

My name is Stella O'Malley and I'm a psychotherapist. I've had three books published with a fourth on the way and my focus is primarily on mental health and parenting concerns.

I have always had an interest in trans issues as I had a very intense experience of gender dysphoria myself for most of my childhood. As a result I have always had a deep understanding of why people seek medical transition – I know this feeling.

As a result I was quick to notice the recent upsurge in the numbers of children seeking medical transition and I presented a film about this issue for the UK television in 2018. Since then I have been inundated with requests for counselling from a wide range of people who have been touched by this issue – every day I receive emails from parents who are concerned about their children, from who have transitioned and who feel distressed by the many medical complications related to this and from detransitioners.

As a result of the vast numbers involved, I closed my waiting list long ago and instead opened the Gender Dysphoria Support Network (we call it the GDSN) to provide assistance to families who have been impacted by gender issues. We started in 2020 with one GDSN meeting a week and this quickly turned to two, three, four and now every single day there are meetings for parents and others who are concerned about their loved ones.

The key thing about the participants at these meetings is that these are loving, engaged, liberals who voted for gay marriage, took part in Pride marches and waved the Rainbow flag. They welcome and accept trans people for who they are – their problem is that the doctors and therapists treating gender dysphoria ignore the many other diagnoses that are presenting have – diagnoses such as autism, AHDH, OCD, anxiety, and eating disorders – and instead focus only on gender and gender alone.

It's as if gender dysphoria trumps all other diagnoses and yet anyone who works in mental health (or who even has a good working knowledge about the psychology of the mind) understands that different issues interact with one another. And yet we contain multitudes – none of us are simply walking gender identities, and acknowledging our complexities should not be dismissed as some form of twenty-first century conversion therapy. For example, an autistic teenager can have a very black-and-white outlook and believe that if they don't feel like a girl then they must be a boy. Equally, a person with ADHD can become hyper-fixated on a specific medical framework and believe that this path is the answer to their anxiety.

As the GDSN meetings grew and grew, I quickly realised that there was a major issue being ignored – that loving and engaged parents voices were being ignored and so I established Genspect in 2021. Genspect currently represents 18 different organisations from 16 different countries. There are literally thousands of parents all saying the same thing:

- that their teenager is suffering from many significant complex issues but the doctors, in a bid to be affirmative, are only focusing on gender;
- that the parents are happy to help their children to medically transition if this would help BUT that the gender affirmative treatment approach is ignoring all the other problems in their children's lives

- and that their teenagers were accessing hormone treatment and genital surgery within one or two sessions and, contrary to widespread belief, they are not offered any significant evaluation process before accessing medical treatment

Of course we therapists and other health professionals should affirm a client's emotions and we should affirm their thoughts and beliefs, but it is not appropriate for a therapist to *confirm* the client's emotions, thoughts or beliefs. If a young person is experiencing a range of difficulties, then the appropriate response from the therapist is to hasten slowly – to hold therapeutic space so that the individual can have the opportunity to figure out what they are feeling and what decisions might work best for them. Fast-tracking down a medical road might work for some but it doesn't necessarily help everyone.

The issue with the gender affirmative model is that it is a one-size-fits-all approach when some young people – especially those who have experienced trauma or who have complex needs – need a gentler, slower, more individualised approach.

I'm currently studying for a PhD on gender dysphoria in childhood and adolescence and my research is focused on the many ways we can support gender-distressed young people. It turns out that helping a teenager to manage their distress, to process their emotions and to build their self-awareness is pretty much always valuable – sadly the Gender Affirmative Approach does not provide the client with helpful tools to enable distress tolerance, emotional regulation or behaviour management – while other more therapeutic approaches such as an exploratory, compassion-oriented approach could help with this.

As we will hear from the three parents on this call, there are multiple paths into gender dysphoria and in my work as a psychotherapist working with gender dysphoric youth, there are also multiple paths out of it. A one-size-fits-all approach is over-focused on medical intervention and will not help young people who need a more psychological approach.