L’enfant au centre des mutations anthropologiques : L’enfant peut-il encore grandir ?

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Since the mid-2010s, there has been a sharp rise in youth claiming transgender identities and presenting to clinics with gender dysphoria across the Western world. This new cohort of patients didn’t look like the patients who had presented to gender clinics in the past. They tended to show up in adolescence, with no history of childhood gender nonconformity. They were more distressed. The majority were girls, once a rarity in gender clinics. Clinicians noticed that their patients seemed to be reading from the same script.

According to activists, we are meant to believe that there is a new way to be human (being transgender) and yet at the same time that this is a type of human being that has always existed (therefore, the surge in adolescent females seeking transition is merely a sign that of our social progress, nothing to worry about). But as clinicians, researchers, and concerned parents and citizens, it is imperative that we understand the context in which young people develop these new identities and pursue hormonal and surgical interventions.

L’Observatoire La Petite Sirène (OPS) formed in 2021 in response to medical societies’ abdication of responsibility to understand what they were encountering in the exam room. L’OPS is a nonprofit association that brings together researchers, doctors, psychologists, and legal experts. L’OPS has been awarded a prestigious prize in France, from the Académie des Sciences Morales et Politiques, one of the five major French academies.

At the end of June, L’Observatoire la Petite-Sirène, in partnership with the Society for Evidence-Based Gender Medicine, organized an international congress in Paris on the subject of youth and gender identity. The conference took as its central question “can the child still grow up?” and explored ideas about identity, limits, transgression, the clash between science and ideology, and confusion about the role of medicine, as well as introducing an alternative framework for making sense of young people’s distress.

The conference was hosted by the French Senate at the Palais du Luxembourg. This setting reflects the gravity and scope of the issue, which is much bigger than medicine alone since the issue of gender concerns children and young people, whose wellbeing and development are the interest and responsibility of society as a whole. As Céline Masson observed, “the Senate intervened because there was no debate among medical societies and doctors. The slightest contradiction was denied and discredited… politicians had to take up the discussion because there was no debate in society.”

Senator Jacqueline Eustache-Brinio opened the conference, placing such questions squarely within the realm of political responsibility to “look at the evolutions in our society and ask why and how and what’s next.” “When children are at the heart of our discussions, it’s the future of our country that is at the heart of our discussions.”

Ideas about identity

Michel Massu observed that, "for sociologists, identity is not inherent. It is not assigned by the outer world or left to the person's own fantasy." Instead, identity is "a social process of acquisition," one that unfolds over a lifetime, in the context of the society in which one is embedded. "Identity is the result of a complex dialectic between what is given and what is acquired, what is the result of development. It is also the contradiction between what is desired and rejected, what is imposed and what fluctuates in the course of time."

The philosopher Jean-François Braunstein observed that these new beliefs about gender are rooted in old ideas about duality; the work of Michel Foucault, who theorizes the body as "the grave of soul"; gnostic heresies; and transhumanism:

> "[There is] the idea that it's not your sex or body that determines your gender identity but [one's sense of oneself as] a man or woman, that your body doesn't matter. This is basically your soul… This takes us to old questions about the relationship between soul and body. Here, we see radical separation, much more radical than Descartes, who at least argued that the two were connected. Here, the body disappears… when [young people are] asked about the materiality of the body, they consider this a patronizing question they will not answer."

Instead, the "link between the soul and the body is contingent." After all, "your soul might have fallen in the wrong body."

> "When you say 'sex is assigned,' you say that sex is a social choice, not a mere observation. This means the person whose sex has been assigned to is under constraint. The ideal situation is gender fluidity."

Braunstein argued that, when it comes to children, "we have to ask: why do you want to get rid of the body? The idea of blocking puberty is refusing to become an adult, refusing to grow up, refusing generation, refusing death. This idea is the absolute triumph of will over body that determines you, a claim of freedom that doesn't accept that it is finite."

