Oranga Tamariki's approach to the 'rainbow' children in its care.

Contents

Summary 1
Problems with Oranga Tamariki's research. 2
Most rainbow children in care are same-sex attracted 2
The other cohorts of children impacted by the policy 3
The policy recommendations for rainbow children in care. 4
Implications of the policy 5
The international context of gender medicine worldwide. 7
Overseas responses to children in care 9
Conclusion and recommendation 9
References 10

Summary

This paper examines recent recommendations for implementing policies for working with Rainbow and Takatāpui[1] children presented to Oranga Tamariki, the New Zealand Children's Ministry under the banner of its Action Plan for Children 2022. It represents an approach to the gender ideology thinking that has already been taking place across government for years (Rivers & Abigail, 2021) as applied to the vulnerable children and youth in their care.(Oranga Tamariki, 2022) The plan proposes to "*improve outcomes for priority populations and young people identifying as SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristic) diverse"*. The paper describes:

- *The different cohorts of children who are impacted by the policy*
- *The problems with the research and the way it focusses only on transgender and gender diverse [2] groups of rainbow young people and not the majority in care who are same-sex attracted.*
- *A detailed description of the new recommendations and an analysis of the problems with the approach.*
- *The emerging changes to gender medicine worldwide as evidence emerges of the low quality of research supporting it and information about 'trans' children in care in other jurisdictions.*

The recommendations disregard the insights of experienced carers and foster carers, (but will force care staff, care homes, social workers and foster carers to adopt a belief system that every child has a gender identity). Evidence from overseas and views from same-sex attracted young people in care

[1] The term Takatāpui has been restored to prominence by the academic researchers Lee Smith and Ngahuia Te Awekōtuku. It means 'intimate friend / significant person of the same sex' and is a way of signalling same-sex intimacy. It has been captured by gender theory activists who argue that it was gifted to them (Kerekere, 2017) and is used as an umbrella term meaning the whole Māori Rainbow community covering the LGBTQIA++. It is used in this way by Oranga Tamariki and in the related reports. Documented proof of the gifting is lacking.

[2] The phrase gender-diverse is defined either as not conforming to gender norms or with the meaning of not male or female (Malatest International, 2021) or referring to a coding applied to people who have provided one of multiple labels and even to novel labels (King-Finau et al., 2022). Such confusion conflates non-compliance with gendered stereotypes with being transgender.

is also lacking. The policy is particularly worrying because children in care and fostering services who have high levels of trauma, can readily translate into an attempt to escape a body, that has borne severe emotional pain. The majority of children in care are Māori so they will be disproportionately affected by the policy. Rainbow children are over-represented in care.

Presented as care and concern for a vulnerable group the plan will risk many of Oranga Tamariki's 'rainbow' children being fast-tracked onto a pathway of gender medicine.To prevent significant harm to the rainbow children and young people in care, from this outcome, an urgent review of the Oranga Tamariki policy is needed.

Problems with Oranga Tamariki's research.

Oranga Tamariki "*made a deliberate decision to hand over design and delivery to an independent community design team of researchers, counsellors, rainbow advocates, and care-experienced rainbow rangatahi*"(Oranga Tamariki — Ministry for Children, 2023). Three groups representing transgender people - Gender Minorities Aotearoa and The Tiwhanawhana Trust - as well as a consultancy focused on 'rainbow" issues. Te Ngākau Kahukura, where the Making Ourselves Visible report was published, (Clunie et al.,2023) has a website that is largely focussed on transgender health issues and two of the four lead staff are also involved in transgender healthcare through their roles in the Professional Association of Transgender Health Aotearoa (PATHA). No principally gay or lesbian organisations were involved in the research and same sex attracted young people are barely mentioned. Neither intersex children nor organisations were involved.

Nine interviews were held with young people aged between 14 and 23, of whom seven were currently in care. Of these eight identified themselves as transgender or non-binary. The ninth child's relationship to the 'rainbow' community was not specified.(Clunie et al., 2023) The effect of this decision is that the report assesses the needs of all rainbow and children as if they are synonymous with being transgender and the its recommendations reflect this. Thus the research that was carried out to determine care priorities for the whole rainbow community made little attempt to fairly represent its diversity.

