

SickKids  
555 University Avenue  
Toronto, Ontario  
Canada  
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November 9, 2020

Dear Sir/Madam;

I'm writing to you on behalf of a group of parents whose children have received treatment at your Gender Clinic. For privacy reasons and due to the sensitive nature of their children's treatment, these parents have asked me to express their concerns and request a reply from your team on these issues.

Generally, parents and their children have found your staff to be professional and courteous. Their concerns are various and highlight the complexity of effectively treating young people who've recently started to identify as a gender that is different from their birth sex.

There are five primary areas of concern which are outlined below. Please note that our questions are not related to early-onset childhood gender dysphoria but instead, are related to youth who have decided that they are transgender during adolescence and often quite suddenly.

### ***Contributing factors***

There is significant research indicating a possible relationship between gender dysphoria and co-occurring conditions such as autism, depression, anxiety and more. We are concerned that underlying conditions or conflicted feelings about same-sex attraction may be influencing young people to believe that they require medical transition when it is not medically necessary.

1. How does your clinic ascertain whether a young person presenting with gender distress is on the ASD spectrum? Does your clinic have an alternative treatment pathway for children who are autistic?
2. How does your clinic determine whether an adolescent is experiencing gender distress as a means to reconcile uncomfortable feelings of sexual attraction to the same sex?
3. Do your clinical guidelines acknowledge that identity development is a natural phase of adolescence? How does your clinic measure whether a young person's identity and personality development is stable?
4. How does your clinic ascertain whether a young person presenting with gender distress is affected by unresolved childhood trauma such as sexual abuse?

## ***Parent Input & Involvement***

Parents have an important role as the primary guardians of their children's wellbeing and long term health. In fact, SickKids' own mission statement says their treatment is "family-centred." However, parents are reporting that their experience with the SickKids Gender Clinic has left them with the feeling that their input is unwelcome and in many cases dismissed. We would like to understand your policy with respect to soliciting input from parents and others with knowledge that may be important for patient care decisions.

1. Does your clinic collect any patient history from parents/guardians to identify whether trauma may play a role in why a young person has suddenly adopted a trans-identity and is seeking medical transition?
2. Does your clinic solicit the input of parents to determine whether any factors such as social anxiety, possible autistic traits, recent changes in mood or behaviour, signs of an eating disorder or other self-harming behaviours, difficulty fitting in with peers or a sudden change in peer influence and/or social media dependency may be important contributing factors to a young person's reported gender distress?
3. If a young person has been seen by a licensed therapist for issues that may be central to understanding their gender distress does your clinic solicit that therapists' input to determine whether puberty blockers and/or cross-sex hormones should be prescribed?

## ***Social Media Influence***

Parents consistently report that their recently trans-identified teens immerse themselves in trans-related social media on Tumblr, Reddit, Mochi, Discourse, Instagram, YouTube, Twitter, TikTok and Facebook, among others. It is widely accepted that intensive social media usage, to the point of dependency or addiction to particular types of social media, has a negative effect on adolescent's mental well-being, particularly that of girls. Parents often notice that their adolescent children have become fixated on the idea of being a different gender, to the exclusion of other interests and activities.

1. Does your clinic ask any questions as a part of the standard of care, to ascertain the level of social media influence on a young person's new trans-identity?
2. Does your clinic have any process to determine whether social media and on-line behaviour may be a risk factor that is negatively impacting a young person's self-image and decision making ability?
3. Does your clinic have any processes to differentiate between someone who declares that they are "trans" and requests medical transition, and someone who is exploring a new trans-identity and may be demanding medical transition because of an unhealthy social media or peer influence?

## ***Informed Consent Process***

Adolescents are being asked to make medical decisions that will significantly alter their future physical health, interfere with their ability to experience sexual pleasure and may permanently impair their fertility. Moreover, no long term, independent studies have concluded that medical transition will yield better mental health outcomes. In fact, in the UK and Sweden, reviews of the current care protocols have been requested due to concerns about the increased rate of young people who are trying to transition and the absence of any evidence that medical transition is either safe or effective, particularly in the new population of recent onset gender dysphoria affecting adolescent females.

1. How does your clinic ascertain whether puberty blockers, hormone therapies or gender-affirming surgery are medically necessary for youth presenting with gender-related distress?
2. What information is provided to your patients about alternatives to medical transition for managing their gender distress?
3. Does your clinic have standard information on the risks of medical transition (aside from the form itself) that needs to be shared with patients as part of the informed consent process?
4. Does this information include any long term study results such as the total population study in Sweden which concluded that there is no observable improvement in mental health outcomes after hormones or surgeries?
5. Does this information include a discussion of the recent detransitioner phenomenon or testimonies and examples from [Post\\_Trans](#), [Detransitioner Advocacy Network](#), [Pique Resilience Project](#) or Canadian detransitioners such as [GNC\\_Centric](#) or others?

## ***Psychotherapy***

It seems that there are many factors that can contribute to a young person's declared gender identity and that this can change over time. Over the past year to 18 months, there have been growing numbers of detransitioners expressing regret that they tried to medically transition. In many cases, they report that medical transition was the only option offered to them. They now realize that puberty was an extremely stressful time for them for reasons that medical interventions would never be able to address.

1. Does your clinic offer psychotherapy or refer people for psychotherapy as a non-invasive technique to manage the distress associated with gender dysphoria?
2. Do your clinical guidelines differentiate between early onset childhood gender dysphoria and recent adolescent onset gender dysphoria? Is a diagnosis of gender dysphoria required at all prior to receiving a prescription for puberty blockers or cross-sex hormones and how is this diagnosis determined?

3. Do you have any processes in place to ensure that there are no co-occurring psychiatric conditions or unresolved psychological stressors prior to initiating puberty blockers or cross-sex hormones?

We'd be happy to provide relevant research studies and information about how other countries are addressing the exponential increase in transgender-identified teens seeking medical transition including reviews of clinical guidelines. I've attached one family experience to this letter. Other families have more acute privacy concerns at this time.

Thank you for your time and consideration of this important issue. I and the families on whose behalf I speak look forward to your reply on this issue of critical importance to the physical and mental health of our children.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Buffone'.

Pamela Buffone  
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