

An exploratory inquiry on the impact of gender identity ideology and the ‘affirmative model’

On February 28, 2023, Spain passed a national act on legal sex self-identification. This law supports the depathologisation of gender dysphoria, and makes it a hate crime to hold ideas that challenge transgender ideology, that can be punished with fines and the withdrawal of professional licenses for health professionals who practice outside of the so-called “affirmative therapy”. But the introduction of gender identity ideology and the notion of “affirmative therapy” had begun much earlier, in regional laws and regulations. Since 2014, up to 40 trans laws and protocols on anti-discrimination, education, and health have been passed in regional parliaments with the support of parties from across the political spectrum (social democrats, conservatives, and nationalists).

An interdisciplinary team of researchers from Feministes de Catalunya decided to investigate the impact of the ‘trans law’ in Catalonia¹, which

encompassed its corresponding educational and health protocols. Like all legislation dictated by transgender ideology, this law promotes the so-called “affirmative model” as the only treatment for gender dysphoria², which is based on the self-diagnosis of the person, no matter how old, and the belief that one can be born in the wrong body. The treatment, framed as a “right”, is to adapt the person’s body to his or her true “gender identity”. All these ideas have been massively disseminated through social media, influencers, celebrities, TV shows, films and series, and awareness-raising activities in schools and universities in recent years.

In December 2021 there were no accessible, official open data about the number of people in the process of medically transitioning. Still, all the signs around us suggested that an increase was occurring, especially among adolescent girls.

International context

Similar trends had already been identified in other countries. In September 2018, the UK equality minister, alarmed by the 4400% increase in girls being referred for cross-sex hormone treatment in less than a decade, commissioned an independent inquiry that resulted in the Cass Report, which came out in the spring of 2022. Following its shocking conclusions, the gender identity unit of the Tavistock-Portman clinic that served children and young people has been scheduled to close in 2024, and its model of care has undergone a major revision.

Among other things, the Cass Report revealed that there is no reliable record or clinical evidence of the benefits of “affirmative therapy”, and it underlined that this type of treatment

lacks medical consensus. Tavistock’s protocols had even been criticized by its own staff, with children fast-tracked into puberty blockers, cross-sex hormones, and surgeries, without psychological exploration. This neglected crucial questions: first, what happened to these kids, and why; and second, why was there an over-representation of girls and of children and youth with psycho-social vulnerabilities among those requesting transitions?

In Sweden, in 2021, the Karolinska Hospital decreed the end of treatments for children and underage youth with puberty blockers and cross-sex hormones after a longitudinal study showed that their mental health had not improved with such treatment. Instead, it found that the treat-

¹The Law 11/2014 of 10 October to guarantee the rights of lesbian, gay, bisexual, transgender, and intersex people and to eradicate homophobia, biphobia, and transphobia. Link to the text of the law in Catalan [here](#).

²According to the official source, the WHO ICD-11 has redefined gender identity-related health, “replacing outdated diagnostic categories like ICD-10’s “transsexualism”

and “gender identity disorder of children” with “gender incongruence of adolescence and adulthood” and “gender incongruence of childhood”, respectively.” Still classified as gender dysphoria, is defined in DSM-5-TR as clinically significant distress or impairment related to gender incongruence, which may include a desire to change primary and/or secondary sex characteristics.

ment caused serious damage. Since then, Sweden has replaced its “affirmative therapy” with ‘a psychological and ethical approach to the anxieties of children and youth who reject their bodies’, as they put it.

In Finland, in 2020, drawing on studies of care services for children and youth with gender dys-

phoria which yielded results similar to those in Sweden, the authorities decided to apply even more drastic measures, moving away from the standards set by the WPATH (World Association of Transgender Health Professionals) and choosing psychotherapy over any hormonal treatment or surgery for those under 25.

Data source and main findings

Our inquiry in Catalonia is based on data provided by the Department of Health of the regional government, the Generalitat de Catalunya, on the cases treated by the Servei Trànsit³ (the equivalent of the Gender Identity Development Service in the UK) between 2012 and 2021. Although the data are not complete and have not been provided with the level of disaggregation requested, we have reconstructed the evolution of the number of cases and trends by age, sex, and type of intervention or treatment (psychological consultation, hormone prescription, or surgery) when possible.