The next two sections, on the demographics of rainbow children in care, emphasises why this focus on transgender young people means the research was fatally flawed.

Most rainbow children in care are same-sex attracted

One report in 2021 on the young adults leaving care in New Zealand found that of the 331 surveyed participants in research on teenagers leaving care sixty-three (19%) considered themselves part of the LGBTQIA+/rainbow communities, but only six (or fewer than 10%) identified as gender-diverse[3] Forty (12%) reported they were unsure whether they identified as part of the LGBTQIA+/rainbow communities.(Malatest International, 2021) In another report derived from the Youth 2000 surveys there were 111 who reported being Takatātapui/Rainbow of whom 97 reported same sex or both sex attraction and 25 reported being gender-diverse.(King-Finau et al., 2022) So estimates of the young people in care who are same-sex attracted appear to be at least four,and possibly as much as ten times, more numerous than those who are transgender and yet they were almost completely unrepresented in a piece of research that purports to say how their needs should be met. This surely is a manifest failure to represent the population of interest in developing guidelines to meet their needs.

[3] With the meaning of '*a gender other than man or woman*'.

It appears as if the community groups commissioned to write the report were happy to interview only young transgender people and Oranga Tamariki was happy to follow that lead. Same-sex attracted young people's experience is subsumed under the all purpose terms such as LGBTQIA, SOGIESC, MVPFAFF Rainbow, Takatāpui and queer, as if they are potentially transgender, and making them vulnerable to being assessed by recommendations that are not only not relevant but are actively harmful. Same-sex attracted young people do not need gender medicine or social transition to another gender.

The effect of the report has been to subsume their care under a model that valorises, and seeks to treat non-conformance with gender stereotypes socially and medically. Same sex attracted young people do have specific needs that remained unexplored and unaddressed. In circumstances where they become invible to the system it is precisely same sex attracted children who already face homophobia and self-hatred, who are at the highest risk of taking on a transgender identity to ameliorate their distress. How can they be supported in a system that is ignoring them and offering only gender medicine and new pronouns as a reflection of their needs?

The other cohorts of children impacted by the policy

Three other groups of children are subject to the new policy:

Firstly there are very young gender non-conforming children, who are mostly boys. Multiple studies have highlighted that without affirmative intervention, such as social transition or puberty blockers, cross sex identification does not persist beyond puberty in the majority and most such children would be likely to mature to be gay and lesbian adults. (Cantor, 2016; Genspect, 2023) There is no direct consideration of these children in the policy.

Secondly there is a much larger number of young adults, mostly girls, who claim a transgender identity of sudden onset.(Cass, 2022) These young people are a new cohort of patients, almost unknown before 2015, and their decision to transition frequently follows on from social contagion e.g. a peer making the same decision or access to trans influencers on social media as well as the rigid thinking patterns of autism syndrome conditions and experience of trauma.(Kay, 2019) The transgender community push back against social contagion as a cause and argue that it is greater social acceptance causing the growth in numbers. However, even the World Professional Association of Transgender Health (WPATH) recognise that some young people are susceptible to social influence in their decisions to transition. (Coleman et al., 2022; Littman, 2018)

Finally "intersex" young people are purported to be members of the 'rainbow' community. These are children with one of the many relatively common medical conditions of sexual development. The new policies call such people "intersex" despite the great majority of such people being either male or female. The recent Genspect Gender Framework describes the much rarer cases as follows:

Conditions in which chromosomal sex is inconsistent with phenotypic sex, or in which the phenotype is not classifiable as either male or female, occur in 0.018% of the population).(Genspect, 2023 Section 1, Differences of sex development)

Recommendations are made for "intersex" people even though no such young person was interviewed in the work towards the new policy (Clunie et al., 2023) and neither does it appear that the intersex society of New Zealand was involved. This tokenistic approach feeds into a deep, but largely unacknowledged political and social conflict between people with medical conditions related to sexual development and the transgender community. Transgender activists use "intersex" as an ideological prop to buttress the idea that sex and gender are spectra.(Bartosch, 2021; IGLYO, 2019)

The policy recommendations for rainbow children in care.

The approach in New Zealand is not informed by the emerging international preference for caution, or the understanding that trauma can be a cause of a transgender identity. Quite the opposite.

