



Consultation on safety measures for the use of puberty blockers in young people with gender-related health needs

From the National Collective of Independent Women's Refuges | Ngā Whare Whakaruruhau o Aotearoa (NCIWR)

Introduction

This section addresses questions 1-4 from the online form – we have chosen to email our response instead of completing the form as it is restrictive in how we can answer. We are happy for our submission to be public including our organisational contact information.

Our position is that puberty blockers are an essential part of gender-affirming care for young trans and gender diverse people. As the Ministry of Health recognises in their evidence brief the use of puberty blockers within a comprehensive care plan benefits these rangatahi. This medication can and does save lives by delaying the onset of puberty thus preventing an exacerbation of gender dysphoria which can lead to suicide in young people.

The National Collective of Independent Women's Refuges (NCIWR) is a non-governmental organisation with 41 member agencies, that has delivered services to women, children, and whānau affected by family violence in Aotearoa for 50 years. We represent victims of family violence, specifically wāhine and tamariki, who are the primary groups subjected to and impacted by family violence.

We are proud to be a takatāpui and LGBTQIA+ inclusive service as we believe that everyone deserves the right to freedom of identity, liberation from violence and oppression, and safety. Women's Refuge welcomes all women (including transgender, takatāpui and queer women) and non-binary clients into our safe houses, programmes, and services. Our commitment to and focus on perpetrator pattern of harm ensures an inclusive approach to understanding victim's individual experiences of victimisation regardless of sexual orientation, gender identity or gender expression.

The constitution of Women's Refuge determines that feminisms are multiple and evolving to reject other forms of oppression; that collectivism requires us to stand collectively with all harmed by gender-based violence; that restrictive and biologically-defined gender classification aligns with colonising rather than traditional perspectives; and that to nurture the diversity of takatāpui, the experiences and needs of transgender clients must be honoured alongside those of cisgender women.



Feedback on proposed 'safeguards' for puberty blockers

NCIWR works to promote political and social rights and freedoms for women and children. Stronger rights and freedoms keep women and children safe from gendered violence as one of the key drivers of violence is gender inequality. When harmful stereotypes, assumptions, and beliefs are socially sanctioned and reproduced through institutional practices, they inform both individual and collective perpetuation of forms of oppression such as heterosexism, homophobia (and biphobia), and transphobia. These forms of oppression increase the likelihood that sexual minorities and gender minorities will be vulnerable to violence, both by implicitly perpetuating ideas about these identities and bodies as less valuable and less valued, and by shaping social responses so that people with minoritised sexual or gender identities face greater barriers to accessing social, occupational, and familial stability (Dickson, 2016).

Women's Refuge does not support any additional restrictions on access to this medication (form question 5).

Additional restrictions specifically targeting trans youth would be a discriminatory set of regulations that further marginalises trans people and undermines the model of informed consent that healthcare professionals should abide by.

The limited data available suggests that the existing restrictions on puberty blockers is already a significant barrier that negatively impacts young trans and gender diverse people in Aotearoa New Zealand. In the Identify Survey 13% of trans and gender diverse rangatahi say that they want but cannot access puberty blockers (Fenaughty et al., 2022). Youth19 found that over half (55%) of transgender and gender diverse students had been unable to access healthcare in general when they needed it in the past year (Peiris-John et al., 2024).

Women's Refuge does not support any additional restrictions on who can prescribe puberty blockers (form question 6).

There is an overdemand for gender-affirming healthcare and high wait times are an issue for young people. Given this, additional restrictions would only compound this pressure on services and any distress for these young people.

Any additional restrictions on prescribing powers for puberty blockers could exacerbate the 'postcode lottery' of access to gender-affirming care. Trans people who live rurally or in regions without specially trained healthcare staff are already at a disadvantage for care. Any additional restrictions will only make this worse.

In addition, the onset of puberty and thus the prescription of puberty blockers is time sensitive. For a young trans person, delaying unwanted irreversible changes from puberty can improve wellbeing, improve future medical options, and prevent self-harm, suicidal ideation, and completed suicide.



Women's Refuge does not support any restrictions on who can access puberty blockers – all young people who are seeking them for gender dysphoria should be able to go through the process to receive treatment (form question 7).

The phrasing of this question raises concerns about why this submission process is aimed towards the use of puberty blockers for trans youth only. Denying use of medication to a particular group based on their gender and/or sex is sex-based discrimination which is illegal under the Human Rights Act (1993).