What is the situation in Catalonia?

- The total volume of cases treated is over 5,500 people, with **an exponential increase of more than 7000%** in ten years. New annual cases have quadrupled between 2016 and 2021, with the cases in 2021 accounting for 25% of the total number of cases since 2012. This is likely to reflect the impact of the Covid-19 confinement and increased exposure to social media, especially among children and youth.
- From 2012 to 2021, **the average age of referral has fallen 12 years**, from 35 to 23 years old.
- The referrals to Servei Trànsit (gender identity unit) are increasingly women and minors, with a **differentiated age pattern between women and men** that reveals very different situations:
 - Among children from 0 to 9, boys predominate (60.6% boys vs 39.4% girls).

- In the age groups between 10 and 25, girls predominate (65.1% girls vs 34.9% boys).
- Among adults over 25, men predominate (60.6% men vs 39.4% women). Men account for more than 70% of the cases older than 30.
- There has been an accelerated **change in the demographic pattern of gender dysphoria referrals**: from men to women and from adults to minors. Most cases of underage children are girls, and most of the cases of adults are men.
- The increase is alarming among pre-adolescent and adolescent girls: about 70% of cases in the 10-14 and 15-18 age groups are female. Although the increase is also alarming in the case of boys, **between 2015 and 2021 the yearly number of referrals to Servei Trànsit of girls aged 10 to 14 has increased 5700%**. This increase is much higher than the 4400% figure that caused the first alarm in the UK in 2018.
- There is an equally alarming **increase in the percentage of cases in which the sex of the person is not recorded**, reaching more than 10% in these same age groups. From the trends observed and the triangulation with data from other partial sources, it can be inferred that the cases for which sex is not recorded are mostly girls.
- Most cases are prescribed hormonal therapy regardless of age. Despite several requests to the Department of Health, data disaggregated by treatment, age and sex have never been

³Trànsit is the service of the Catalan Health Institute (ICS) specialised in gender dysphoria that began in 2012 in the city of Barcelona and since 2015 has been extended to the towns of the Barcelona Health Region (RSB) and the rest of Catalo-

nia (Tarragona in 2018, Lleida in 2019, and Central Catalonia and Girona in 2021). It became the regional reference model by law in 2017.

provided. However, in a 2016 report of their own, Servei Trànsit acknowledged that **in 87% of the cases, the prescription of hormones is provided on the first visit**, a fact confirmed by other medical sources.

Furthermore, we have reasons to believe that

our estimates are rather conservative: the actual impact of the affirmative model could be much worse. For example, we have had no access to, nor have been able to include, any data on private health providers or on pediatricians increasingly prescribing puberty blockers and hormones in primary health care services.

Questions and concerns arising from findings

- Why is sex not being recorded in an increasing number of cases? Is it the Department of Health that sets the criteria for data collection, or is it at the discretion of each gender unit? How is it possible that the sex of the person treated is not recorded, when the goals and types of treatment are related to sex characteristics?
- Does the Department of Health have data on the scope of the affirmative model in cases treated by pediatricians that are not referred to Trànsit? And in private healthcare? How many children and adolescents are receiving hormone treatments? How many teen girls are having mastectomies or other surgeries?
- What is the scientific evidence supporting these treatments? Are side effects being investigated in children treated by Trànsit beyond the so-called “research evidence” based on cases produced elsewhere that are being challenged and exposed by scholars?
- How long does it take from the moment of the first visit to start a hormonal treatment in children and on the basis of what medical criteria?
- How do referrals occur, i.e., how do children on puberty blockers, or undergoing social transition, end up in Trànsit? What role do schools⁴ play? What about transactivist organizations?
- What are the treatment trajectories? What is the follow-up after hormone treatment is prescribed, and for how long is the patient followed up?
- Are there people who, once treatment has started, have wanted to desist? What is the protocol of action in this case? Are long-term records kept such that accurate desistance rates can be calculated?
- What does the Department of Health believe to be the cause of the change in the demographics of the people served by Trànsit and the exponential increase in both the global volume and among children, especially adolescent girls? What do they plan to do about it?

