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Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: McFadyen J, Jones TW, Koek R, et al. An autoethnographic critique of a past report of inpatient psychiatric treatment for gender diverse children. *Med J Aust* 2025; doi: 10.5694/mja2.70037.

Supplementary information

Item 1.

McFadyen and the research team think that it is highly likely that she is case study 5 in the published report from 1987, as all available demographic details and treatment dates align exactly, but this remains unconfirmed. The aligning details are that both J. and Case 5 were first admitted to the hospital at 10 years of age; birth-registered male; 18 years old at final "follow-up"; that the "ascertainment interval" lasted 1975-1980; identical measured IQ scores; that no cross-gender behaviour was documented at one-year follow-up, and that by age 18, "Cross-dressing recurred three years previously but 'stopped of its own accord' ".

Item 2.

Medical record details supplied by Western Australian Child and Adolescent Health Service:

- 11 June 1975: Child Guidance Clinic case tracking sheets (some redactions).
    - Date of referral: 6 June 1975
    - Date of admission to STH: 25 August 1975
    - Date of discharge from STH: 30 January 1976
    - Date of summary letter to GP: 18 May 1976
    - Date of separation: 10 June 1976
- 15 June – 2 July 1975: Correspondence with WA Departments of Community Welfare and Education.
- 16 July 1975: Report of social work assessment.
- 16 July 1975: Wechsler Scale testing – detailed results supplied; Bene-Anthony Family Relations Test (scoring sheet for older children); child's pencil drawings; Rhodes WISC Scatter Profile.
- 31 July 1975: Psychological report.
- 1 August 1975: Psychiatrist's clinical summary.
- 8 August 1975: Psychiatrist's follow-up note.
- 25 August 1975: Hospital admission card; Hospital [nursing] information sheet; Stubbs Terrace Hospital admission advice sheet; Medical Officer's physical examination notes.
- 25 August 1975: Weekly "problems with treatment" sheet: 2 items (one redacted).
- 1 September 1975: Weekly "problems with treatment" sheet: 3 items (one redacted).

- 8 September 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 15 September 1975: Weekly “problems with treatment” sheet: 4 items (one redacted).
- 22 September 1975: Weekly “problems with treatment” sheet: 5 items (one redacted).
- 25 September 1975: Report of an accident to a patient (hit by a cricket ball).
- 29 September 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 6 October 1975: Weekly “problems with treatment” sheet: 2 items (one redacted).
- 14 October 1975: Weekly “problems with treatment” sheet: 2 items (one redacted). Supplied in triplicate.
- 20 October 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 27 October 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 3 November 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 10 November 1975: Weekly “problems with treatment” sheet: 4 items (one redacted).
- 17 November 1975: Weekly “problems with treatment” sheet: 2 items (one redacted).
- 24 November 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 1 December 1975: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 8 December 1975: Weekly “problems with treatment” sheet: 4 entries (two redactions).
- 15 December 1975: Weekly “problems with treatment” sheet: 2 items (one redacted).
- 22 December 1975: Weekly “problems with treatment” sheet: 2 items (two redacted).
- 29 December 1975: Single line entry.
- 5 January 1976: Single line entry.
- 12 January 1976: Weekly “problems with treatment” sheet: 3 items (one redacted).
- 19 January 1976: Weekly “problems with treatment” sheet: 2 items (one redacted).
- 27 January 1976: Weekly “problems with treatment” sheet: 2 items (one redacted).
- 30 January 1976: Final summary of in-patient treatment (length of stay [weeks]: 22 4/7).
- 18 May 1976: Medical discharge letter to GP.
- 1 June 1976: Four-line record of follow-up phone call.
- 11 July 1979: Three-line record of details forwarded from a metropolitan clinic.

