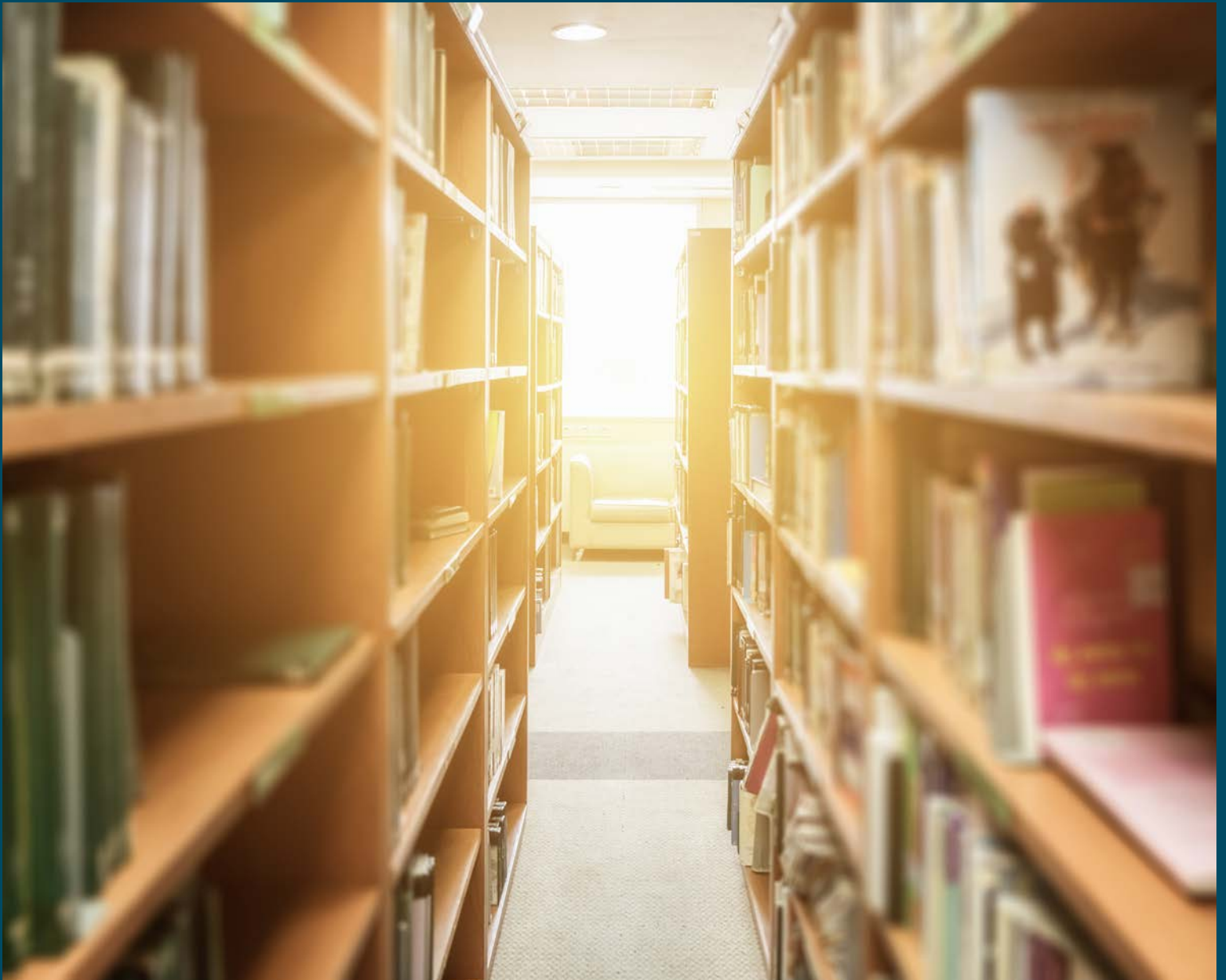


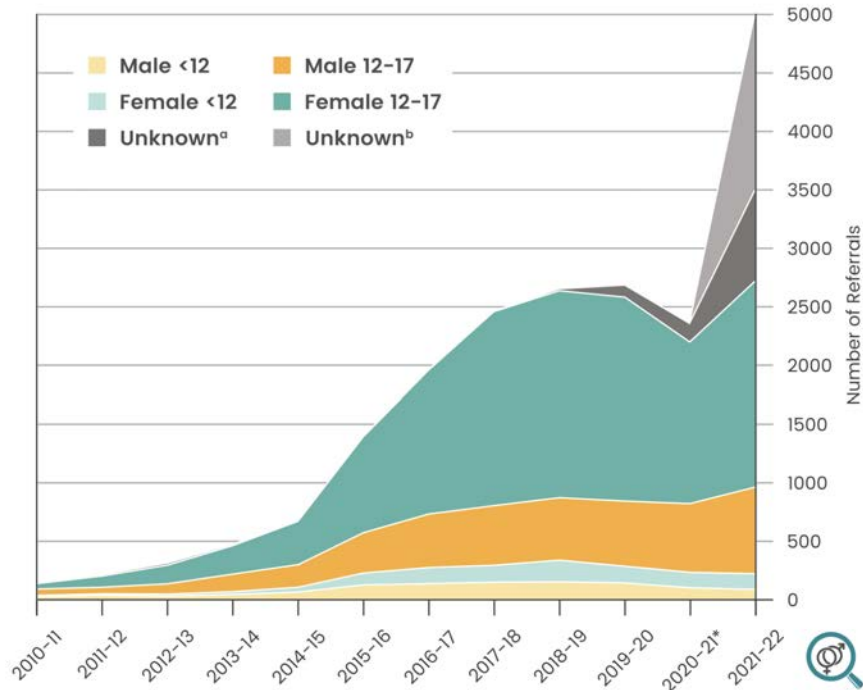
Parent/Educator Resource

Scrutinizing Gender Education in Public Schools: Incorporating Evidence and Balancing Rights



An informational resource for parents and educators who care about the introduction of unscientific ideologies regarding sex and gender in schools, how this affects students' sex-based rights and the rise in trans-identified minors undergoing medical transition concurrent with rising stories of transition regret.

Child and Adolescent Referrals for Gender Dysphoria United Kingdom (GIDS)



*Referral activity to GIDS/Tavistock was sharply limited in 2020-2021 due to COVID-19.

^aBeginning in 2018-19, increasing numbers of referrals are not reported by sex.

^bBeginning July 2021, referrals made directly to GIDS are reported separately from those handled by the Arden & GEM referral management service. The Tavistock reports that Arden & GEM handled over 1500 additional referrals in 2021-22 (age and sex not reported separately).

For more information:

<https://thehomoarchy.com/lgbt-trans-parents-schools-activism>



This document sponsored by:



Statement of Support and Commitment

This informational resource focuses on issues in education regarding human biology, sex education, anti-bullying, and an increase in activist-driven narratives affecting the classroom.

It addresses a significant rise in trans-identified, medicalized minors concurrent with increasing stories of young adults regretting medical transition. All students deserve a school environment that supports their physical safety, mental health, and intellectual development. Protecting trans-identified students' physical safety and the right to participate fully in all aspects of school life is non-controversial.

We acknowledge the difficulties children and teenagers face if they have gender dysphoria or don't adhere to gender expectations often enforced in school environments. We support the desire to protect and make them feel included and welcome. We do not endorse ill-treatment or rejection of any youth with gender issues or policing any young person's personality and expression. This is harmful to their mental well-being.

