



## EXECUTIVE SUMMARY

# Children transitioning:

CHILDHOOD GENDER DYSPHORIA  
A paediatrician's warning to New Zealand

By Dr John Whitehall  
October 2018

FAMILY  
FIRST NEW ZEALAND

## EXECUTIVE SUMMARY

An epidemic of 'childhood gender dysphoria' is sweeping the Western world. Having exploded from rarity less than a decade ago, there is now an exponential increase in the number of children being presented to specially created units in major children's hospitals with the complaint 'they have been born in the wrong body' and 'belong' in that of the opposite sex. Such a problem in identity does not surprise in its depth of pain, both for the children and, usually, for the parents.

The good epidemiological news is that most children confused about their gender will orientate through puberty to the one with which they were born. In the great majority, nature's innate chemical and hormonal processes can be depended upon to do their job.

This statistical assurance is, however, not heeded by some professionals who feel bound to introduce the affected child to a medical pathway that commences with the psychological strategy of social affirmation in the role of the opposite sex: names, pronouns, hairstyles, dress and toileting facilities of the opposite gender are supported (if not enforced) by the authority figures in the child's life: parent(s), teachers and peers.

Such programming is likely to lead to the next stage of therapy: the administration of drugs to block the natural process of puberty with the expressed intention of giving the child more time to contemplate his or her gender and procreative future.

Most children who are 'blocked' then progress to the next stage of therapy, the administration of cross sex hormones to evoke physical characteristics of the opposite sex. This escalation may then proceed to surgical intervention in further pursuit of those opposite characteristics. In this stage, for example, natal girls may undergo bilateral mastectomy.

The final stage of the medical pathway is the life time of supervision of the effects of unnatural hormones, whatever urogenital surgery was attempted and whatever psychological problems remain. In this process of 'transformation' to the opposite sex, castration is inherent.

Such a massive intervention into the minds and bodies of children could be expected to be based on a concrete body of scientific experimentation but, astonishingly, that is not the case.

There is no biological basis to the confusion over gender: it has the hallmarks of a psychological fad, fanned by an uncritical, sensationalist media, given direction by private websites and even government funded programmes of 'education' known euphemistically in Australia as 'Safe Schools Programmes', and encouraged by peer pressure.

Sadly, the most vulnerable of children appear to be at particular risk: numerous reviews reveal the majority of children confused about their gender also suffer from diagnosed mental disorders, such as depression and anxiety. Moreover, there is an extraordinary representation of children with Autism Spectrum Disorder whose appreciation of reality is already known to be challenged.

Not surprisingly, reports reveal many of the children are from broken homes. And what ought to be an added warning: reports reveal a high association with personality disorder in parents, especially mothers.

Proponents of the medical pathway declare it is necessary to prevent suicide but, again, there is no evidence that gender dysphoria in children, per se, is associated with a higher risk of suicide. The accompanying mental and family disorders, however, are known to be associated with self-harm and, therefore, an affected child (and family) deserves close attention and compassion.

As suicide rates in transgendering adults are reported

*Such a massive intervention into the minds and bodies of children could be expected to be based on a concrete body of scientific experimentation but, astonishingly, that is not the case. There is no biological basis to the confusion over gender.*

*Sadly, the most vulnerable of children appear to be at particular risk: numerous reviews reveal the majority of children confused about their gender also suffer from diagnosed mental disorders, such as depression and anxiety.*

to be at least 20-times that of the general population, perhaps suicide may be prevented by compassionate 'watchful waiting' for the natural effects of puberty to orientate the child in the direction of its chromosomes, while applying standard therapy to the associated mental disorder.

Proponents of the pathway declare the blocking of puberty to be 'safe and entirely reversible', but review of adults administered 'blockers' to reduce the production of sex hormones considered to be stimulating abnormal cell growth (as in prostate cancer in men and endometriosis in women), has suggested interference with brain function, which has been confirmed in veterinary studies. The limbic systems of 'blocked' sheep reveal sustained structural and functional damage: the activity of hundreds of genes has been found to be altered, leading to sustained interference in memory and emotions.

These side effects are not mentioned by proponents who argue blocking puberty provides opportunity for the child to consider its sexual identity but how can this occur when the natural process of sexualisation within the brain and the body is blocked?

Proponents acknowledge many metabolic side effects of cross-sex hormone therapy, thus confirming the need for sustained medical supervision but do not mention effects on the brain. For example, MRI studies have found that the adult male brain exposed to oestrogen shrinks at a rate ten times faster than ageing, after only four months of exposure. What will happen to the growing brain exposed to cross sex hormones for life?

Proponents argue that bilateral mastectomy may be performed on confused girls to help them approximate the bodily dimensions of a male, and at least five girls have had this procedure in Australia: two at 15, one at 16, and two at 17 years of age. Proponents offer the sophistry that these effects are 'reversible', as if breast feeding was irrelevant and all that mattered was siliconised shape.

There is no scientific evidence in medical literature to support the massive interventions of the medical pathway. To the contrary, there are multiple expressions of the need for evidence, and lamentations about its lack. Society and governments are being led by so-called 'expert opinion'.

The phenomenon of childhood transgendering sweeping the Western world has an ideological base: 'gender fluidity' which maintains no such thing as binary differentiation of the sexes into males or females: everyone exists on a 'locus' or spot within a rainbow of gender identity depending on inner conviction. Moreover, this locus is not necessarily fixed, and gender identity can change according to the vagaries of inner feelings.

This ideology of gender fluidity is gaining power exponentially. Only a few years ago, the declaration that there were no such entities as girls and boys might have been received with forbearance fitting fantasy of a flat earth. But things are different now and, in many countries, there are many true believers. Perhaps reflecting depth of conviction, or maybe insecurity, believers have enjoyed much success in convincing lawmakers (and other authorities) to compel compliance with their ideas. Evangelism is being buttressed by coercion.

This article is based on published literature and considers the epidemiology, the nature of confused children, the stages of the medical pathway, the established effects, and some of the relevant laws. It challenges proponents of the pathway to confront the scientific literature and not ignore its findings. It offers 'scientific debate' and refuses to be silenced by accusations of 'transphobia' or 'right wing panic'.

To the contrary, it acknowledges and seeks to reduce the great suffering of confused children, but is based on the fundamental Hippocratic principle: 'First, do no harm'.

The warning to New Zealand is that the massive intervention in the minds and bodies of children inflicted by the medical pathway of transgendering has no scientific basis. From the United States to Europe there is no scientific proof of validity. To the contrary, there are scientific findings of sustained side effects. The medical pathway is based only on ideology, and claims of 'success' reflect beliefs, not science. Even worse, these beliefs are not negotiable: they have become coercive.

*This article offers 'scientific debate' and refuses to be silenced by accusations of 'transphobia' or 'right wing panic'. To the contrary, it acknowledges and seeks to reduce the great suffering of confused children, but is based on the fundamental Hippocratic principle: 'First, do no harm'.*