Nathalie Heinich explored the question of whether self-determination is an "identity-building tool," asking "identity: what is it all about?" "Identity is the result of a series of processes, of identification *vis*-à-*vis* others. It is socially constructed, not given, not innate." Identity construction involves self-perception, self-presentation, and reception by others. Identity crisis, Heinich argued, "occurs when these three moments are not aligned." Since identity is "a process based on interactions," the idea of self-determination is thus "a hubris, omnipotence, nothing to do with identity construction," concluding that it is "something contrary to self-determination to force other people's perceptions."

Jean-Louis Renchon argued that this movement has had the effect of "confus[ing] the landmarks of reality for all children," while Jean-Pierre Lebrun linked new beliefs about gender to a broader movement challenging "all sources of legitimacy." Challenge has, in fact, "become refusal. Young people are not merely challenging the generation above them—that makes sense—now they want to disqualify." (These observations were echoed by a mother, who spoke on behalf of Reseau Education Sexe-Identite: "Children know who they are. Whenever parents argue they know better, it is *adultisme*.") Lebrun observed that we may be living through "the first society in the history of the world not to place the fact of growing up on the agenda for children."

> "Growing up means agreeing to what has been said before, agreeing to give up all the possibilities, to give up the child's fantasy of being almighty… many things cannot be changed. They are the reality one must make do with, and this is the journey of the child to find their place in the world. There is a confusion between repressive prohibitions and structuring prohibitions. Some things that are forbidden to children [provide] structure [to] them. But if interdiction is seen as repressive to one's singular self, then there is no legitimacy. Now interdictions are interdicted! It is forbidden to forbid!"

These ideas about identity, transformation, and limits were also explored through the medium of folktales of metamorphosis, chronicling the human desire to surpass all limits:

> "I had multiple shapes before I acquired my last shape. I was a spear, a sword, a battle shield, a raindrop among raindrops, the deepest of all stars. I was a letter and I was a word made of letters. I was a book. I was the fire in the lamp. I slept in the night, I played in the sunrise, and I remember… I was a bridge. I was an eagle. I was a fishing boat. I was an undersea current. I tamed six wild horses. My horse is as sweet as the seagull coming back to the shore. I walked for many years on the surface of the earth before I came into science."

The storyteller, Georges Perla, reflected: "We just can't stay in one place. We look up at the sky and we smile. And we think we used to be birds and that one day we will become birds again."

The role of children and young people in social movements

Karinne Gueniche argued that children appear at the heart of transformative social movements because they represent the future of society: "what is at stake in the education and upbringing of children is the transmission of values and the readiness of society to meet future challenges." Children's unique openness and malleability also exert a strong appeal to any movement seeking to cultivate radical changes in the way society functions and the way people understand themselves. When it comes to the trans movement, recruitment of young people tends to unfold in two key spheres: school settings and online spaces. When it comes to schools, Isabelle de Mecquenem demonstrated that initiatives intending to protect children from harassment and bullying have in some cases become vehicles of indoctrination. Pascal Mallet explored how horizontal relationships—that is, relationships

among peers—have eclipsed vertical relationships—such as the relationship between parent and child—when it comes to shaping attitudes and beliefs about gender. According to Mallet, children must now weather the challenges of puberty in a context of hypersexualization and commercialization. Social media puts children at risk, encouraging them to view themselves and their peers as artifacts or products, and where they are exposed to extreme pornography and hypersexualized, often degrading images of women. Meanwhile, responsible adults are notably absent from these online environments, replaced—as Mallet pointed out—by algorithms that mine young psyches in order to make money. Gueniche asserted that, while the image of the 21st-century child in the West is of an "overprotected" youngster—bubble-wrapped against the kinds of risks and challenges that children have always faced and without which they may struggle to develop the skills they need to navigate life—they are at the same time "placed in situations that are very harmful for them and given the right to do things that are very harmful for them."

Pierre-Henri Tavoillot warned that we are losing our sense of what a child is and what childhood entails. We are losing our understanding that children are not fully formed. Tavoillot raised the question of whom children "belong to"—themselves? their parents? their societies?—and proposed the children belong to their futures, to the adults they will one day become. It is thus the responsibility of parents and society to deliver children to their future selves intact.

