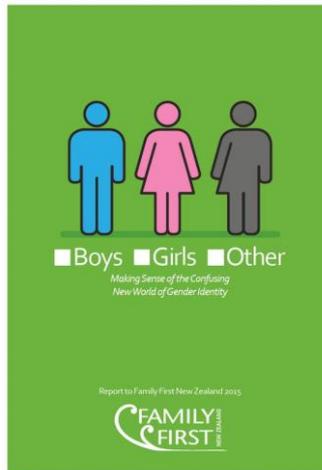


KEY POINTS



“Gender refers to how you identify, someone can identify as male, female, in between, both, or neither.”

Rainbow Youth

“Gender identity refers to what a person thinks of as their own gender, whether they think of themselves as a man or as a woman, irrespective of their biological sex.”

PPTA

Ideology: *Sex is what’s between one’s legs and gender is what is between one’s ears.*

Does not stem from any new scientific discovery.
Not objective science

Research shows overwhelming majority of such children - **from 75 to 98 percent** - who experience gender dysphoria **grow out of it by the time they reach puberty**. It is not inborn

The push in culture today to embrace and affirm such children’s wishes is **founded more upon a political ideology than it is in careful science and experience**.

It is neither enlightened or loving parenting to pretend we can just let our children decide which gender they want to be. It is nothing less than ideological and can be harmful. . It is more likely to create confusion and/or stunted healthy development.

The data on whether it is helpful to gender dysphoric youth to facilitate a transition via affirming their self-identity, allowing changes in sex-distinct dress and accessories, hair style, change of bedroom decoration, hormonal treatment or even surgical processes is inconclusive at best. **Most of the leading professionals recommend resisting the facilitation of such changes by parents and schools.**

Leading scholars and clinicians consider that gender dysphoria in children is **more a factor of overall family setting and dynamics than it is physiological**.

TOILETS – POTTY POLITICS

“This includes the right to use a toilet that corresponds to a student’s gender identity, regardless of the student’s sex that was assigned at birth. Use of a unisex toilet, however, should always be a matter of choice for a student.”

AIDS Foundation and Rainbow Youth

In considering such changes, the safety and comfort of all other students deserve equal if not greater consideration. Such decisions affect them also.

Leading scholars and psychiatrists working with gender dysphoric children advise not allowing the child - especially the pre- pubescent child - to wear cross-gender clothes, choose another name or request to be understood as such, primarily because the overwhelming majority of such children simply grow out of their dysphoria and being identified and treated as the other gender will make it more difficult for them to make that change back. No clinician recommends medical treatment (hormonal / surgical)...for pre-pubertal children.

“On the surface, the approach comes across as very humanistic, liberal, accepting, tolerant of diversity.” “I don’t think the goal of therapy is to make a child feel bad about who they are. It’s helping kids understand themselves better and what might be causing them to develop what I call a “fantasy solution,” that being the other sex will make them happy.”

DR KENNETH ZUCKER, leading researcher and clinician, chair of the group that determined how this issue would be handled in the DSM

“Are you helping or hurting a kid by allowing them to live as the other gender? That’s a study that hasn’t found its investigator yet.”

DR. RICHARD GREEN, one of the oldest researchers in this field and an active and strongly outspoken advocate in LGBT politics within the professional associations

“Gender dysphoria is not a problem of the body but the mind... Cutting at the body does not do a great deal to heal the mind.... “We psychiatrists would do better to concentrate on trying to fix their minds and not their genitalia.”

“The idea that one’s sex is fluid and a matter open to choice runs unquestioned through our culture and is reflected everywhere in the media, the theatre, the classroom, and in many medical clinics. It has taken on cult-like features: its own special lingo, internet chat rooms providing slick answers to new recruits, and clubs for easy access to dresses and styles supporting the sex change. It is doing much damage to families, adolescents, and children and should be confronted as an opinion without biological foundation wherever it emerges. But gird your loins if you would confront this matter. Hell hath no fury like a vested interest masquerading as a moral principle.”

PAUL R. MCHUGH, the long celebrated and retired psychiatrist-in-chief at Johns Hopkins Hospital

ANOREXIA / TRANSABLED

Dr Paul McHugh likens gender identity disorder to such **body dysmorphic disorders** where some girls believe they are overweight when they are actually life-threateningly underweight. It is not a disorder of the body, but of the mind. Others have likened it to **XENOMELIA** – an oppressive sense that one or more of one’s limbs do not belong to their own body and often these strong feelings are present from early childhood. These patients mimic the gender dysphoric in their use of the language of identity and being in describing the desire to have particular limbs amputated

“I don’t think a seven- year-old has enough life experience to understand precisely what they’re doing. I think it’s better a person gets to puberty and through puberty...” before such drastic and consequential efforts are taken.

GEORGINA BEYER

*“[I]t is not known whether LGBT people die by suicide at higher rates than comparable heterosexual people.”
“A tendency to over-report [suicidal ideation and behaviour] among LGBT youth”*

A report of the **U.S. Surgeon General and the National Action Alliance for Suicide Prevention**

An important question for addressing improved well-being among transgender and other sex-minority youth is to determine why nearly all other health-risk measures are so elevated among this population and even higher for trans-identified teens.

Other key minorities - Black, Hispanic, Asian and Middle-Eastern individuals - do not suffer elevated levels of mental disorders.

Nor is the ‘minority stress’ or ‘social alienation’ theory supported by research done in highly gay-tolerant countries, such as the Netherlands. **Dutch scholars explain there is much more to this fact than issues of familial or social acceptance**

There is simply **no research showing that family acceptance or rejection drives transgender-identified youth suicide attempts.**

WALT HEYER

What Drives a Child to Say They Are Transgender?

First of all, ‘transgender’ is an adult and ideological term. If a child is saying they are ‘transgender’, it is because someone has put that label on their gender dysphoria for them. But aside from this, studies indicate that **two-thirds of transgenders suffer from multiple disorders at the same time**, which is called “*comorbidity*”. Simply put, a child who states a desire to identify as the opposite gender has a two-thirds chance of having one or more co-existing disorders, the most prevalent being:

1. major depressive disorder (33.7%)
2. specific phobia (20.5%)
3. adjustment disorder (15.7%)

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