

October 17, 2025

HMN 2025: HOW EFFORTS TO SUPPRESS OR CHANGE GENDER IDENTITY PROVE INEFFECTIVE AND HARMFUL

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Efforts to suppress or change a child's gender identity and sexuality are ineffective and cause long-term harm, according to new research.

The research, led by Murdoch Children's Research Institute (MCRI) and informed by the childhood experiences of a transgender woman, confirms that practices seeking to achieve cisgender and heterosexual outcomes for gender diverse children are futile and widely cited peer-reviewed research is fueling anti-trans rhetoric.

Published in the *Medical Journal of Australia (MJA)*, the research is a response to a 1987 research article which centered on eight “gender-disordered children” who were admitted for “inpatient therapy” at a psychiatric hospital in Western Australia. It suggested that inpatient therapy could correct transgendered behavior, thoughts and feelings, ultimately promoting the idea that gender-diverse children can be nudged into becoming cisgender adults.

The article, first published in the *MJA*, is regularly cited by opponents of gender-affirming care in submissions to lawmakers, courts and medical regulators.

Lead author Jayne MacFayden, a transgender woman, was admitted to the same hospital during a similar period as the eight children. Her childhood recollections align closely with the clinical details supplied for one of the children.

Ms. MacFayden, supported by her co-authors, disputes some of the reported details and conclusions that therapy aiming to change or suppress a gender diverse child was effective.

She reported that her experience delayed self-acceptance for two decades and caused long-term harm. Despite this, she wrote her sense of identity remained steadfast.

MCRI’s Dr. Anja Ravine said the research team’s analysis of available details, including Ms MacFayden’s hospital medical record and account of her experiences, both in hospital and subsequently, revealed that her therapy caused psychological harm and was ultimately in vain.

“Inpatient treatment intended to re-direct gender identity was reliant on denial and repression,” she said. “This therapy included coercive tactics that mirror conversion therapy, which is well-known to be incredibly damaging.

“Our research found the child’s agency and voice were overridden, they endured long periods of detention in hospital despite their and later their parents’ objections, discharge was conditional on displaying gender-stereotypical behaviors and a long-lasting legacy of fear of re-hospitalization was instilled.”

La Trobe University Professor Timothy Jones, a co-author, said clear messaging from leaders in psychoanalysis, psychology and psychiatry was urgently required to counter misinformation.

“Suppressive therapy techniques rely on installing feelings of self-doubt, fear, shame, self-loathing and sometimes psychic trauma, most especially when they are administered in informal settings without safeguards such as behind closed doors in the family home or in some religious communities,” he said.

“Alarming, the 1987 article and publications of a similar age and theoretical background continue being referenced as if they were factual and reliable in current debates, cited to promote bans on gender-affirmative support for minors and quoted in clinical guides.

“These detrimental, yet likely peer-reviewed, papers are fueling the current escalation in anti-trans rhetoric, which is now actively harming gender-diverse children and their families.”

It comes as another article, co-led by MCRI and published in the same *MJA* edition, argues that the Cass Review in England lacked expertise, was compromised by stigma and misinformation and failed to offer credible, evidence-based, guidance.

The researchers said they were gravely concerned about its impact, such as the bans on puberty blockers for those under 18 years, on the well-being of the trans community.

The National Health and Medical Research Council is currently reviewing the Australian standards of care and treatment guidelines for transgender and gender-diverse children and developing updated guidelines.

More information:

Jayne McFadyen, et al. An autoethnographic critique of a past report of inpatient psychiatric treatment for gender diverse children, *MJA*. DOI: [10.5694/mja2.70037](https://doi.org/10.5694/mja2.70037)

Julia K Moore, et al. Cass Review does not guide care for trans young people, *MJA*. DOI: [10.5694/mja2.70035](https://doi.org/10.5694/mja2.70035)

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