The clash between science and ideology

Andreas Bikfalvi identified the problem as a confusion between science and ideology—or a confusion between what *is* versus what *should be.* Thus, merely observing and describing reality becomes loaded. This confusion is further entrenched by those who, in the words of Jean Szlamowicz, "mimic the appearance of science"—presenting oneself as a member of the scientific community, donning a white coat, using a lot of jargon—without practicing the scientific method. These imitators then use moral intimidation—including the refusal to consider alternative viewpoints and accusations that dissent is motivated by bigotry—to shut down scientific inquiry. Kathleen Stock showed how activists have confused and misled the public about the issues at stake in redefining sex and gender by claiming that there are no trade-offs involved in redefining the language we use to refer to basic facts of human existence. Leonardo Orlando discussed the particular susceptibility of the social sciences to ideological capture, arguing that evolutionary theory has become taboo: "When you ignore the effect that millions of years of evolution have had on our brains, you cannot understand social dynamics or individual dynamics… [social scientists] must understand evolution in order to understand play, school, crime, and love." Pierre Valentin situated the conflict between science and ideology within a broader trend whereby reality is increasingly "privatized," cautioning that the trans movement "restricts what is common, what is free of charge… the trend of privatizing reality means that it has become impossible for people to identify men and women." Instead, "one must turn to the learned ones. One can no longer see reality as it is and must ask permission" before seeking to describe it. Valentin warned that this process will inevitably produce "collective indifference."

The role of medicine, the origins of 'gender-affirming care,' and the beliefs of gender-affirming clinicians

Didier Sicard explored the confusion over the role of medicine in society, warning that "medicine has become carried away":

> "We tend to forget that children in the past have often been the target of laboratory experiments. It seems that doctors have overlooked the medical consequences of transitioning: sterility, loss of libido, loss of bone density. Puberty is a struggle between your mind, your inner self, and the outer world, and your body. Trans activists tell these children they can help them reunite their body and their mind. Doctors must respect the criteria of first do no harm because offering transition to an adolescent who suffers is like offering a drug to an addict."

Stephen Levine and Ken Zucker, who each have decades experience in the field of gender medicine, charted the transformation of the World Professional Association for Transgender Health (previously known as the Harry Benjamin International Gender Dysphoria Association) from an obscure subspeciality focused on a few carefully screened adults to an advocacy organization with global reach, where transsexual patients shouted down scientific discussion among researchers and clinicians. Observing these changes, Levine, who oversaw the development of the organization's fifth standards of care, realized that his ethics and approach no longer aligned with those of his colleagues: "I was thinking in my own way that I was pursuing the truth by asking what was going on and what we should do about it. I call that scientific, no matter how naive I was at that time. When the booing started… I realized it had become by 2000 an advocacy organization with the intention to spread trans care" around the world. "I said, ethically, I can't participate any longer." Levine resigned in 2002, though he has continued his work with gender-distressed patients. Zucker described the pressure on gender-affirming clinicians to *not* think about underlying factors: "It's invalidating to even ask questions about why someone might experience gender dysphoria. I'm a dinosaur. The idea that one shouldn't be curious about why a person is experiencing symptoms, that you shouldn't be curious and ask just puzzles me tremendously."

Michael Biggs explored the origin of the Dutch protocol and the way this protocol—based on a sample of just a few dozen children—spread around the world fueled by pressure from patients and parents, media promotion of simplistic trans narratives that promoted medicalization, and adoption by activist-clinicians like Norman Spack who "salivated" at the opportunity to test out new protocols on their young patients. Biggs showed how the availability of puberty blockers encouraged early social transition, which drove demand for blockers, since, "once [a child has been] socially transitioned, puberty in 'the wrong body' becomes an existential social as well as physical threat." Ordinarily, research and debate within the scientific community ought to expose and put a stop to unsafe and ineffective interventions, but—when it comes to gender—these guardrails have fallen away. Results that threatened to contradict activist narratives were suppressed, as in the United Kingdom, where the findings of a research study into the effects of puberty blockers surfaced only after a freedom of information request was filed.