A final remark

More and more children are rejecting their sexed bodies, especially since more and more adolescent girls do not want to become women. We must ask the critical questions regarding why this is happening, even though the recently passed ‘trans law’ forbids them being asked. Trends in gender dysphoria referrals are not independent of a society that is increasingly hostile to girls, who are targets of rising sexual violence, while their male peers increasingly deny it.

Far from resolving the causes of their discomfort, “affirmative therapy” irreversibly destroys their health without any proven benefit, and they are doomed to pharmacological dependence for life, for the sole benefit of the pharmaceutical industry. It is essential that independent investigations be initiated on gender identity units and that the affirmative model be abandoned. It is not a hate crime but rather a scientific, political, and social obligation.

⁴La Coeducación Secuestrada, a book coordinated by Silvia Carrasco and published on November 3rd, 2022, reports

on results from a 3-year study on the penetration of gender identity ideology in schools.

From adult men to adolescent girls

Changes, trends and queries about gender dysphoria referrals to Servei Trànsit in Catalonia, 2012-2021

The full report in Spanish and Catalan is available on our website:

<https://feministes.cat/es/publicaciones/informe-transit-cataluna-2022>

The report was sent to all the members of the regional Parliament of Catalonia and the low and high chambers in Spain in November, while the debates over the “trans” bill were still ongoing. It was presented in the Congreso de los Diputados on December 16, 2022:

<https://www.youtube.com/watch?v=qaeDrrqcu0c&t=3s>

In January 2023, the Council of Medical Associations of Catalonia issued a position document on ‘caring for gender diversity in children’ that quotes our report as the data analysis of reference. The document clearly expresses strong concerns about the affirmative model and the current clinical approach to dysphoria among the underage population. The document in English can be downloaded here:

<https://www.comb.cat/upload/Documents/9/9/9926.PDF>

None of these findings and warnings was taken into account by the members of parliament who voted for the “trans law”, in effect since March 2023:

<https://www.boe.es/boe/dias/2023/03/01/pdfs/B0E-A-2023-5366.pdf>

From adult men to adolescent girls

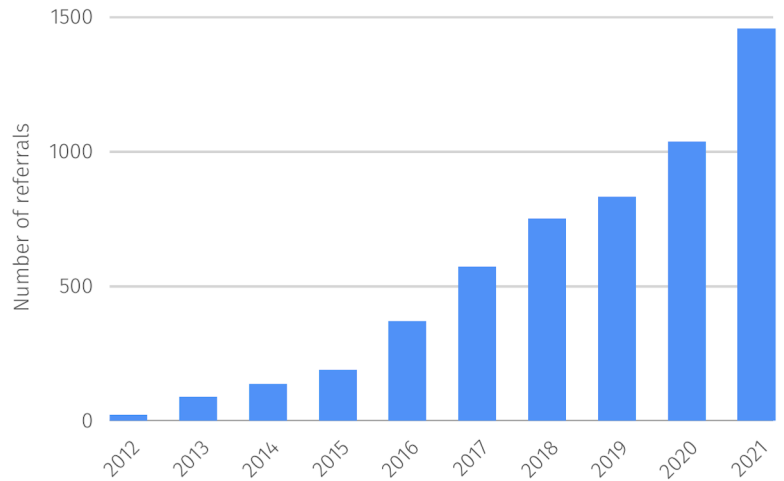
Changes, trends and queries about gender dysphoria referrals to Servei Trànsit in Catalonia, 2012-2021

