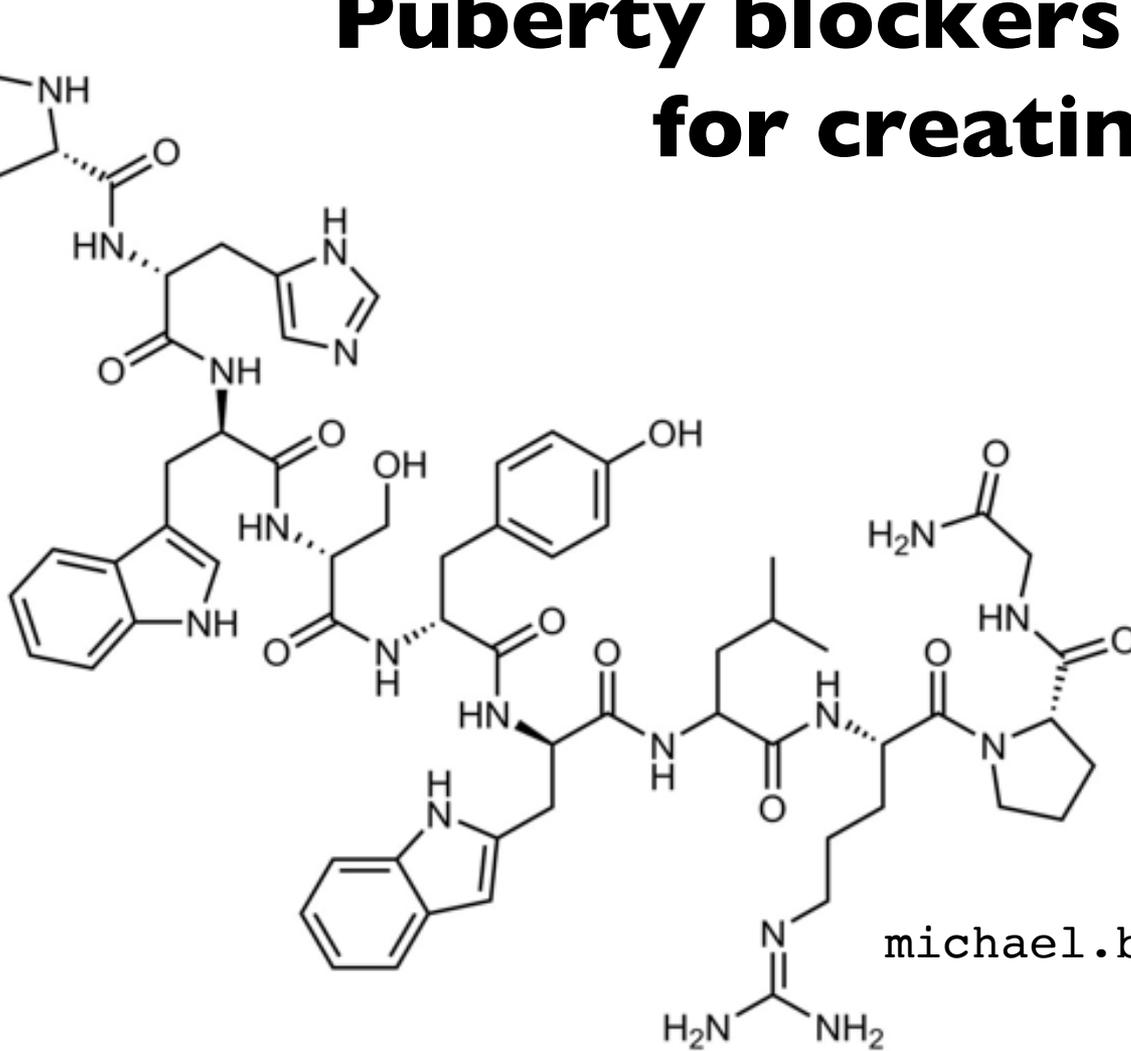


Puberty blockers as technology for creating transgender children



Do Not Adjust Your Set

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**Queer Theory + social media + puberty blockers
= transgender child**

- ‘transsexualism emerged in the twentieth century at least in part due to advances in medical technologies that made physical “sex change” possible’ (Hausman 1996)
 1. Dutch origins in 1990s
 2. Analyze puberty blockers as technology: drug + rhetoric

'Puberty blockers'

- Gonadotropin-Releasing Hormone agonist (GnRHa)
= Luteinizing Hormone-Releasing Hormone (LHRH) agonist
- UK and Netherlands: triptorelin; USA: leuprorelin (branded Lupron)
- Licensed for
 - precocious puberty in children (girls < 7, boys < 9)
 - endometriosis and uterine fibroids in women
 - prostate cancer in men
 - severe sexual deviation in men
 - 'they should be reserved for patients with a paraphilic disorder and the highest risk of sexual offending because of their extensive side effects' (Turner & Briken 2018)