Indeed, we assert that some of the materials schools are adopting from activist groups subject disabled, individualistic, female and sexual-minority youth to scientifically invalid theories with a demonstrated history of confusing students, fueling body dysmorphia, putting students at risk for irreversible medical side effects, and impacting their rights to fair sporting policies, privacy and free speech.

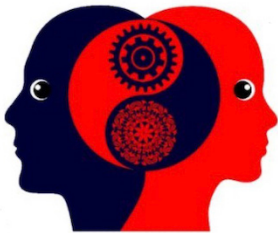
All students are created equal, and no student is born wrong. All students deserve support as they develop toward their best, healthiest future.



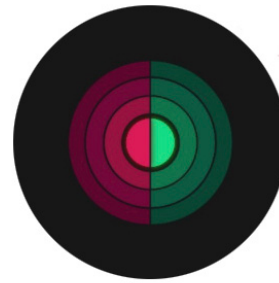
Endorsements:

Stephanie Winn,
Licensed Marriage & Family Therapist

Coach Linda Blade, PhD Kinesiology,
coauthor of *UNSPORTING*



CANADIAN
GENDER REPORT **4thWaveNow**



PARADOX INSTITUTE



PARTNERS *for*
ETHICAL CARE

Canadian Gender Report: Parents and professionals concerned about the medical transition of children, the introduction of gender identity teaching in our schools, and the changing legal landscape that replaces biological sex with the subjective notion of gender self-identity.

Coach Linda Blade: Sport performance coach [PhD Kinesiology; ChPC in T&F] and Author of *UNSPORTING: How Trans Activism and Science Denial are Destroying Sport*, who develops athletes, mentors coaches, thrives on innovation, and honours positive nation-builders

4thWaveNow: A community of people who question the medicalization of gender-atypical youth. 4thwaveNow platforms young people, health professionals, parents, and scientists with an emphasis on protecting LGB and female youth.

LGB Alliance USA: Dedicated to protecting the rights of lesbians/gays/bisexuals, gender-nonconforming children from unscientific ideologies and bodily harm, and freedom of speech through informed dialogue.

Our Duty: A mission to help parents protect young people from identity destabilization and medical damage, with no religious or political affiliation.

Partners for Ethical Care: Raising awareness and support efforts to stop the unethical treatment of children by schools, hospitals, and mental and medical healthcare providers under the duplicitous banner of gender identity affirmation.

Parents Defending Education: Grassroots organization working to reclaim our schools from activists promoting harmful agendas and indoctrination, through network and coalition building, investigative reporting, litigation, and engagement on local, state, and national policies, for the restoration of a healthy, non-political education for our kids.

