



Statement regarding medical affirming treatment, including puberty blockers, for trans adolescents

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From the Sexuality and Gender Division (SGD)
of the Psychological Society of South Africa (PsySSA)



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The SGD stands in support of the statement (hereafter “the statement”) from the Boards of Directors of the World Professional Association for Transgender Health (WPATH), the European Association for Transgender Health (EPATH), the United States Professional Association for Transgender health (USPATH), the Asian Association for Transgender Health (AsiaPATH), the Canadian Association for Transgender Health (CPATH), the Australian Professional Association for Trans Health (AusPATH), and the Professional Association for Transgender Health Aotearoa (PATHA) in response to the Bell v. Tavistock judgment in the London High Court.

On December 1, 2020, the London High Court ruled that children (in this case trans adolescents under 16) are highly unlikely to be able to consent to taking puberty blockers: as a result all applicants for gender affirming medical intervention in the UK under the age of 16 must first seek authorisation from a court of law to obtain necessary and effective medical care.

The key challenge of this ruling is that young people who are trans will only be able to access puberty blockers after their bodies have started to enter adolescence, when irreversible changes have already taken place, often causing extreme distress to them. Puberty blockers need to be administered while an adolescent is at Tanner Stage 2, giving them time to be clear that they wish to access Hormone Replacement Therapy, a gender affirming intervention. These interventions could also lead to surgical interventions at a much later stage.

At the heart of the case lies an anxiety that young trans and gender diverse people are being given medical interventions before they are ready for them, before they have clearly decided they are trans, in response to an alleged “trans “lobby” which refuses to acknowledge that gender fluidity may be a “stage” that young people pass through. In essence this anxiety is about young people being steered, manipulated and hurried towards irreversible interventions before they are ready and while their identity is being solidified.

The SGD acknowledges these anxieties and uncertainties, but using the age of 16 as a cut off point for a young person’s independent decision making ability means that those affected by this decision, who are indeed trans, will face a life of emotional, physical and social hardship which seems unnecessary and punitive.

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Furthermore, the professionals in institutions working with young trans people are at pains to ensure that the best possible outcome is found for young people who are questioning around gender, and hurrying a young person towards irreversible medical interventions is unethical and antithetical to the ethical codes these professionals sign up for.

The SGD would argue that forcing young people to wait until they are 16 for puberty blockers is cruel and harmful. Puberty blockers do not, as far as has been established so far, bring harm to young people, rather they allow them, their families, and the professionals working to support them, time to arrive at a sensible and sober decision about whether to take the trans journey further. This further trans journey is not inevitable, can take multiple forms, some of which include hormones and surgeries, and is subjected to a separate consent process.

The SGD thus stands firmly in support of the statement from WPATH and others, noting that irreversible harm could come to young people denied puberty blockers. As always, our first guiding ethical principle should be to “do no harm”. In this instance, harm is surely to come, and this harm is preventable.