The advice that is being used to create policy is in two public documents

A literature review Rainbow Children In Care to 'support a wider rainbow work programme' was released in May 2023. It was carried out by a transgender person working in the Oranga Tamariki Evidence Centre. The report provides estimates of the number of rainbow and children, and as discussed above, the report subsumes those who are same-sex attracted within generic categories thus rendering them invisible. A list of 'don'ts' for Oranga Tamariki carers are mostly applicable to people with transgender identities. For example the report says, surprisingly, that 'rainbow children and youth must not be told to accept their birth body'. (Orr, 2023)[4] This is a damaging message to supply to every rainbow young person or gender non-conforming child. Its effect is to normalise and encourage dissociation from the body. Body dissociation disorders are highly correlated with abuse and trauma. People suffering from dissociation need intensive support and not encouragement to take further flight from their bodies.(American Psychiatric Association, 2022)

The research report based on the interviews, discussed above, was outsourced to organisations in the 'rainbow' sector (Clunie et al, 2023) and makes 46 recommendations that serve to facilitate easy access to gender medicine and social transition for children and young people. In June 2023 Oranga Tamariki announced that they had accepted the report and were reviewing its recommendations with a view to their adoption in the Ministry's policy.(Oranga Tamariki — Ministry for Children, 2023)

Thus the policies to support the recommendations are under development. Representative recommendations from the second report are listed (in bullet form below) and discussed.

Some of the recommendations are entirely misleading such as:

- *Update internal guidance and training on preventing suicide and self-harm to include advice about understanding risk and protective factors specific to takatāpui and rainbow young people.(Clunie et al., 2023)*

The implication here is that to give gender questioning children and young people social transition, puberty blockers, and cross sex hormones is to save their lives or to prevent self-harm. But there is no evidence that these approaches reduce suicide, prevent suicidal ideation, or improve long term outcomes as compared to non-medicalised approaches, nor any that shows that failing to prescribe them causes suicide. (Biggs, 2022; Genspect Section 2 The risk of suicide, 2023; Kaltiala et al., 2019; Lane, 2023b)

There are explicit threats to staff and foster carers for non-compliance with these new standards which will:

- *Screen all caregivers for their attitudes and skills to support tamariki and rangatahi with minority sexuality, gender and sex characteristic identities.*
- *Ensure all tamariki, rangatahi, carers, social workers and other kaimahi are aware of rights of takatāpui and rainbow tamariki and rangatahi in care and the impact of not upholding these rights.(Clunie et al., 2023)*

[4] The paper is poorly written, has missing references and misrepresents many of the current issues related to gender medicine and young people from a highly partisan perspective. See https://www.publicgood.org.nz/wp/wp-content/uploads/2024/02/Review-of-the-Oranga-Tamariki-literature-review-for-rainbow-children-11-2-24.pdf

There are provisions that direct carers to seek gender affirming care without consideration of other issues.

- *Ensure kaimahi know that access to gender-affirming clothing, including binders, is an immediate need and can be purchased by social workers.*
- *Leverage Oranga Tamariki systems influence to enhance awareness within the health system of the rights to gender-affirming, appropriate and confidential healthcare for takatāpui and rainbow tamariki and rangatahi in care.*
- *Fully fund and ensure access to gender-affirming healthcare and wellbeing resources for tamariki and rangatahi in care who need it, such as counselling, clothing, hormone blockers and therapies and other resources such as binders*
- *Use gender-neutral clothing, sleepwear, bags etc for young people in emergency care (Clunie et al., 2023)*

Such interventions are not neutral especially when the reasons for transgender identification are often bound up in trauma. The wording refers to all rainbow children and young people making the health needs of those who same sex attracted and gender non-conforming invisible and even more dangerously implying that they too need such gender affirming care. Binding the breasts and tucking the penis have known risks and are effectively a form of self-harm to some of the young people who adopt them. Research on binding showed that 2/3 of girls and women using it were concerned about negative health impacts and the majority suffered at least one negative effect. (Genspect ,2023 Gender Framework, Section 2, Social transition among adolescents)

- *Create guidelines, resources and training for kaimahi and caregivers about rainbow inclusive healthcare.(Clunie et al., 2023)*

This recommendation will ensure staff are bound to recommend children for treatment. Same sex attracted children do not need specialist rainbow healthcare.

