

## **Fact Sheet: International Trends in Care for Children with Gender Dysphoria**

**September 2023**

### **Sweden:**

In February 2022, Sweden's National Board of Health and Welfare (NBHW) released updated guidelines for the care of gender dysphoric children, citing increased incidence of detransitioners and young adults with transition-related regret.<sup>1</sup> NBHW noted:

- The risk of hormonal treatments outweigh the benefit in the vast majority of cases.
- Psychological and psychiatric support will become the first line of treatment, especially in cases of autism spectrum disorder.

As of May 2021, Astrid Lindgren Children's Hospital in Stockholm ended prescribing of puberty blockers and cross-sex hormones.<sup>2</sup>

- Hormonal interventions are prescribed to a minority of patients suffering from prepubertal onset of GD, after extensive psychological evaluation, only within the setting of a clinical trial approved by the Ethical Review Agency/Swedish Institutional Review Board.

### **Finland:**

In June 2020, Finland's Council for Choices for Healthcare (COHERE) issued new guidelines stating that psychotherapy should be the first line of treatment for gender dysphoric youth, noting that a comprehensive review of the evidence showed medical evidence for pediatric transition is inconclusive and medical gender reassignment was not sufficient to improve mental health functioning.<sup>3</sup>

- Puberty blockers and cross-sex hormones will be reserved almost exclusively for minors with early-childhood onset of GD only, not those with co-morbid mental health conditions, especially not for adolescents who are exploring their personality and identity.
- Surgical treatments are not part of the treatment methods for GD; surgery will not be offered to those under 18 years of age. The guidelines warn against offering irreversible treatments to persons under 25 years of age because of incomplete neurocognitive development.

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<https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

<sup>2</sup> [https://segm.org/Sweden\\_ends\\_use\\_of\\_Dutch\\_protocol](https://segm.org/Sweden_ends_use_of_Dutch_protocol)

<sup>3</sup> [https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)

- Eligibility for hormonal intervention will be offered only in centralized GD research settings.

### **France:**

In March 2022, The National Academy of Medicine in France noted the driving mechanisms creating the phenomena of rapid onset gender dysphoria, blaming excessive engagement with social media, greater social acceptability, and influence within social circles.<sup>4</sup>

- Children desiring transition should receive extended psychological support in a multidisciplinary setting, given the risk of overdiagnosis and increasing incidence of detransitioners.
- Families should receive robust education and informed consent regarding the side effects of puberty blockers and cross-sex hormones and the irreversibility of treatments, especially surgery.
- The report highlighted impacts on bone growth and weakening, risk of sterility, emotional and intellectual consequences as well as the irreversibility of surgeries.
- The Academy urged parents to be vigilant regarding the addictive role of social media which harms the psychological development of children and contributes to the sense of gender incongruence.

### **United Kingdom:**

The Cass report, reviewing the lack of evidence for social transitions, puberty blockers, and cross-sex hormones, was published in October 2022. The Tavistock Gender Identity Service Clinic closed in late 2022. The National Health Service guidelines include:<sup>5</sup>

- Developmentally-appropriate comprehensive psychotherapy by a multidisciplinary team, not simply ‘gender dysphoria specialists,’ to assess the patient for autism, psychiatric conditions (anxiety/depression/self-harm/drug use), endocrine and metabolic disorders.
- Recognition that social transition is not a neutral act and is a form of therapy. NHS strongly advises against social transition of children, only after families and children accept informed consent.
- The NHS will allow puberty blockers only in formal research settings, because of the unknown long-term effects of these medications, and cautions against cross-sex hormones.

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<sup>4</sup><https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=e>

<sup>5</sup>[https://www.engage-england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user\\_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf](https://www.engage-england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf)

- Families who seek puberty blockers and hormones outside the NHS protocols will be strongly cautioned against accessing such treatment.
- Surgical transition is not allowed for minors.

### **Australia and New Zealand:**

The RANZCP (Royal Australian and New Zealand College of Psychiatrists) is the first Psychiatric group to recognize the lack of evidence-based research regarding treatment for gender dysphoria.<sup>6</sup>

- In August 2021 released its first position statement addressing the mental health needs of people with GD, noting “polarised views and mixed evidence regarding treatment options for people presenting with gender identity concerns and a paucity of evidence” regarding treatment.
- Until high quality research based evidence is available regarding endocrine and surgical interventions, exploratory psychotherapy should be the first-line treatment for youth suffering from gender confusion, to explore the full spectrum of mental illness, family history and context in which gender dysphoria has arisen to formulate personalized individual counseling.

### **Denmark:**

In July 2023, the Journal of the Danish Medical Association published a discussion regarding their reticence to proceed with medical transition of gender dysphoric minors, citing increased numbers of gender dysphoric youth with comorbid psychiatric disease, influence of social environments on children, uncertainty regarding side effects of treatments, and growing incidence of detransitioners. While official guidelines have not been created, Denmark offered medical transition treatment to only 6% of patients in 2022 as opposed to 65% of patients in 2018.<sup>7</sup>

### **Norway:**

In March 2023, the Norwegian Healthcare Investigation Board (NHIB/UKOM) declared that evidence for transgender interventions is deficient, and the long-term effects are little known, especially in the teenage population which may be suffering transient gender distress. Youth

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<sup>6</sup><https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria>

<sup>7</sup> <https://segm.org/Denmark-sharply-restricts-youth-gender-transitions>



gender transition will become the exception, no longer an automatic right when children claim to have gender dysphoria.<sup>8</sup>

### **International Pushback:**

In July 2023, 21 clinicians and researchers from 9 countries questioned Dr. Hammes of The Endocrine Society regarding gender-transition guidelines and lack of scientific evidence to support the guidelines. Read the letter in the Wall Street Journal: [Youth Gender Transition Is Pushed Without Evidence - WSJ](#)



*A project of The American College of Pediatricians*

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<sup>8</sup><https://dailycaller.com/2023/03/10/norway-health-care-system-transgender-gender-affirming-care-evidence-baed/>