**Letter for Therapist/Institution**

**Stating Intention & Understanding of Research re. Transgender Issues**

PARENT ADDRESS

CITY, STATE, ZIP CODE

DATE

THERAPIST/ORGANIZATION NAME

ADDRESS

CITY, STATE, ZIP CODE

Dear SIRS/MADAMS:

Our child \_\_\_\_\_\_\_\_\_\_\_\_\_ will be provided therapy by you for the following issue(s):

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Please initial on the appropriate lines below, indicating your intentions regarding our child’s therapy, and your understanding of the research and intentions regarding each item.

\_\_\_\_\_ I will not discuss any topics regarding transgender ideology, policy, diagnosis, self-diagnosis, care, or treatment with the child named above. I will not volunteer such topics for discussion, and if the child brings up such topics, I will decline to comment on them, and will refer the child to the parents to discuss such topics.

If you are not willing to commit to the above statement, please read each of the following studies (by clicking the links provided) and then initial the appropriate statement below each study.

**Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden** (<https://pubmed.ncbi.nlm.nih.gov/21364939/>)

**Conclusion:**Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.

\_\_\_\_\_ I have read the above study. Understanding its conclusions, I still intend to discuss transgender ideology, policy, diagnosis, self-diagnosis, care, and/or treatment with the child named above. I accept the risks associated with long-term outcomes for this child, including but not limited to future legal consequences.

**Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development** (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4396787/>)

**Results:** The number of referrals exceeded expectations in light of epidemiological knowledge. Natal girls were markedly overrepresented among applicants. Severe psychopathology preceding onset of gender dysphoria was common. Autism spectrum problems were very common.

**Conclusion:** The findings do not fit the commonly accepted image of a gender dysphoric minor. Treatment guidelines need to consider gender dysphoria in minors in the context of severe psychopathology and developmental difficulties.

\_\_\_\_\_ I have read the above study. Understanding its conclusions, I still intend to discuss transgender ideology, policy, diagnosis, self-diagnosis, care, and/or treatment with the child named above. I accept the risks associated with long-term outcomes for this child, including but not limited to future legal consequences.

**Outbreak: On Transgender Teens and Psychic Epidemics** (<https://www.tandfonline.com/doi/full/10.1080/00332925.2017.1350804>)

**Summary:** With the best of intentions, the modern psychiatric and medical establishments have contributed to a situation in which minor children have been supported in believing that they are the opposite sex, and must alter their bodies drastically to ameliorate this situation. The mainstream media has quickly validated this line of thinking, and those who have doubts are reticent to express them for fear of being viewed as bigoted or being on the receiving end of career-altering attacks.

\_\_\_\_\_ I have read the above paper. Understanding its conclusions, I still intend to discuss transgender ideology, policy, diagnosis, self-diagnosis, care, and/or treatment with the child named above. I accept the risks associated with long-term outcomes for this child, including but not limited to future legal consequences.

**Bias, not evidence dominates WPATH transgender standard of care** (<https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/>)

Summary: When someone says “transition-related care is safe, effective, and supported by the entire mainstream of the medical community”, they are basing their faith unquestioningly on guidelines that were developed by people and organizations with conflicts of interest, with no systematic review, and with no evidence of safety or efficacy of treatment.  These “guidelines” do not meet inclusion criteria for any clinical guideline database and have not received an endorsement from any professional body in Canada. And yet, WPATH guidelines are given as the rationale to support the unthinkable: to physically harm a distressed and vulnerable population.

\_\_\_\_\_ I have read the above article. Understanding its conclusions, I still intend to discuss transgender ideology, policy, diagnosis, self-diagnosis, care, and/or treatment with the child named above. I accept the risks associated with long-term outcomes for this child, including but not limited to future legal consequences.

**New Systematic Reviews of Puberty Blockers and Cross-Sex Hormones Published by NICE: *Weighing potential benefits against profound long-term uncertainties*** (<https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence>)

Summary: It is SEGM's position that the significant uncertainties regarding the long-term risk/benefit profile of "gender-affirmative" hormonal interventions call for noninvasive approaches as the first line of treatment for youth.

\_\_\_\_\_ I have read the above review of research. Understanding its conclusions, I still intend to discuss transgender ideology, policy, diagnosis, self-diagnosis, care, and/or treatment with the child named above. I accept the risks associated with long-term outcomes for this child, including but not limited to future legal consequences.

Please sign here to indicate your full agreement with the statements which you initialed above:

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Signed by the parent(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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