- *Develop the policies and practice guidelines for placement and care of takatāpui and rainbow tamariki and rangatahi. .(Clunie et al., 2023)*

This recommendation will have the effect of ensuring children are placed with families who will provide automatic affirmation of any gender questioning belief or behaviour.

Finally, rainbow children are to be matched, if possible, with rainbow social workers and there are proposals to link them to rainbow services and provide advocacy and support to ensure that any specialist mental health services they access are rainbow-affirming and 'safe'. There is no discussion of whether this would create a situation where confused children and young people are being funnelled down a predetermined path by authority figures who provide adult affirmation of their present feelings.

The new standards are being implemented. Oranga Tamariki reported in a news release in June 2023 that a programme to respond to the recommendations of the report is underway and "*3 new dedicated rainbow roles and the establishment of a takatāpui and rainbow external advisory function for Oranga Tamariki*" are being set up.(Oranga Tamariki — Ministry for Children, 2023)

Implications of the policy

To do all these things is to focus the minds of Oranga Tamariki's carers and foster parents on the idea that any child may be transgender. These new standards for "Rainbow" children will effectively mandate social workers, care workers and foster carers to affirm the gender identity of any child

reporting gender confusion or distress, or any feelings of dissonance with their body or even when applying a non transgender label to themselves such as genderqueer, agender or takatāpui, (King-Finau et al., 2022) and to direct them towards affirmative medical services.

It will make them hyperaware of any perceived sign, such as gender non-conforming preferences, distress about being asked to do gender conforming tasks or pastimes, or distress about puberty in general. This effectively puts every child in care under scrutiny and makes them far more likely to be put on a path towards opposite sex identification.

The policy will fast track children and young people onto a medical pathway of social transition, puberty blockers, cross sex hormones and even surgery. When children are assessed and treated as being transgender evidence shows that this strengthens the likelihood that it will become a lifelong path of cross sex identification and medication.(Lane, 2023a) These treatments may sterilise them, cause irreparable harm to their sexual function as well as causing harms such as early onset osteoporosis.(Bannerman, 2021) Recent research has aggregated the evidence of impacts on mental development that show alarming levels of loss of IQ. There are also negative behavioural impacts detected in animal studies (which were carried out to avoid the ethical issues associated with medicating children).(Baxendale, 2024)

Gender medicine will leave young people trying to make a life in a body that they have literally disassociated from. Oranga Tamariki's approach of directing children towards services that will affirm them as transgender are not neutral acts – rather they push New Zealand's most vulnerable, disadvantaged and confused children towards the specific outcome of a transgender identity. For the majority the immediate appeal of their belief is caused by the intolerability of puberty – a common experience for adolescents through the ages – but especially difficult for those who have faced violence, abuse and trauma. These traumatising experiences are more likely to have been suffered by children in the care of Oranga Tamariki.

Genspect's Gender Framework addresses this.

"Children who identify as transgender are often unaware of a vast array of ways to live life as a man or a woman—possibilities that become increasingly apparent over time. A boy or a girl who expresses interest in pursuing a transgender identity often does so based on stereotypical notions of femaleness and maleness that reflect constrictive notions of what men and women can be".(Genspect, 2023 Section 2, Childhood onset gender dysphoria (quoting Levene 2017))

Oranga Tamariki's approach will explicitly preclude any opportunity for exploratory counselling or differential diagnosis to uncover gender distress that is a result of other causes such as poor mental health and prior trauma or linked to peer or social media influences. However Genspect's Gender Framework found that:

"No studies show that affirmation leads to long-term positive outcomes (mental, physical, social, or romantic) compared to 'watchful waiting' or psychotherapy." (Genspect, 2023 Section 2, The "very low quality" knowledge base)

It was a hugely important part of the argument for the Conversion Practices Prohibition Legislation that no parent would be forced to have their children prescribed puberty blockers.(Foon, 2021) But the proposed policy would see the state in the form of carers proceeding apace to medicate highly vulnerable children whose parents are not available to advocate for them.

The international context of gender medicine worldwide.

