



Transgender Affirmation Treatments for Children

By Moira Deeming

Even as an adult, it can be an intimidating and daunting task to untangle and challenge the lies of transgender ideology which are permeating our culture (Genesis 1:27). Words are losing their meaning, science is losing its relevance, and debate is losing its dignity. How can we think ideas through without clear language, how can we weigh their merit without using objective methods, and how can we measure ideas against each other when disagreement is fast becoming a hate crime?

If it is difficult for us, just imagine the confusion and anxiety children must be suffering through. Day care centres, kindergartens, schools, universities, peer groups, sporting and social clubs, workplaces, books, internet chat rooms, music and tv shows relentlessly undermine the concept of biological sex, of science, of objective reality itself. *If you're a depressed, 'un-feminine' female, or a depressed 'un-masculine' male, you might actually be transgender. If you don't like your body, you might be transgender. Men who say they are women, are women, and vice versa and to say otherwise proves that you're a 'transphobe'.* These are perfectly serious tenets of transgenderism, backed by popular culture and (increasingly) legislation and case law.

How confident are you that your children and grandchildren will avoid falling prey to the lies of transgenderism?

Transgender ideology is a cultural juggernaut not to be underestimated. In the last decade the number of referrals for gender-dysphoric children in Australia, America, the UK and Europe reached epidemic proportions (figures show increases ranging from 1000-4000%).¹

Childhood gender dysphoria is a well-established, historically rare, psychological condition with objective diagnostic criteria. It has a long history of successful treatment using a 'watch and wait approach' coupled with psychological support. This approach affirms the child in their biological sex, avoids gender stereotyping and allows natural puberty to take place, resulting in approximately 85% of children outgrowing their dysphoria.²

However, in Australia as elsewhere, this unprecedented wave of gender dysphoric children has been systematically denied this highly successful, low risk method, which, upon being rebranded as 'conversion therapy', has been banned in jurisdiction after jurisdiction. Instead, gender dysphoric children are now labelled as 'transgender' and funneled into a radical and untested treatment pathway known as the 'affirmative model'.

Note: that in Australia and the UK, minors can legally be considered competent to consent to their own medical treatment, and this means that the following treatments can commence in patients much younger than 18 and against their parent's wishes (and testimonies of this happening are mounting).

Under the 'affirmative model', children experiencing gender dysphoria are diagnosed as being 'transgender', affirmed in the belief that they were born in the 'wrong body' and told that changing their body so that it looks like their desired sex can alleviate their dysphoria.

And yet, 'transgenderism' is a *theory* developed in University Sociology departments, premised on the highly subjective and philosophical claim that a person's sex can be 'wrong'. It

1 Bernard Lane, "Four Corners story linked to \$6m grant for Australia's busiest kids' gender clinic". The Australian, March 2, 2020.
Ciaran McGrath, "Investigation as number of girls seeking gender transition treatment rises 4,515 percent". Express, September 16, 2018.

2 John Whitehall, "Request for a Parliamentary Inquiry into the Social and Medical Transitioning of Children with Gender Dysphoria" <https://genderinquiry.files.wordpress.com/2019/09/whitehall-to-hunt-submission-re-gender-dysphoria-inquiry.pdf>, accessed July 13, 2020.

has never been proven to exist in the body through objective medical testing such as DNA analysis, brain scans or blood tests.

‘Treatment’ begins with ‘social transitioning’, encouraging the child to dress and act as the opposite sex and demanding that others treat the child as his/her opposite sex. For boys, this includes ‘tucking’ genitals between the legs to hide them, often in specially designed underwear. For girls it often involves the use of a breast binder and prosthetic ‘packer’ for underwear to give the ‘bulge’ of male genitals. Of course, no scientific studies exist which prove social transitioning to be harmless to the gender dysphoric child, or to the other children around them.

If the patient is pre-pubescent, they can be prescribed off label use of high risk puberty blockers to stop the development of secondary sex characteristics such as breasts, genital development, facial hair, facial widening and voice changes. When the child reaches the age of puberty (or is post puberty), he/she is prescribed experimental, lifelong use of high risk, high dose cross-sex hormones. These suppress natural sex functions and artificially induce and sustain secondary opposite sex characteristics. This includes facial widening and male pattern hair growth in girls and breast tissue growth in boys. Of course, no scientific studies exist which prove that giving children puberty blockers or cross-sex hormones are safe or reversible. On the contrary, there are a multitude of studies which show precisely the opposite.

Lastly, in the mid to late teens the child can undergo experimental, drastic and irreversible ‘gender confirmation’ surgeries, such as removal of breasts or breast implants, facial surgeries, surgical destruction of genitals and genital plastic surgery.

Just imagine what it must have taken to persuade such vast swathes of children that *only these* treatments will bring them happiness, and to persuade them so utterly that they many of them will defy and abandon their own parents to access them.

And those are only the list of *desired* outcomes for the affirmation model of treatment! Data charting the long list of unsatisfactory surgeries, unwanted side effects and increased rates of serious health problems in these patients, is horrifying. Briefly, they include but are not limited to, atrophy of sexual organs, sexual dysfunction, heart, bone and brain changes resulting in serious and debilitating health problems, large painful scars, incontinence, fistulas, social isolation and post-traumatic stress disorder.

Most heartbreaking of all, though rarely heard in the mainstream media, are the testimonies of devastated, regretful young ‘de-transitioners’. Tragically, they permanently and literally embody the unjustifiable, catastrophic and irreparable harms inflicted

on vulnerable children by the ‘affirmative model’.

Thankfully, medical specialists, paediatricians and psychologists as well as concerned parents, teachers and community groups from across the world and across the political spectrum, are demanding a halt to the ‘affirmative model’ of treatment for children.

In January 2020, the Morrison government was called upon to launch a comprehensive national parliamentary inquiry into these experimental treatments. Shamefully, the petition (led by Dr John Whitehall, Professor of Paediatrics and Child Health at Western Sydney University, and signed by several hundred doctors), was denied after intense pressure from transgender lobby groups. But that was just round one.

Christians need to stand up and relentlessly oppose this brazen child abuse.

In base terms, this situation was facilitated by members of parliament changing the law. Surely, along with prayer, ministry and cultural engagement, we must seek to use the tools of state to change the law back again!

Surely, we should not aim so low as to help these poor children pick up the remaining pieces of their lives, only after all the damage has been done? Or are we only interested in protecting our own children?

A petition by 200 doctors calling for a parliamentary inquiry has an impact, but not as much as a petition with the signatures of 1000 doctors, teachers, nurses, child-care workers, ministers, parents and grandparents. Follow the Australian Christian Lobby, the Australian Family Association and the National Civic Council for opportunities to sign petitions.

Writing to our politicians to tell them how they can win or lose our vote has a big impact, but not as much as such a letter with 1000 local residents’ signatures attached. Voting MPs or parties out of office has an impact, but only if they are absolutely sure of which issues cost them the election.

Joining a political party has an impact, but not as much as 1000 people joining a political party and successfully ensuring that only candidates who oppose transgender treatments for children stand a chance of getting preselected. How many are willing?

Opportunities to help oppose transgender affirmation treatments for children will come again, indeed from our own denomination. I pray God would bless our efforts.

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FURTHER READING

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