Jilles Smids then examined the beliefs underlying 'gender-affirming care.' Clinicians find it difficult to do nothing when faced with a suffering patient. The way puberty blockers in particular were pitched to clinicians—as a fully reversible and benign intervention—appealed to their desire to act. When confronted with a lack of evidence

supporting transition-related interventions, clinicians appealed to their clinical observations (e.g., “we just know it works”), impressions which are highly vulnerable to therapeutic illusion, and to their mistaken belief in the strength of evidence underlying the Dutch protocol. Clinicians tend to believe in a biological origin for gender dysphoria, which is presumably permanent and justifies hormonal and surgical interventions. When challenged, gender clinicians tend to displace the burden of proof and appeal to the potential (equally unevidenced) harms of nonintervention. Finally, the issue of pediatric gender transition has been framed as a human-rights issue, removing interventions from the realm of normal medical practice. In a bitter irony, this emphasis on human rights excused the field’s reliance on low-quality evidence.

Several speakers took up the theme of how psychologists and psychiatrists understand their work with gender-distressed children and adolescents. Anne-Laure Boch reflected on the pressures society currently places upon medical providers to ‘affirm’ their young patients’ transgender identities as a form of “mutilation that is required from us by society. We have to sacrifice healthy organs because of the patient’s self-determination, the patient’s belief that her body is wrong. Society demands that medicine should rectify these bodies, though they are perfectly healthy, not sick.” Boch also pointed out that most medical providers do not involve themselves in this work, which violates the core principles of medicine. Instead, medical providers may sort themselves into disciplines where they can live by their values or protect themselves by referring patients out to specialty gender centers—though this does not by any means protect patients. Gender clinicians have been reduced to service providers. In this framework, a hesitant or skeptical clinician becomes an “obstacle” to the realization of a patient’s transition goals. Thierry Delcourt related the story of a teenage patient who sought his approval for a hysterectomy. He was struck by her determination to find someone to perform the procedure as soon as she turned 18, a determination matched only by her determination not to discuss her reasons for seeking such a serious intervention. Patients may actively resist exploring their feelings and desires, denouncing these psychic intrusions as forms of violence, but—as Delcourt observed—“violence is not so much to question, but violence is to validate without trying to look deeper.” Psychologists and psychiatrists must not become “mere executioners,” but must rather “preserve the complexity and the richness of the experience of human beings.” At the very least, psychologists and psychiatrists must “resist in order to understand what is at stake” in such situations and to “help the young person understand the complexity of what is at stake with their request.” As Dominique Crestinu pointed out, these young people will have to live with these bodies for the rest of their lives.

Jean-Pierre Winter reflected on the nature of the problem facing young patients: is coming to understand oneself as having been in the wrong body a mistake or is it an illusion? “It is not the same. A mistake can be corrected. A mistake is, after all, what makes science move forward through a succession of errors and corrections. But an illusion is more difficult to identify because an illusion has to do with religion, ideology, and beliefs.” Young people have come to believe that by changing their names and altering their bodies, they can “modify the role given to them by the succession of generations and by language,” but this is not the case.

Alternative formulations: Pubertal sexuation anxiety

L'Observatoire La Petite Sirene has long questioned gender dysphoria as a diagnosis, proposing an alternative framework for making sense of young people's struggles: pubertal sexuation anxiety. "Anxiety is something we can hear in all these young people," Masson remarked. "It's an anxiety when faced with pubertal maturation or sexual development." Caroline Eliacheff observed that "collectively, we refused to have this concept of 'gender dysphoria' imposed on us."

> "We resisted for a long time. The detransitioners we spoke to pushed us to come up with this new classification, telling us that they had received the wrong diagnosis with gender dysphoria. It was the diagnosis of gender dysphoria that led to the treatment of transition. We wanted to describe instead what was going on."

This process of understanding and describing what young people were experiencing required L'Observatoire La Petite Sirene to bring together experts from diverse disciplines—from psychiatry and anthropology to the history of medicine and the law.