Item 3: Outcome of concordance assessment by authors of details in the autoethnography, medical record and published account.			
The a priori question was whether the account comparisons, whenever possible, were concordant or discordant. The table lists the authors' unanimous decision about each comparison.			
	Autoethnography	**Medical record**	**Published account**
Quotations from the 1987 *MJA* publication			
Summary statements applying to all 8 children and their families			
All said they wanted to be of the opposite sex and did not like their genitals	Concordant	No mention	
Their parents were unhappy, especially the parent of the opposite sex who seemed tied to the home, lonely, and with few social outlets	Discordant	Discordant	
This parent usually described a close emotional bond between themselves and the child	Discordant	Discordant	
The parent of the same sex was either absent from the home, away for long periods, or worked excessively long hours	Discordant	Discordant	
This parent and the child undertook few activities outside the home	Discordant	Discordant	
Diagnostic formulation			
The essential disturbance was the inability of [mother] to accept the child, except on the conditional basis that the child met certain needs. [mother] needed the child's companionship, free of the anxiety that was created by the child being a boy. To overcome her anxiety, [she] developed a fantasy about the child. [She] denied the child's biological sex and encouraged the child to express her notion of opposite gender behaviour. When the child adopted this behaviour, [mother] changed from a cold, mechanical interaction with the child to warmth and affection. "In a few cases, overt rejection of the child had occurred in the early years, only to be compensated for when the child was 'recreated' in the clothes of the opposite sex." The child sought to maintain and extend the new relationship, so, spontaneously, adopted the desired behaviours. "Such a symbiotic relationship between parent and child, while possibly fulfilling the parent's emotional needs, was not one which could facilitate the child's developmental maturation, especially since the opportunity for "mucking around" with other children was denied and the behaviours cut the child off from his or her peers." "In both parent and child, the mutually sustaining relationship precluded the development of ordinary social skills, reinforcing the dyadic dependence."	Discordant	Discordant	
[mother] focused attention on the child because her life was so unfulfilling, and her repertoire of social skills was relatively barren	Discordant	No mention	
[father] was also socially impoverished	No mention *	No mention	
[father] avoided the anxiety of the relationship with [his wife] by finding solace in work, absence from home, or separation	No mention *	Discordant	
"The children also needed to increase social competence, to improve their self-confidence by mastering age-appropriate social relationships and activities, *[N.B. ambiguous; meaning inferred from context]* and to develop interests and activities to allow their own unique personalities to mature."	No mention *	Concordant	
The choice of inpatient treatment was determined by the location of the primary problem in the family interactions and the unwitting, but pathological, influences of the parents	No mention *	Concordant	
It was considered that the child's needs would be best met in an inpatient-based therapeutic environment	No mention *	Concordant	
"The treatment program"			
At school and in the hospital, all children were encouraged to join in games with other children	Concordant	Concordant	
A wide range of activities was provided at the hospital and the child chose what interested him or her	Discordant	No mention	
No conscious attempt was made by the staff members to encourage masculine or feminine role behaviours	Discordant	Discordant	
The only prohibition that was placed on boys who cross-dressed was that they must respect the privacy of others and, therefore, not steal girls' underwear	Discordant	No mention	

"Age-appropriate behaviours" *[N.B. ambiguous; meaning inferred from context]* were encouraged by the nursing staff members to replace the stereotyped inappropriate and isolating cross-gender behaviours	Concordant *(post-disambiguation)*	Concordant	
The children went home for some of the weekend, sleeping at home for one night	Concordant	Concordant	
They were given counselling about how to respond to their child and how to improve their own social life	No mention *	Concordant *(implicit)*	
Reported short-term outcomes			
Cross-dressing ceased very quickly after admission to hospital	Discordant	No mention	
Many of the other cross-gender behaviours, which had been present for years, vanished after several weeks	No mention *	No mention	
Such dramatic changes in the children's behaviour produced anxiety for all the parents	No mention *	No mention	
In general, nursing staff members and clinicians reported improvements in the general mood of the child after admission to hospital, although episodes of miserableness and anger were noted by staff members for several weeks	No mention *	No mention	
School achievements and social behaviour improved steadily during the period of inpatient treatment, and, by the time of discharge from hospital the children were functioning socially and educationally at approximately age-appropriate levels	No mention *	No mention	
The parents showed variable degrees of willingness to change	No mention *	No mention	
Most parents were surprised when they enjoyed their time with the child during their visits	No mention *	No mention	
Once the parents began to enjoy being with their child, their motivation towards change accelerated	No mention *	No mention	
Not many friends	Discordant	Some friends	
Reported outcome at one year			
The seven children who completed the treatment program were seen regularly in the outpatient clinic for follow-up	Discordant	Discordant *(single phone call at 4 mo)*	
One year after discharge from hospital, all the children were mixing well with others and observed to be happy	Concordant	No mention	
The children appeared to have maintained the age-appropriate social skills *[N.B. ambiguous. Disambiguated, the meaning becomes continuing to conform to gender norms]* that had been achieved during their inpatient stay and had continued to mature appropriately	Concordant	No mention	
Reported postpubertal status			
Time elapsed since admission to hospital was eight years (range, six to 11 years)	Concordant	Not applicable	
Contact maintained with all the families by the psychiatrist, or through the hospital	No mention *	Overstatement *Two post-discharge notes (4 mo & 3 yrs)*	
Information from unstructured interviews with the child and the parents, and from the examination of school reports	No mention *	No documentation	
None of the other children, now adolescents, expressed homosexual feelings, were transvestite, or transsexual	Concordant *(J. trusted no one and hid her transgender feelings)*	No mention	
All had performed reasonably well at school and had reasonable relationships with children of both sexes	Concordant	No mention	
Details provided about 'Case 5'			
At presentation			
10-year-old male	Concordant	Concordant	
Dominated by mother	No mention *	Concordant	
Received little or no support from father	Discordant	Discordant	
Wants to be a girl	Concordant	Concordant	
Wears female underclothes	Concordant	Concordant	