Worldwide there is a contestation about the treatment and efficacy of gender medicine for children and young people. The main themes are a decisive turn against affirmative medicalised approaches to gender distress even as standards developed by the World Professional Association of Transgender Health (WPATH) and locally (Oliphant, 2018) continue to endorse 'affirmative' approaches. The WPATH Standards of Care version 8, released in 2022, (Coleman, 2022) have been roundly criticised.(Block, 2022; Dahlen et al., 2022; Kaltiala, 2023) In January 2024 the World Health Organisation has recently refused to develop medical standards of gender care for children and young adults because there is insufficient evidence.(Society for Evidence-Based Gender Medicine, 2023) The announcement said that "*the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents*". (World Health Organisation, 2024) New Zealand's own gender medicine guidelines (Oliphant et al., 2018) have been subject to a review, that has found them to be of very poor quality, and to go well beyond the guidelines on which they were said to be based. They advocate social transition, lack any qualifying criteria before puberty blockers are prescribed, eschew diagnosis and replace informed consent with a medically unorthodox test.[5](Rivers, 2023)

In the United States the issue is highly politically partisan and bills, making gender medicine illegal,intertility

are progressing (and passing), through mostly Republican state's legislatures.(*Table of Anti-LGBTQ Bills*, 2024) In the UK the interim CASS report from the enquiry into the English Gender Clinic at the London Tavistock Hospital, known as the Gender Identity Development Service (GIDS), proposed a typology demonstrating that there are many ways into and out of a transgender identity.(Cass, 2022, Figure 1) (The UK clinic is being closed after a scandal of careless treatment (Cooke, 2023) despite operating with a guidelines far more cautious than those used in New Zealand.)

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[5] I have researched New Zealand's transgender medicine and have found them not to be a Clinical Practie Guideline and to be far less cautious than those of transgender medicine's parent body (WPATH) on which they were supposedly based. They have presented a severe risk over over-medicalisation since they were released in 2018.

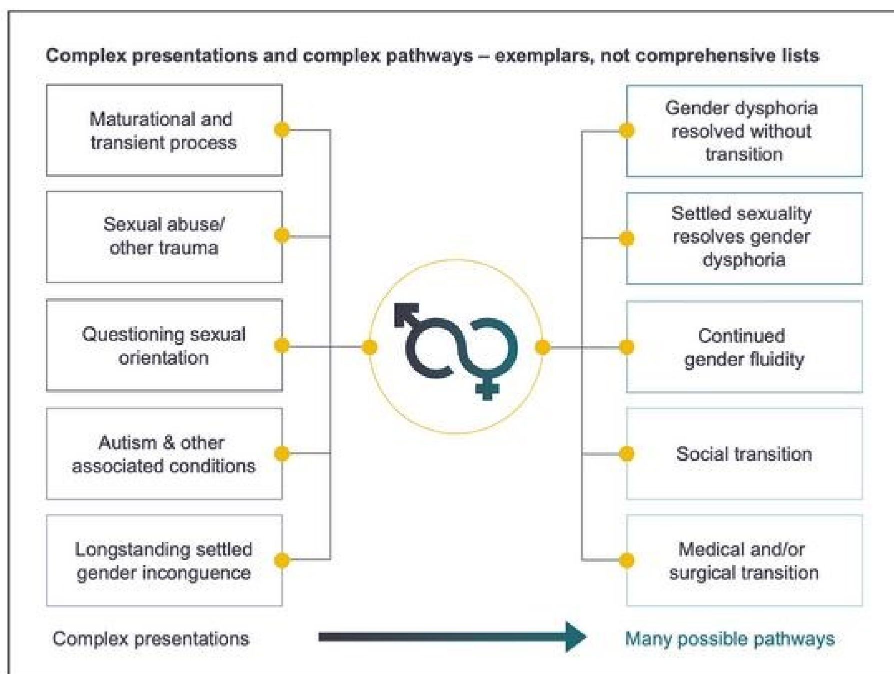

Figure 1 Routes into and out of a gender identity from the CASS Review

There are also new guidelines that do not simply affirm the perceptions of the person claiming to be transgender.(Association of Clinical Psychologists, 2022; RANZCP, 2023) In addition there are legal cases (Ayala, 2023; Beresford, 2021) and some insurance companies are dropping out of providing gender medicine cover.(Lane, 2023c)