Jean-François Solal tied the experience of pubertal sexuation anxiety to "the very nature of adolescence," since "anxiety is associated with desire, and this is indeed what is at stake in adolescence":

> "If we say that anxiety is universal, it is not a disease, not a pathology. Rather it is just a marker of puberty. Anxiety means you are getting close to the desire, which is enigmatic, ambivalent, which has to do with love and hate… The bodily changes of puberty, the effects of new sexual impulses, are at first seen as alien, as something that attacks you before it can be tamed and integrated. Pubertal sexuation anxiety forces a child to rework their relationship to others. In some cases, the adolescent cannot integrate these new impulses and, in that case, they are very happy when adults come to them with something that is ready to use—a medical solution! You were born in the wrong body and we, as adults, will remedy that."

As Didier Sicard observed above, "puberty is a struggle between your mind, your inner self, the outer world, and your body." Adults should not rush to foreclose this process by 'affirming' a child's transgender identification. Eliacheff emphasized the need for an open-minded approach to youth struggling with gender, since a child presenting with signs of distress is "not necessarily trans." Instead, "these may be mere symptoms" of underlying issues that will only surface through open-ended and sensitive psychotherapeutic exploration.

David Bell has long warned about the dangers of labeling young patients as "transgender" and reiterated these concerns at the conference:

> "We shouldn't use the term transgender when it comes to young people. By doing so you're behaving as though you know what you're talking about, as though there is such a diagnosis. But it's not a diagnosis, it's a symptom, and if it's a symptom we need to know what lies behind it."

A trans identity becomes a defensive script from which young patients read, effectively blocking exploration and discussion of underlying factors. As Bell noted, "it takes a long time to get a person to trust you. They have a

script. You have to get beyond the script. And that means you need to get to know the child very well. It takes not weeks or months, but years."

Lisa Littman discussed her hypothesis that "social influences, maladaptive coping mechanisms, and other psychosocial factors" can contribute to gender distress and transgender identification. Alternative explanations—like increased social acceptance and access to gender transition—do not explain why teenage girls with no history of cross-sex identification, many of whom had other mental health issues, began to come out in droves in the mid-2010s. Meanwhile, parents were reporting clusters of girls coming out together—suggesting that researchers should look at the possibility of social influence. Evidence to support Littman's rapid-onset gender dysphoria hypothesis is growing, and fits the observations made by parent groups like Ypomoni, Reseau Education Sexe-Identite, and the Association pour une approche Mesurée des Questionnements de Genre.

Roberto D'Angelo observed that—if Littman's hypothesis holds—clinicians will "have to accept that we have been doing harm." D'Angelo said he was struck by the "complete erasure" of "risk, harm, and vulnerability related to gender-affirming care." There is little concern about what drives young people to seek such extreme body modifications. "The psychic pain we see in our consulting rooms, and which appears in study after study, is completely exiled from awareness." D'Angelo cautioned that guilt over psychiatry's pathologization of homosexuality may blind today's clinicians, who—out of a desire to demonstrate acceptance for their trans-identified patients—refuse to see the psychic pain "humming beneath" trans identification:

> "The shadow of this part of our history hangs over our profession… unconscious guilt is a powerful driver of [clinicians'] defense of trans identity at all costs, representing an attempt to make amends and demonstrate moral virtue. This overcorrection, involving full acceptance of the claims of the trans community, is a way of distancing the past and convincing themselves they're doing important liberating work."

A young man in the audience shared his experience identifying as transgender:

> "As a gay boy who does not comply with stereotypes, when I was younger, there was nothing I could refer to, nothing I could identify with in cartoons, movies, TV series, or in everyday life. Everything was very codified based on sex. And I did not have a father figure, so I thought I was born in the wrong sex. I wanted to transition from a very young age because I thought that homosexuals did not exist, that feminine men did not exist. I thought that I was the problem and in order to please everybody and to be accepted I needed to transition… I think our generation sees that it is still difficult to be a homosexual today, so maybe they think it's better to shift to the other sex and just pretend to be straight." He concluded by asking whether transitioning is a way of "eradicating the homosexual."