Cross-gender behaviours secondary to a pathological parent-child relationship	No mention *	Concordant	
Friendless	Discordant	Discordant	
IQ = 107	No mention *	Concordant	
Failing to progress academically at school	Discordant	Discordant	
Lacks initiative	Discordant	Discordant	
Treatment length 17 weeks	Many months	Discordant *(22 ½ weeks)*	
At one-year follow-up			
Happy	No mention *	No mention	
Making friends	Concordant	No mention	
No cross-gender behaviour	Concordant	Concordant	
"Some anti-social traits"	No mention *	No mention	
Longer term follow-up			
The mother of Patient 5 reported that her son had cross-dressed for a "few weeks" at the onset of his puberty.	Concordant	Concordant	
Remarks from the archived medical record *(N.B. extensive redactions)*			
Why is J. admitted? *"Unhappy, inadequate, stealing lingerie from [name redacted] He does not destroy this, nor steal for sexual gratification, but takes the lingerie to wear himself – much as other inadequate boys wear 'superman's' suit."* [N.B. two-month history; mother quickly sought medical advice because of concerns prompted by discovering the behaviours]	Concordant		Discordant *(Mo. disapproving and concerned, rather than encouraging)*
"At present, he goes to cubs once a week. Likes looking at TV and recently has shown an increased interest in reading. He enjoys music and is the first horn player in the Junior Salvation Army Band"; "He named a number of friends at school, sees one of them at weekends and plays soccer with [redacted]"	Concordant		Discordant *("Unhappy. Friendless.")*
"Impression: … I would think that he may become transsexual in adolescence"	Concordant *(Transitioned when aged 32 years)*		Discordant *("treatment of cross-gender behaviour by means of inpatient therapy seems effective")*
"I raised the question of possible admission to Stubbs Terrace Hospital when a vacancy was available with the aim of helping him to become more assertive and masculine-oriented and of looking at the family tensions"	Concordant (i.e. "*more assertive and masculine-oriented")*		Discordant *(Specific denial of a goal of encouraging masculine behaviours)*
"What is hoped to be achieved (in hospital)? … Increase masculine esteem, provide him with a more balanced view of female power"	No mention *		Discordant *(Specific denial of that goal)*
Comment included in multiple weekly "Problems with Treatment" summary sheets: *"Encourage interaction with the male staff and children"*	Concordant		Discordant *(Specific denial of that goal)*
Comment noted under "problems with treatment" 18 days prior to hospital discharge: "*Seems to have no attachment to members of Staff [sic] or other children"*	No mention *		Discordant
From discharge letter: *"[J.'s] future progress will depend on how far [redacted] can provide him with an adequate male identification and how far [redacted] can allow J. to develop along masculine lines free from [redacted] domination"*	No mention *		No mention
From the autoethnographic account			
Escalating staff efforts to preventing J. from acquiring and wearing feminine attire		No mention	No mention
Staff response to discoveries of J. wearing feminine attire – repeated episodes of lengthy locked seclusion followed up by conversations with an authoritative figure, which left J. feeling distressed		No mention	No mention
J. actively prevented from grouping and playing with girls		No mention	No mention

Staff focused on encouraging J. to associate with boys, play with traditionally masculine toys and engage in boisterous play		Concordant	Discordant *(Specific denial)*
Staff enforcing J. to stand while urinating		No mention	No mention
Post-discharge – fear of readmission		No mention	Concordant (*See Case 1 details – readmitted)*
Post-discharge – brief return to wearing feminine attire		Concordant	Concordant

N. B.= nota bene. **Note:** ** Beyond the detail not having been mentioned in the autoethnography, it is not something that J. can specifically comment on.*