Gender dysphoria referrals increased x4

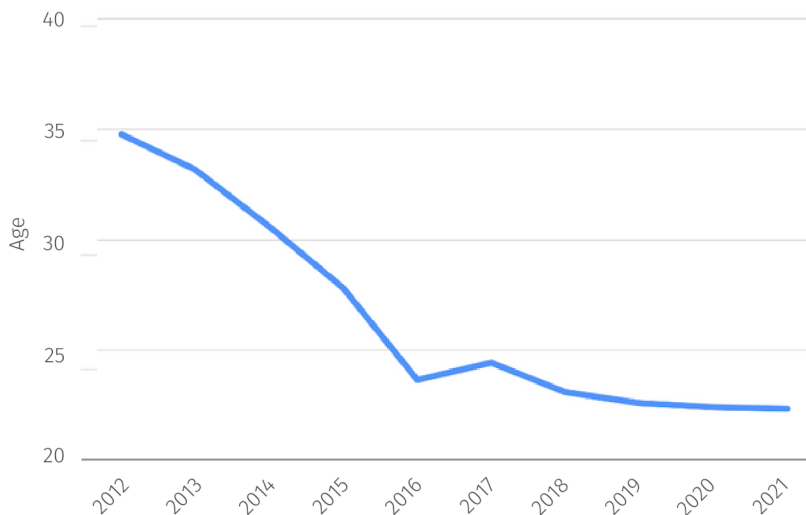
Since the creation in 2012 of Trànsit, the unit of the Catalan Health Service specialized in gender dysphoria, the number of referrals to the unit has grown steadily.

Between 2016 and 2021 the number of referrals has quadrupled, from 366 in 2016 to 1,454 in 2021.

Evolution of the number of gender dysphoria referrals



Average age over time



Average age of patients has dropped 12 years

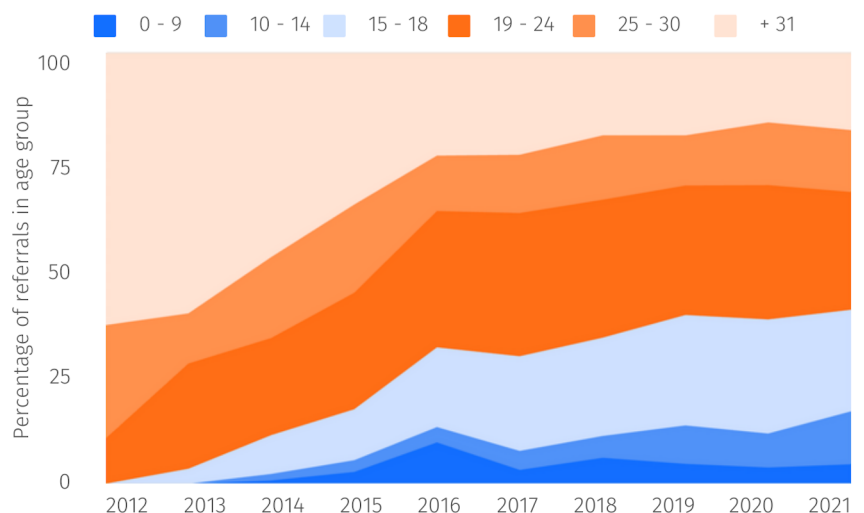
One third (34.9%) of the referrals between 2012 and 2021 were underage patients, and two thirds of them (67.8%) were below 25.

The average age of cases referred to Trànsit for gender dysphoria has dropped 12 years, from 35 in 2012 to 23 in 2021.

Underage children account for 40% of new referrals

While in the early years of Trànsit the predominant age group were patients older than 30, in recent years the majority of referrals belong to the 15-24 age group. These two age groups account for 52.2% of new referrals in 2021.

Age distribution over time



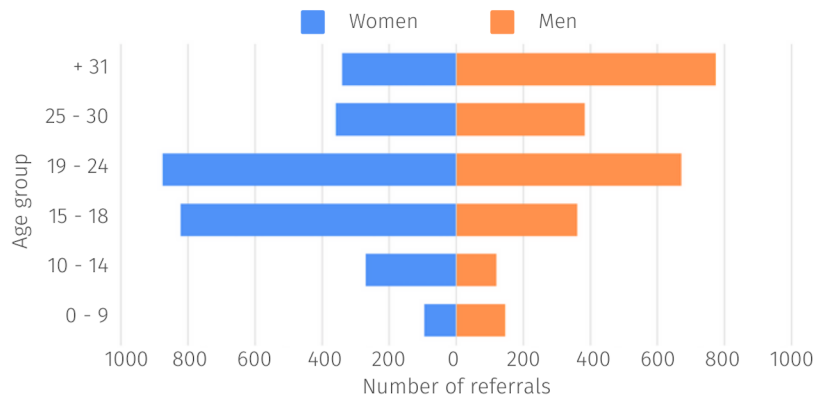
From adult men to adolescent girls

Changes, trends and queries about gender dysphoria referrals to Servei Trànsit in Catalonia, 2012-2021