Whilst NCIWR agrees that there is a need for further research on all forms of gender-affirming healthcare, it would be deeply unethical if a system were created whereby young trans people can only have access to these medications as part of a clinical trial. Firstly, best practice for these trials requires a randomised blind control group – given the obvious effects of puberty these ideal conditions are not possible. Ethically, restricting access to some youth over others would be coercive and unethical – as would creating the condition of participation for access (even without a control group) as this restriction would make free and voluntary consent impossible (where a choice can be made with no fear of negative consequences).

Additional Comments

This section covers answers to question 8 and 9 of the online form.

Any additional restrictions imposed on access to puberty blockers will negatively affect trans and gender diverse young people. This is not acceptable.

At Women's Refuge our primary focus is recognising and addressing situations where there are imbalances of power and control, as such it would be remiss of us not to acknowledge the broader circumstances in which this consultation is occurring. With this process, the Ministry of Health has invited the general population of Aotearoa New Zealand to weigh in on healthcare access and options for a particularly small and vulnerable group of young people. This is a highly unusual and inappropriate move by the Government (those with power) that is effectively an act of discrimination against a marginalised group (those without power).

This consultation is a particularly egregious example of the targeting of a minority group given that a) the restriction of puberty blockers is **only** proposed for trans youth not cisgender young people who may be experiencing precocious puberty; and b) the significant increase of overt and violent transphobia in Aotearoa New Zealand and worldwide (Branigin & Kirkpatrick, 2022; Hattotuwa et al., 2023) that has been described as “fascist” and “genocidal” by the Lemkin Institute of Genocide Prevention (2022).

We also have concerns about the way this consultation has been conducted. Firstly, the online form (which we have declined to fill out) is filled with leading questions and forced choice answers that bias responses towards being ‘pro-restrictions’. For example, in question 7 it has been made impossible for us to give our whole and accurate input – which is that any trans or gender diverse young person who needs treatment should have access to the process to receive it.

Further, very few Rainbow organisations, such as Gender Minorities Aotearoa, who work with trans young people, have been appropriately consulted. Health officials have directly stated that spaces of



consultation have not been safe for trans people, meaning their highly salient feedback on this issue has not been centred as it should be. And expert organisations such as the Professional Association for Transgender Healthcare Aotearoa (PATHA), who authored the current guidelines for medical practitioners to give high quality care around puberty blockers, have not been approached to consult or contribute as experts in this area.

Recommendations

We tautoko the recommendations of NZ Parents of Transgender and Gender Diverse Children. We urge the Ministry of Health to:

- Give decision-making power over the use of puberty blockers to whom it belongs: young people, their family, whānau, and healthcare professionals;
- Engage with expert groups to facilitate safe consultation with those directly impacted by any decisions in this area;
- Improve access to puberty blockers for **all** transgender and gender diverse young people in Aotearoa New Zealand;
- **Not** hold transgender healthcare to a higher evidentiary standard than any other form of healthcare;
- **Not** introduce any new restrictions on prescribing puberty blockers in the context of gender-affirming care;
- **Not** make any related regulations to legally restrict prescribing of these medications, such as a regulation made under the Medications Act.

We are happy to be contacted at Research@refuge.org.nz to give clarification about any of the points in our submission.



References

- Branigin, A., & Kirkpatrick, N. (2022, October 14). Anti-trans laws are on the rise. Here's a look at where — and what kind. The Washington Post. <https://www.washingtonpost.com/lifestyle/2022/10/14/anti-trans-bills/>
- Dickson, S. (2016). Building Rainbow communities free of partner and sexual violence. Hohou Te Rongo Kahukura – Outing Violence. <http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-2016.pdf>
- Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P. & Veale, J. (2022). Identify survey: Community and advocacy report. Identify Survey Team.
- Hattotuwa, S., Hannah, K., & Taylor, K. (2023). Transgressive transitions: Transphobia, community building, bridging, and bonding within Aotearoa New Zealand's disinformation ecologies March-April 2023. The Disinformation Project. <https://thedisinfoproject.org/wp-content/uploads/2023/05/Transgressive-Transitions.pdf>
- Human Rights Act 1993.
- Lemkin Institute for Genocide Prevention. (2022, November 29). Statement on the Genocidal Nature of the Gender Critical Movement's Ideology and Practice [Press Release]. <https://www.lemkininstitute.com/statements-new-page/statement-on-the-genocidal-nature-of-the-gender-critical-movement%E2%80%99s-ideology-and-practice>
- Peiris-John, R., Ball, J., Clark, T., Fleming, T., and the Adolescent Health Research Group. (2024). Youth Mental Health Needs and Opportunities: Leveraging 25 Years of Research from the Youth2000 survey series. The University of Auckland and Victoria University of Wellington.