Dutch origins

1996 Gooren & Delemarre-van de Waal, 'The Feasibility of Endocrine Interventions in Juvenile Transsexuals'

1998 Cohen-Kettenis & van Goozen, 'Pubertal Delay as an Aid in Diagnosis and Treatment of a Transsexual Adolescent'

- B 'had always been a classical tomboy in her play activities and toy and peer preference and ... wished to be a boy'; father's Italian 'background made acceptance of his daughter's masculinity very difficult'
- prescribed triptorelin aged 13 in c.1991 (by Delemarre-van de Waal?)
- aged 18-21: testosterone, mastectomy, ovariectomy, hysterectomy, genital surgery; birth certificate changed
- 'B reported no gender dysphoria at all. He said that he had found the adjustment to the male role to be very easy'

Motivations

Gooren—endocrinologist; Professor of Transsexology, Free Uni Amsterdam

- ‘long counted myself among John Money’s admirers’ (1991)
- ‘in transsexuals the pattern of sexual differentiation of the brain has not followed the pattern typical of that sex: ... the nature of the chromosomes, the gonadal and genital development are in contradiction with the brain sex’ (1993)
 - this congress attended by Whittle, Burns, Rothblatt ...

Cohen-Kettenis—psychiatrist; Utrecht then Free Uni Amsterdam

- started first children’s gender clinic in Europe, 1987
- ‘early hormone treatment as a reasonable and effective treatment option for adolescents with a transsexual problem, and of the potential damaging effects of delaying such interventions until adulthood’ (Cohen-Kettenis et al. 1998)
 - ‘the bravest chapter’ (Money 1998)

Dutch Protocol

- 12: puberty blockers
 - Tanner Stage 2
 - 16: cross-sex hormones
 - 18: surgery
- Eligibility criteria
- gender dysphoria from childhood; worsens at puberty
 - psychological stability
 - support from family

‘results in high percentages of individuals who more easily pass into the opposite gender role than when treatment commenced well after the development of secondary characteristics’
(Delemarre-van de Waal & Cohen-Kettenis 2006)

- emphasis on appearance rather than sexuality or fertility

The authors are very grateful to **Ferring Pharmaceuticals for the financial support** of studies on the treatment of adolescents with gender identity disorders.

Rhetorical tricks

Reversible

- ‘The effects of [GnRHa] are fully reversible; in other words, no lasting undesired effects are to be expected’ (Gooren & Delemarre-van de Waal 1996)
 - no evidence
 - justifies starting under the normal age of medical consent

Diagnostic

- ‘a very helpful diagnostic aid, as it allows the psychologist and the patient to discuss problems that possibly underlie the cross-gender identity’ (Delemarre-van de Waal & Cohen-Kettenis 2006)
 - ‘none of the patients who were selected for pubertal suppression has decided to stop taking GnRHa’

Erasures

Homosexuality

- ‘Not all children with gender atypicality will turn out to be transsexuals later in life. Several prospective studies of gender atypical boys show that this childhood behavior correlates considerably stronger with future homosexuality than with transsexualism ... some of the youngsters will turn out to be genuinely transsexual in their mid-teens’ (Gooren & Delemarre-van de Waal 1996; also Cohen-Kettenis & Gooren 1999)

Vaginoplasty

- ‘for the MtFs ... the genital tissue available for vaginoplasty may be less than optimal. However appropriate adjusted techniques exist to deal with the shortage of tissue’ (Cohen-Kettenis, Delemarre-van de Waal, & Gooren 2008)

Diffusion to Britain

Channel 4, *The Decision: The Wrong Body*, 1996

- takes three Britons to the Netherlands, including Fredd aged 13
- 3m viewers (including Jay Stewart)



Adoption

- Di Ceglie, director of Gender Identity Development Unit (Tavistock & Portman NHS Trust), resisted hormonal intervention under 16
- Polly Carmichael takes over Gender Identity Development Service (GIDS) in 2009
- ‘Early pubertal suppression in a carefully selected group of adolescents with gender identity disorder’ (2010)—aged 12-15



TransgenderTrend
@Transgendertrd

...

The results of the Tavistock experimental trial of puberty blockers have not been published and they are shocking. Yet more than 1,000 adolescents have been given blockers to date. This is crucial and groundbreaking research by Professor Michael Biggs.



Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence ...
The Tavistock puberty blockers experiment began in 2010. Over 1,000 adolescents have now been treated. Where is the evidence blockers are safe ...
transgendertrend.com

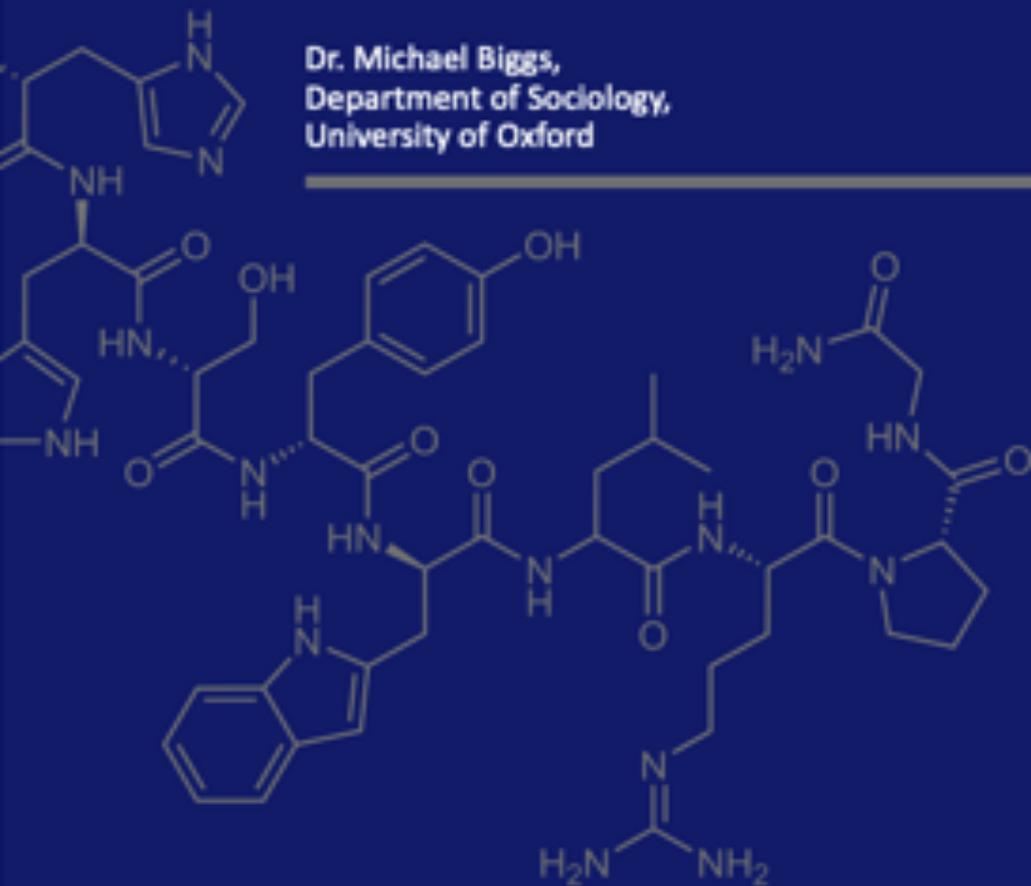
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INVENTING TRANSGENDER CHILDREN AND YOUNG PEOPLE

Edited by Michele Moore and Heather Brunskell-Evans

The Tavistock's Experimentation with Puberty Blockers

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Reversibility

- ‘the debate revolves around the reversibility of this intervention—physical and also psychological, in terms of the possible influence of sex hormones on brain and identity development’ (Carmichael and Davidson 2009)
- ‘It is not clear what the long term effects of early suppression may be on bone development, height, sex organ development, and body shape and their reversibility if treatment is stopped during pubertal development’ (Viner, Carmichael, et al. 2010)
- ‘This intervention, which is deemed reversible ...’ (Tavistock’s press release 2011)

I am Leo, Children's BBC, 2014



CBBC My Life Series 6 Episode 1 - 'I Am Leo'

‘And the good thing about it is, if you stop the injections, it’s like pressing a start button and the body just carries on developing as it would if you hadn’t taken the injection’
(Carmichael 2014)

- ‘The blocker is said to be completely reversible, which is disingenuous because nothing’s completely reversible. It might be that the introduction of natal hormones at puberty has an impact on the trajectory of gender dysphoria.’
(Carmichael 2015)
- Although the Gender Identity Development Service (GIDS) advises this is a physically reversible treatment if stopped, it is not known what the psychological effects may be.
(NHS England website, as updated 2020)

What happened to B?

Follow-up at age 35 (Cohen-Kettenis et al. 2011):

- ‘he indicated no regrets about his treatment ... negative side effects are limited’
- depressed
- broke up with girlfriend
 - ‘B considered it likely that his need to distance himself from her had been related to his shame about his genital appearance and his feelings of inadequacy in sexual matters’
- ‘Although gender reassignment is highly effective in relieving gender dysphoria, it is no panacea. Especially in the area of intimate relationships, it may remain difficult to find a suitable partner and overcome one’s own barriers’

Conclusion

- Puberty blockers is a medical technology for creating transgender children
 - pivotal role of Gooren and Cohen-Kettenis in 1990s
- Not just a drug but a discursive package
 - two rhetorical tricks: ‘reversible’, ‘diagnostic’
 - erasure of sexuality, especially homosexuality
- Administered to only a minority of transgender children **but**
 - the existence of puberty suppression facilitates cross-sex fantasy—*I could have become the opposite sex had I not been forced to endure the wrong puberty*