Bell agreed that gay and lesbian young people are overrepresented in gender clinics and cautioned that gender seems to have "annihilated" clinicians' ability to think about the role confusion and discomfort over one's sexual orientation may play in gender distress. "In trans world, there's been a regression in thinking where you are either a girly-girl or not a girl, or a macho boy or not a boy." Kathleen Stock warned that "clinicians have biases like everyone else. They have ideas about how children should be." Thus, even if the prescription of puberty blockers is curtailed, highly gender-nonconforming children will remain at risk of medicalization: "If you're presented with an

extremely effeminate boy—or an extremely boyish girl—some clinicians will be more likely to think of [transition] as justified. It may seem natural, fitting. It may seem more fitting [in these cases] than for a gender-conforming child."

Nicole Althea situated the rise in trans identification in a context of deteriorating mental health among young people—in particular among girls. "These girls are vulnerable… social contagion is by no means something exceptional in medicine," Althea said, pointing to the development of tic-like disorders and the way eating disorders like anorexia spread through social networks. Unlike anorexia, however, where the desire to drastically alter the body is seen by medical providers as pathological, "we offer these adolescents the possibility to change their bodies." Thus, we should not be surprised when the distress—which runs deeper than any physical intervention can touch—persists. As Claude Habib expressed it, transition is a "mirage that disappears as you get closer."

Thus, no matter what we call it—whether gender dysphoria or pubertal sexuation anxiety—what these young people experience is perhaps best conceptualized as an idiom of distress. Braunstein discussed the philosopher Ian Hacking's concept of 'looping effects'—the way categories in human sciences "manufacture people" to fit those categories, and vice versa—and Edward Shorter's concept of the 'symptom pool,' from which distressed people unconsciously select symptoms that will lead doctors and loved ones to take their distress seriously. Or, as David Bell put it, "All psychiatric illness occurs on the boundary between the individual and the culture" and the ways distress manifests shift in response to cultural changes.

Chantal Delsol highlighted the gap between the ways transgender identities and transition are represented in popular culture and the limits of what hormones and surgeries can offer: "Gender transition is presented as an extraordinary adventure, a trip to the limits, the ultimate revolution that turns things around." But step outside of this highly specific cultural context and it becomes clear that gender is not a "revolutionary adventure, but rather a nightmare of mental and physical suffering."

Samuel Veissiere explored other factors that may motivate young people to adopt a trans identity. In his work with trans-identified patients, Veissiere saw clearly that young people may claim a trans identity as an attempt to exercise agency and find meaning and purpose in life. This may, in some cases, lead young people to radicalize, making personal sacrifices and justifying—or taking part in—violent actions "in the name of a cause they consider to be noble." For young people in search of meaning, trans activism offers a compelling picture of the world as a "clash between good and bad, pure and impure." Under trans ideology, young people embrace "new taboos and sacred notions" with the fervency of converts, whose strident new beliefs lead to conflict with their families and social environments.

As a parent representative from the Association pour une approche Mesurée des Questionnements de Genre put it, parents—and doctors—"need an answer to the question of 'then what?' Something to offer these young people as an alternative to transition." Psychotherapy offers such an alternative by challenging rigid beliefs and encouraging young people to think more widely about their possible futures.

"This field of medicine has to be treated like any other field of medicine"

The conference brought together colleagues from across the world, including Australia, Austria, Belgium, Canada, Finland, the Netherlands, Spain, Sweden, the United Kingdom, and the United States.

Riittakerttu Kaltiala, who oversaw the development of the first children's gender clinic in Finland in 2011, described how her clinical observations—that young people who had been 'affirmed' in their new gender identities were *not* thriving—motivated her to research the surge of adolescents and young adults seeking gender transition. Kaltiala and her team found that this new cohort of patients diverged were presenting with more serious mental health comorbidities, and that the need for psychiatric support did not subside after undergoing transition-related interventions, concluding that most adolescents will not benefit from transition. "Medicine has to correct itself by accumulating new evidence and evaluating old practices against this new evidence. This is the only way that medicine can provide health benefits and prevent harm." But when she tried to publish and present her research in the area of gender medicine, Kaltiala met with opposition she had never encountered before:

> "When I first observed that these patients were different than expected and that they were not thriving as expected, I thought it was my duty to immediately inform the scientific community. It took me many years to understand that they didn't want to hear it. It didn't occur to me that this field did not operate in the same way as any other field, which incorporates evidence and corrects course."