Multiple other countries have carried out reviews on the benefits of gender medicine for children and assessed the evidence for it as very poor.(Brignardello-Petersen & Wiercioch, 2022; Speak Up For Women, 2023) New civil society organisations that are taking an evidence-based approach are growing in stature and influence with the Society for Evidence Based Medicine (SEGM: Studies, n.d.) assessing transgender research and finding it wanting and Genspect has published a consulation draft of an extensive guide to working with gender issues in a non-medicalised way. (Genspect, 2023) In contrast prioritising interventions to embed an opposite sex identity in a child makes proceeding to puberty blockers more likely and almost 100% of children on puberty blockers continue to cross sex hormones meaning that these interventions are not 'time to think' but decisive medical steps that bring about infertility, damaged sexual function, thinned bones, and multiple other medical sequelae including impacts on brain development. There is increasing evidence of detransition and regret following irreversible medication and surgery that has not been studied adequately.(Genspect, 2024)

Overseas research also shows that children who identify as having gender issues have faced much higher levels of adverse childhood events than children in general.(Association of Clinical Psychologists, 2022; Kozlowska et al., 2021) and as the Genspect Gender Framework points out:

> *Gender-related distress is strongly associated with neurodevelopmental conditions such as Autism Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, and mental health comorbidities such as eating disorders, borderline personality disorder and anxiety. (*Genspect, 2023 Gender Framework, Section 1, Contextual Background)

The New Zealand Ministry of Health has been slow to act, but in 2023 began reviewing the use of puberty blockers.(Gower & Wilkins, 2023) This is a process that is informed by the clinical evidence and overseas evidence reviews.(Ministry of Health, 2023)

Overseas responses to children in care

Canada appears to have implemented policies of the kind being put into place in New Zealand that fast track children in care to gender medicine.(Kurilova, 2023) In one Canadian study indigenous children identifying as transgender made up 19% of the total (Canadian Gender Report, 2021) a four fold over-representation. In Australia gender doctors report taking an approach that sees extra urgency applied to support gender medicine for indigenous youth and children in care.(Lane, 2023d)

In contrast in the UK it appears that children in care are treated with gender medicine less frequently because there is tacit acknowledgment that their cross sex identification may have other causes (Matthews et al., 2019), and be a means of escape in the same way that self-harm or anorexia are often maladaptive responses to trauma. (Marchiano, 2017; Withers, 2020)

In the UK *"looked-after" young people were found to represent 4.9% of referrals to gender medicine services, which is significantly higher than within the English general population (0.58%)"* The same research showed that adopted young people also represented 3.8% of referrals – also a stark over-representation.(Matthews et al., 2019) The reasons appear to be related to the high levels of trauma and chaotic lives that are faced by children in care or those who become adoptees.[6] The UK research which reported these findings informs current policy (Cass, 2022) acknowledged that '*being looked-after may, therefore be, an important part of understanding the context in which young people who are experiencing gender dysphoria are developing'.* (Matthews et al., 2019)

Conclusion and recommendation

Instead of acting cautiously the Ministry appears to be creating a pipeline to push rainbow children onto a path towards medical transition.

By deferring to gender ideology rather than medical evidence, and paying little attention to the specific needs of same-sex attracted young people in care, Oranga Tamariki is implementing policies that will fast track the social and medical transitioning of them. Factors, such as difficult life experiences, that evidence shows lead to children with trauma identifying as transgender, and the relationship to homophobic shame are ignored in the report to Oranga Tamariki even as there is recognition that 'rainbow' children and young people with gender issues are over-represented.(Orr, 2023)

Oranga Tamariki and its predecessor organisations have had a mixed reputation at best in caring for the most vulnerable. Millions of dollars have been expended in the recent past addressing the legacy of abuse in state care. This current policy, if it is allowed to continue, is likely to be viewed as one of its darker episodes. It hardly bears thinking that a new kind of abuse – framed as care and concern – is being implemented so enthusiastically. This is no way to treat New Zealand's most vulnerable children and an urgent review of policy is necessary.

[6] The legal case of Kiera Bell points to level of disadvantage and trauma in her young life that allowed her to see being male as an escape route and she can describe her rationale and faulty thinking clearly.(Bell, 2021)

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