

Critique of the The Oranga Tamariki Literature review of Rainbow People

Oranga Tamariki released a literature review (Oranga Tamariki, 2023) to support the new policy on 'rainbow' children in care that was outsourced to supposedly 'rainbow' but actually transgender organisations in favour of 'transgender' children (Clunie et al., 2023) and young adults. (Oranga Tamariki — Ministry for Children, 2023)

The Literature Review was commissioned by Oranga Tamariki and carried out by the organisation's Evidence Centre "to support the wider rainbow work programme" but how it relates to the main report is unclear. The detail of the commission is not made clear in the report but it appears to be intended to make an estimate of the prevalence of the rainbow children and young people in care; to support this with demographic information on health and mental health; to support this with overseas and New Zealand data; and to make recommendations that would advise Oranga Tamariki staff.

The summarized findings are that

"... studies from Aotearoa and overseas jurisdictions show that rainbow children and youth in child welfare are 1.5 to 3.0 times more prevalent than children and youth of the general population. This translates to somewhere between 15% and 30% of all children and youth in child welfare. Rainbow children and youth make up about 20% or 1-in-5 of the children and youth in the care of Oranga Tamariki. About 10%, or 1-in-10 of the youth in Aotearoa are rainbow."

And that it appears that *"proportions are often higher again for indigenous peoples and ethnic minorities."*

The quality is patchy despite the Evidence Centre having used the editorial skills of the Write Group. Transgender There are 2 referencing styles used, apparently interchangeably. References are cited in the text but are frequently missing from the bibliography. Apart from the statistical material other sources are not summarized. The lack of stated purpose; that there is no search strategy listed; no details of the research returned or of how it was assessed are all significant weaknesses. Unevidenced claims are made, discussion points are not supported by the evidence presented but reflect gender theory 'truisms'. The language is frequently informal and it is poorly structured.

Most importantly the entire document also uses the words rainbow and takatāpui as if they have the meaning of the whole lesbian, gay, intersex and gender identity community and the same community of Māori respectively. The Māori term takatāpui was commandeered by (not gifted to) the transgender community to mean this. It's original and dictionary meaning means 'a intimate friend of the same sex. More importantly the literature review does not differentiate between transgender and same sex attracted young people. By not separating transgender and same sex attracted kids it effectively implies that any child with gender confusion, any who is gender non-conforming and any who is same sex attracted should be treated as if they were transgender. The recommendations, presented as a list of 'don'ts'

The actions it suggests apply to same sex attracted people even when they are entirely inappropriate. A principal piece of advice is that interventions designed to help gender-diverse children **must not tell them to accept their 'birth' bodies** (page 78 suggestion 1). This is a highly questionable practice in any case – when compared with most therapeutic approaches. Generalized to all 'rainbow' young people it ensures that same sex attracted adolescents are going to be

discouraged from being comfortable in their own skins. It is disastrous and destabilizing advice to give to children and young people. (The poor quality is evidence here especially – the statement has four references – but the details of three of them are not to be found in the bibliography.)

The paper also argues that there were indigenous Māori gender identities and implies that supporting children to be transgender supports their link with indigeneity. But the PhD of Elizabeth Kerekere had to admit that there was not yet evidence of gender identities. (Kerekere, 2017)(page 82)

It advises that social transition of gender confused children is desirable (page 72 and elsewhere) even though the World Professional Association of Transgender Health (WPATH) Standards of Care 7, on which New Zealand's approach is based, recognises that there are risks as well as benefits and the approach is by no means mandated for children. (WPATH, 2018) This problem is compounded by the medical approach to gender medicine in New Zealand. Rather than a careful approach New Zealand medical practice is to 'affirm' any child who has discomfort with their sexed body as 'transgender' and to direct them towards gender affirming care. This is especially worrying because New Zealand policy is far more extreme than the corresponding policy of the WPATH. (Rivers, 2023)

The literature review makes numerous other controversial and inaccurate claims. It says that gender identity and sexual orientation can overlap – trans people can say they are lesbian or gay for example. However, the author has to acknowledge that none of the available research actually explains what it means to be transgender and homosexual. (Are previously heterosexual men who transition to female now lesbian or are they still heterosexual? Is a gay man who transitions still gay or now straight? Only one of several pieces of research cited is clear on this. Effectively the statistics and the claims are meaningless)

It claims controversially that some very young pre-pubescent children have a sexuality and that for some children their gender identity may emerge as early as two years of age. These are not mainstream views. It completely misrepresents the growth area in transgender identification – which is in post-pubescent girls (page 14). These are egregious errors for a piece of so-called research.

It misinforms completely on the UK's Keira Bell appeal to the Judicial Review claiming that it overturned the issues related to informed consent, the importance of parental consent and the nature of the NHS service being careless of gender confused children. (page 15) By doing this it implies that access to puberty blockers for children was secure, medically safe and a good idea. But that is not what the judgment said. The appeal decided that it was the role of clinicians, and not the court to administer treatments and care for gender confused children. (Beresford, 2021) The initial ruling of the High Court in the case was followed rapidly by changes made by the NHS including the advice about puberty blockers safety and reversibility. A complete review of, and intended closure of the service has followed. (Cooke, 2023)

The literature review claims that the research that most children who claim that they are the other gender as young children resolves with many of them becoming gay and lesbian is wrong – while providing no proof. (page 15) Instead the paper complains that this cohort becomes even more disturbed at adolescence. (That this may be the case for some is more likely because when children have been promised they can be the other gender and are then faced with a regime of painful puberty blocking medication which sets them apart from their peers.) (page 15)

My assessment is that the literature review is poorly conceived and presented, inaccurate, dangerous and irresponsible and should be withdrawn.

References

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