

Aarhus 09.05.2021

Til Ligestillingsudvalget

Vedr. B 80 Forslag til folketingsbeslutning om, at regeringen pålægges ikke at indføre en ret til juridisk kønsskifte for børn

Som angivet i mit brev af 8. maj 2021 skal jeg hermed følge op med supplerende spørgsmål, som jeg håber, Ligestillingsudvalget vil forelægge ministeren.

Følgende fremgår af side 25 – 27 i bogen "Irreversible Damage – Teenage Girls and the Transgender Craze" af Shrier, udgivet 2020 af Swift Press:

*"In 2016, Lisa Littman, ob-gyn turned public health researcher and mother of two, was scrolling through social media when she noticed a statistical peculiarity: several adolescents, most of them girls, from her small town in Rhode Island had come out as transgender – all from within the same friend group. "With the first two announcements, I thought, 'Wow, that's great,'" Dr. Littman said, a light New Jersey accent tweaking her vowels. Then came announcements three, four, five, and six.*

*Dr. Littman knew almost nothing about gender dysphoria – her research interests had been confined to reproductive health: abortion, stigma and contraception. But she knew enough to recognize that the numbers were much higher than extant prevalence data would have predicted. "I studied epidemiology ... and when you see numbers that greatly exceed your expectations, it's worth it to look at what might be causing it. Maybe it's a difference of how you're counting. It could be a lot of things. But you know, those were high numbers."*

*In fact, they turned out to be unprecedented. In America and across the Western world, adolescents were reporting a sudden spike in gender dysphoria – the medical condition associated with the social designation "transgender". Between 2016 and 2017 the number of gender surgeries for natal females in the U.S. quadrupled, with biological women suddenly accounting for – as we have seen – 70 percent of all gender surgeries. In 2018, the UK reported a 4,400 percent rise over the previous decade in teenage girls seeking gender treatments. In Canada, Sweden, Finland, and the UK, clinicians and gender therapists began reporting a sudden and dramatic shift in the demographics of those presenting with gender dysphoria – from predominantly preschool-aged boys to predominantly adolescent girls.*

*Dr. Littman's curiosity snagged on the social media posts she'd seen. Why would a psychological ailment that had been almost exclusively the province of boys suddenly befall teenage girls? And why would the incidence of gender dysphoria be so much higher in friend clusters?*

*Maybe she had missed something. She immersed herself in the scientific literature on gender dysphoria. She needed to understand the nature, presentation, and common treatment of this disorder.*

*Dr. Littman began preparing a study of her own, gathering data from parents of trans-identifying adolescents who had had no childhood history of gender dysphoria. The lack of childhood history was critical; as we have seen, traditional gender dysphoria typically begins in early childhood. That was true especially for the small number of natal girls who presented with it. Dr. Littman wanted to know whether what she was seeing was a new variant on an old affliction or something else entirely. She assembled 256 detailed parent reports and analyzed the data. Her results astonished her.*

*Two patterns stood out: First, the clear majority (65 percent) of the adolescent girls who had discovered transgender identity in adolescence – "out of the blue" – had done so after a period of prolonged*

social media immersion. Second, the prevalence of transgender identification within some of the girls' friend groups was more than seventy times the expected rate. Why?

Dr. Littman knew that a spike in transgender identification among adolescent girls might be explained by one of several causes. Increased societal acceptance of LGBTQ members might have allowed teenagers who would have been reluctant to "come out" in earlier eras to do so today, for example. But this did not explain why transgender identification was sharply clustered in friend groups. Perhaps people with gender dysphoria naturally gravitated towards one another.

Then again, the rates were so high, the age of onset had increased from preschool-aged to adolescents, and the sex ratio had flipped. The atypical nature of this dysphoria – occurring in adolescents with no childhood history of it – nudged Dr. Littman toward a hypothesis everyone else had overlooked: peer contagion. Dr. Littman gave this atypical expression of gender dysphoria a name: "rapid-onset gender dysphoria" ("ROGD").

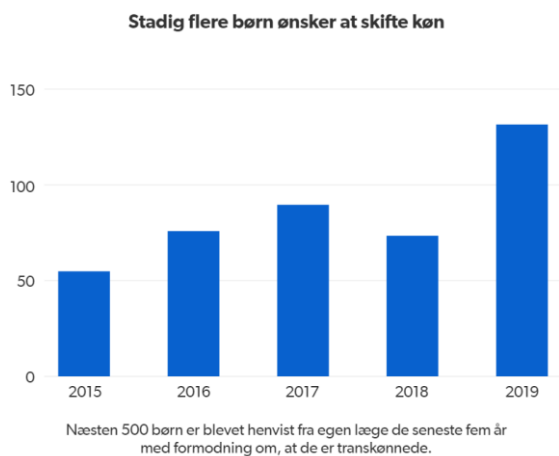
I lyset af ovenstående ønsker jeg, at Ligestillingsudvalget hører ministeren om følgende praksis fra den gældende vejledning er hensigtsmæssig:

<https://www.sst.dk/-/media/Udgivelser/2018/K%C3%B8nsidentitetsforhold/Vejledning-om-sundhedsfaglig-hj%C3%A6lp-ved-k%C3%B8nsidentitetsforhold.ashx?la=da&hash=3B9ACDB8D28D200B2E09F9111AD04C0E35487D9F>

De sundhedsfaglige indsatser skal bygge på respekt, lydhørhed, rummelighed og fleksibilitet. Den enkelte skal betragtes som den bedste kilde til forståelse af personens ståsted og livssituation. Den sundhedsfaglige indsats skal gives i en ramme og atmosfære, hvor personen føler sig velkommen. Personalet skal være tilgængeligt, og det skal være muligt at få hjælp og støtte, når det er relevant.

Er sundhedspersonalet klædt tilstrækkeligt godt på til at kunne skelne mellem rigtige og forkerte tilfælde? Har ministeriet ikke netop afskåret sig fra at kunne sortere modefænomenstilfælde fra ved at vejlede personalet som ovenfor.

<https://www.dr.dk/nyheder/indland/politikere-i-vildrede-om-hormonbehandling-til-boern-et-frygteligt-dilemma>



<https://www.dr.dk/nyheder/viden/kroppen/aendringer-i-samfundet-faar-flere-transkoennede-til-soege-behandling>

Tilbage i 2008 fik Rigshospitalets Sexologisk Klinik for Transkønnethed 65 henvendelser fra transpersoner, der gerne ville have kønsbekræftende kirurgi. I 2017 fik de 342, hvilket er en stigning på mere end 400%. Det viser tal, som DR Viden har fået fra Region Hovedstadens Psykiatri.

På Aalborg Universitetshospital har man også oplevet en stigning. Første kvartal af 2018 har budt på en 40% stigning i antallet af henvendelser i forhold til sidste kvartal året før.

et er ikke

Har man ikke derved skabt en fejl i sundhedssystemets behandlingstilbud, som hver dag antagelig koster børn deres kønslige førlighed?

Hvordan vil ministeren, evt. sammen med sundhedsministeren, få rettet op på fejlen?

Juridisk kønsskifte til børn skal ikke være tilladt, da det ville være at putte flere mink ned i det samme forkerte hul. Juridisk kønsskifte til børn bør ikke være tilladt af den enkle årsag, at hormonbehandling til børn bør være forbudt.

Hormonbehandling til børn bør under alle omstændigheder være forbudt, da ministerierne har vejledt sundhedspersonalet forkert på nuværende tidspunkt set i forhold til de nyere resultater, som forskningen er kommet frem til.

Og det er jo ikke fordi hormonbehandling skal stoppes for alle. Her er netop et eksempel, som er mere normalt, da hendes symptomer startede tidligt (og ikke inde på teenageværelset på baggrund af Youtubevideoer), og da hun tydeligvis "blot" er lesbisk:

<https://www.dr.dk/mitliv/hele-sit-liv-havde-jalal-foelt-sig-fanget-i-den-forkerte-krop-foerst-da-han-maerkede>

- Da jeg begyndte i børnehaven, begyndte jeg at mærke, at jeg var anderledes. Jeg kunne ikke sætte ord på det, men jeg var ikke som de andre piger.

Hvor stereotyp det end kan lyde, husker han, hvordan han ville klædes ud som 'Scream' og spille bordfodbold, mens de andre piger ville være prinsesser og lege med dukker.

Da hun var blevet voksen, kunne hun fint få hormoner og en topoperation, hvor brysterne fjernes. Det er disse tilfælde, som er OK og ROGD, der IKKE er ok. Og det kræver altså, at man kan spørge meget mere ind til livssituationen og udfordre denne og ikke blot acceptere, hvad der bliver sagt.

At kunne redegøre for sit liv og at kunne træffe valg, der binder resten af livet, skal under ingen omstændigheder overlades til børn og unge under 18 år.

Som et obiter dictum ville jeg udstede et moratorium fsva. hormonbehandling til børn allerede i dag. Forældrene bør informeres om de nye retningslinjer under hensyntagen til ROGD samt tilbydes rådgivning og hjælp til at håndtere barnets hormonnedtrapning samt evt. modtage erstatning for patientskade.

Jeg forbeholder mig ret til at stille flere spørgsmål til Ligestillingsudvalget samt fremkomme med bemærkninger til eventuelle svar fra Ligestillingsudvalget eller ministeren

Vh Jacob Naur