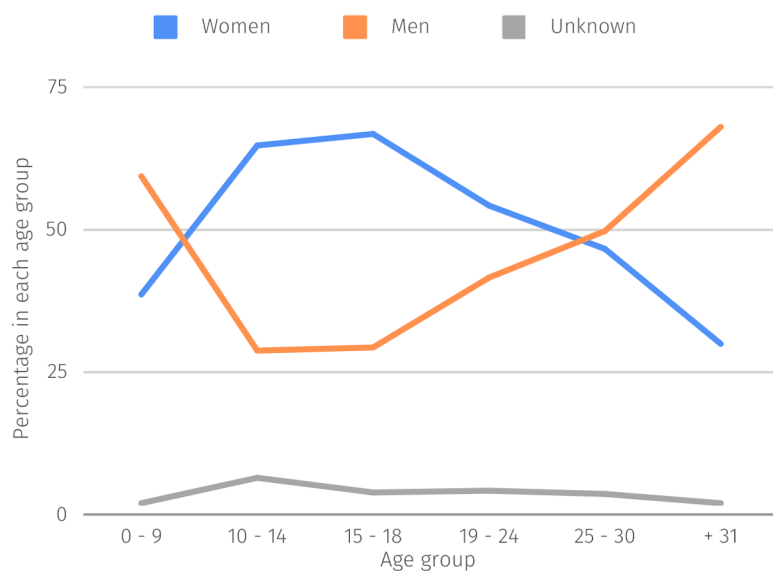
The age and sex pattern is clearly and persistently different

The largest age groups among females are 15-18 years old (29.8% of cases) and 19-24 years old (31.7%). The most common age group among men is 31 years and older, accounting for one third (33.7%) of the total number of cases.

Gender dysphoria referrals by sex and age



Distribution of women and men by age group



We can clearly identify 3 age groups:

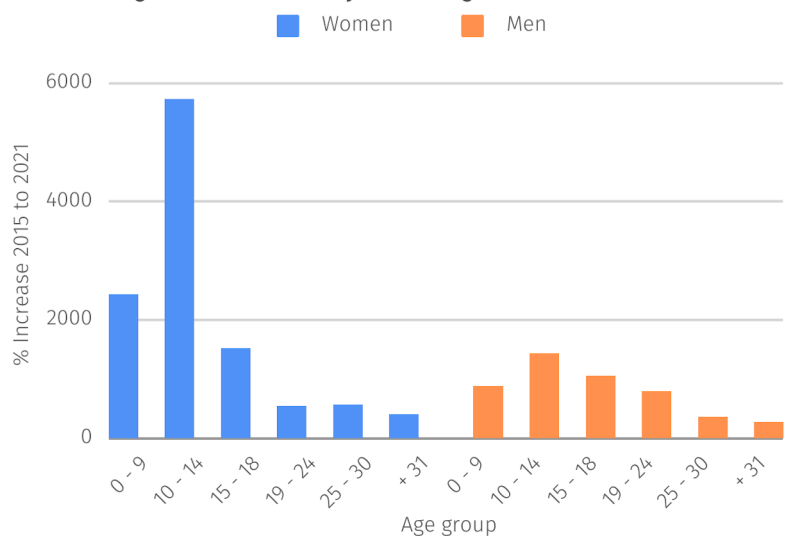
1. Among patients under 10 years old, 60.6% are boys and 39.4% are girls.
2. Between 10 and 24 years of age, 65.1% are girls, while boys account for 34.9%.
3. Among those over 25 years old, 60.6% are men and 39.4% are women.

This pattern suggests that there are different underlying causes for each group.

The number of 10-14 year old girls surged by 5700% between 2015 and 2021

Cases of pre-adolescent and adolescent girls are dramatically increasing in Catalonia. Other countries like the UK and Finland already conducted independent reviews and took action.

Cumulative growth of referrals by sex and age



Full report is available in spanish at <https://feministes.cat/es/>