Instead, Kaltiala saw colleagues in the field of gender medicine frequently publishing conclusions that "wildly diverged" from the evidence. Kaltiala concluded that "this field of medicine has to be treated like any other field of medicine."

Sven Román commented on trends in trans identification in Sweden, describing the increase in young people presenting with gender distress as "astonishing." In the early 2000s, children and adolescents rarely presented for medical assessment and treatment with such issues. In the year 2001, just two children and 12 adults under the age of 45 were diagnosed with gender dysphoria. By 2018, this small country saw 486 cases among children and adolescents, and 1,878 cases among adults under age 45, with Román reporting that "it is my understanding that Sweden has the highest rate of gender-dysphoric youth in the world." Since 2019, cases among girls may be leveling off, while pandemic isolation may have triggered an increase among boys. The Swedish government instigated a scientific review of the evidence for youth gender transition under pressure from alarmed parents and scrutiny from investigative reporters. This review ultimately concluded that the risks of 'gender-affirming care' likely outweighed the benefits. In the spring of 2021, following the release of the systematic review of the evidence for pediatric gender transition, Karolinska Hospital—which had previously offered a range of 'gender-affirming' interventions for minors—reversed course, ceasing hormonal treatments for patients under the age of 16 and offering such interventions only in research settings for young people aged 16 to 18.

In the United Kingdom, David Bell witnessed the same explosion of cases, in a context of ideological capture and intimidation at key institutions, including the Gender Identity Development Service (GIDS) clinic for children and adolescents at the Tavistock. Over just 10 years, the number of children and adolescents presenting to GIDS rose from 50 to over 3,700. The entanglement of adult demands for self-identification policies with children's medical care made it difficult for critics and concerned clinicians to speak out "for fear of being seen as anti-liberal or anti-LGBTQ." In his capacity as a member of Tavistock's council of governors, Bell was approached by concerned

clinicians at GIDS. The climate of intimidation was such that “only one would speak to me in my office,” Bell remembered. In 2018, Bell wrote a report detailing these concerns, which he brought to the council of governors against management directives. This and other factors—including critical reporting from the BBC, the Times, and tabloid papers—raised the pressure on GIDS. In 2020, a judicial review instigated by an ex-GIDS patient concluded with expressions of “shock and concerns about quality of care, poor governance, lack of data, lack of any follow up, and lack of interest in what happened to children after they left the service. These judges, in their very English way, expressed absolute horror at what they had heard by saying ‘We are somewhat surprised to hear…’ That means ‘shocked’ in English.” Momentum continued to build. Legal cases relating to freedom of expression for gender-critical beliefs and protection from intimidation in the workplace “undermined the culture of fear.” In 2021, a highly respected pediatrician, Hilary Cass, undertook an independent review of gender identity services for children and adolescents, releasing her team’s final report—alongside systematic reviews of the evidence—in the spring of 2024. Cass and her team raised concerns about inadequate care at GIDS and questioned the core beliefs underlying pediatric gender transition. Today, the debate in the United Kingdom is much more open. More restrictive prescribing policies may help protect children. Puberty blockers, for example, will no longer be offered through the National Health Service outside of as-yet-unauthorized clinical trials, and the government has moved to ban private prescription of puberty blockers as well. Bell does not believe that proposed clinical trials will meet ethical standards: “to subject children to such a trial would be an ideological motion, not an ethical one.” But areas of concern—especially around indoctrination in schools and private prescribing—remain.

Other countries have yet to reckon with the lack of evidence supporting youth gender transition. In Spain, José Errasti, from Oviedo, noted that little progress had been made due to politicization around the topic of gender. Politicians see gender as a way to win youth support. Silvia Carrasco reported that the province of Catalonia has seen the same explosion of girls identifying as trans that has appeared across the West—but that there is no curiosity about why so many girls are now seeking transition and no interest in researching treatment outcomes in this population. Carrasco argued that, “without this ideology, we wouldn’t see these problems in young people.” Marino Pérez Alvarez indicated that, while he has detected some movement within medical associations, there has been little change at the institutional level. In Belgium, Beryl Koener reported that the country’s three gender clinics all follow WPATH guidelines. The focus is on removing barriers to transition—“the aim is to provide fast-track affirmation without the need for exploration”—rather than questioning the advisability of these interventions. In Germany, Austria, and Switzerland, an open discussion about gender transition for youth is now underway, André Leonhart reported, after years when debate was chilled and suppressed. In France, Christian Flavigny discussed the cultural differences between France and the Anglosphere that have so far mitigated the impact of this ideology, pointing in particular to differing attitudes towards the body (“According to the ideology of the United States, you are the owner of your body. In France, the body is considered to be unavailable”). Yet the number of young patients seeking transition is also on the increase here in France. It may only be a matter of time before French clinicians are confronted with the same surge of desperate patients.

In the United States, Zhenya Abbruzzese reported that “every family has an affected child, relative, or friend. That’s how ubiquitous trans identity has become… In psychology, we look at predisposing, precipitating and maintaining factors. When I think about the United States as a society, as a patient, we need to think about these same factors.” Abbruzzese pointed to the English language as a vector: “The more fluent a young person is in English, the more likely they are to be affected.” Similarly, the more exposed a country is to English-language media, the more likely it is that clinics will see an explosion of young patients seeking transition. Financial factors matter,

too—not just the cost of puberty blockers, hormones, and surgeries—but also the financial stakes for advocacy organizations. After gay marriage, lobbying organizations that had formed to advance gay rights needed a new cause. “Organizations don’t like to self-destruct. They want to self-perpetuate.” Rather than close up shop, many of these organizations pivoted to trans issues. Organizations that once advocated for lesbian and gay young people found themselves “fighting for lesbian girls to remove their breasts.” These organizations subsequently poured money and resources into states that attempted to regulate pediatric gender transition. According to Abbruzzese, the refusal of medicine to self-correct means that the “only arena left is the public one.”

Stephen Levine explored the reasons why pediatric gender transition has become a political battle in the United States, arguing that this “medical transformation of healthy bodies” stirs up “intense religious, ethical, scientific, and political” sentiments, including religious beliefs that “God created male and female bodies with distinctive forms and functions that should not be altered,” knowledge of “youthful incapacity to grasp the determinants of adult happiness,” the “expectation that science should first demonstrate long-term safety before promulgating life-changing interventions,” “intuitive skepticism that [patients who undergo transition] will have the same chance of achieving full and satisfying lives” as their peers, and the charge placed on medical providers to “do no harm.” “We have different views on how to improve and conserve the health of society,” Levine observed. “American liberals see the embrace of sexual minorities and the end of all social and legal discrimination as a means of improving society. They believe that parents, patients, and doctors should decide… They believe change is necessary for all societies to advance.” Conservatives, on the other hand, see gender transition as “risking the destruction of the basic unit of society: the family.” Furthermore, conservatives do not trust medical institutions on this issue and “reserve the right to regulate the medical profession on this issue because they do not see trans adults as having satisfying lives.”

Recently, unsealed documents in a lawsuit over Alabama’s ban on pediatric gender transition have revealed the World Professional Association for Transgender Health’s suppression of evidence, including the commissioning and subsequent concealment of systematic reviews of the evidence for puberty blockers, hormones, and surgeries. These documents prove that WPATH knew the evidence for pediatric gender transition was poor, but pushed ahead anyway, misleading patients, parents, doctors, policymakers, and the public. Abbruzzese predicted that WPATH will be “the victim of its own success” because WPATH’s standards of care are the “foundation of gender-affirming care in every country.” “Now that we know how WPATH suppressed and manipulated the evidence… every country and association and hospital that based their approach on WPATH standards of care is vulnerable.”

Conclusion

L’Observatoire intends to continue its collaboration with the Society for Evidence-Based Gender Medicine by organizing further joint congresses. L’Observatoire will be launching training courses targeting professionals—including doctors, psychologists, teachers, and school administrators—at the end of November 2024.
Books have just been published or are currently being written.
Articles are also being published (in Belgian, French and American medical journals).