Paradox Institute: Teaching about the biological and psychological differences between males and females and why they are important in illustrated animated videos, articles, and podcasts as understanding the sexes is critical for psychological health, social relationships, accurate medical research, correct reporting of crime statistics, fairness and safety in sports, and ultimately, the health of our societies and the continuation of our species.

Stephanie Winn: LMFT, Host of [You Must be Some Kind of Therapist](#) Podcast, Associate Producer of [No Way Back: The Reality Of Gender Affirming Care](#)

The Top Ten Gender Activism Myths That Make Good People Promote Bad Ideas & Policy

Who's being hurt by gender activism
in culture and in the classroom?

Myth #1

Gender taught in schools is evidence-based & progressive. Teachers would never introduce materials in schools that are harmful to students or damaging to parental rights.

Fact: Educators have rapidly adopted school curricula derived from academically unsound theories about gender that are fueled by activist-driven identity politics. Advocates for this approach insist there are unlimited genders, that medically altering healthy bodies is unquestionably positive, and that the public must accept the notion that gender identity supersedes biology. These ideas increase identity confusion and body dysmorphia, reinforce gender stereotypes, and violate the rights of girls, homosexuals, and religious groups. Most seriously, they can lead youth into irreversible, experimental medical pathways with serious health consequences, all while policymakers are removing parental rights. [Read more](#)

Myth #2

Medical gender transition is safe & healthy for minors.

Fact: Many people are unaware that since the late 1990s, minors have been receiving experimental medical interventions for gender dysphoria that have a proven track record of serious and permanent side effects in adults. These side effects include sterilization, circulatory health risks, cell and organ damage, and loss of sexual function. Accumulating evidence of harm has led a growing number of health professionals to warn that they should not be used on minors. [Read more](#)

Myth #3

Gender identity activism doesn't negatively impact other people.

Fact: Gender activism taught in schools is not progressive and doesn't uphold priorities central to modern democracies. It is anti-science, reinforces sex stereotypes, encourages poor body image, confuses children about biological reality and sexual orientation, eradicates the concept of sex-based rights, ends fair sports for girls, and restricts free speech and free thought. [Read more](#)

Myth #4

“Gender-affirming” social & medical intervention for kids is the healthiest option because “trans kids” know who they are & medical transition is the best choice.

Fact: Though social and medical interventions continue to be marketed through activism as “medically necessary” and “lifesaving,” there is little to no evidence that social and medical interventions for minors are appropriate or the best approach for minors. In fact, there are studies that indicate transition for adults is far less helpful than reported. There are key elements that remain true regarding youth: children are influenced by parents, trusted adults, and peers; children are susceptible to a lack of critical thinking; and parental support and love is most important. [Read more](#)

Myth #5

Gender is a spectrum and biology doesn't matter.

Fact: The view that “gender is a spectrum” is not a fact but a belief system promoted by a very small percentage of the population—many of whom stand to gain emotionally, politically, and financially as activists or providers of medical services. There are only two sexes. Human sexual dimorphism is central to reproducing the species, and humans cannot simply identify out of the consequences of this fact. Biology denialism and manipulation of language is causing many people to confuse and conceal issues regarding this subject. [Read more](#)

Myth #6

Gender identity is innate, immutable, and is not influenced by social factors.

Fact: Many children/teens with serious gender dysphoria outgrow it. There is mounting evidence that social factors and mental health issues contribute to the rise in gender dysphoria. Gender activism training in schools that promote “innate gender” as universal, makes schools complicit in harming young people. [Read more](#)

Myth #7

There is expert consensus that these interventions are safe and best practice.

Fact: The treatment of young people who struggle with identity and question their sex or gender is a highly controversial issue with no settled science. Current practices come with significant risks to long-term health, happiness, fertility, and sexual function—which is why many medical professionals, scientists, and governing bodies are now questioning current “best practices.” [Read more](#)

Myth #8

The trans community is plagued with suicides and murders.

Fact: Trans activism often misrepresents suicide risk, and there is no trans murder epidemic. Activists in media, groups, and institutions make panic-inducing statements about the dangers of suicide and hate crimes that are hyperbolic, enforce an agenda, and violate suicide-reporting ethics. This behavior will only make the mental health of dysphoric young people worse. [Read more](#)

Myth #9

Gays, lesbians, bisexuals and trans-identified adults agree with activist-promoted gender ideology and pediatric medicalization.

Fact: Many LGB and trans-identified people strongly oppose pediatric medical transition and find it offensive when ideological materials are promoted under the banner of “LGBTQ+” or “SOGI” (Sexual Orientation & Gender Identity), claiming that “gender is a spectrum” and “sex is assigned at birth.” [Read more](#)

Myth #10

I know this is bad, but gender activism in schools, laws, and society is inevitable and will be the new accepted cultural norm, so why bother opposing it?

Fact: The more people learn about gender activism & its impacts, the less people like it. People from diverse backgrounds are demanding that educators begin to recognize the harm & rights conflicts resulting from gender activism. Parents are organizing in their opposition to unscientific curriculum, erosion of parental rights, & ideological indoctrination of youth and have many allies. [Read more](#)

There is a [well-organized](#) effort among liberal-leaning power structures to paint individuals and groups as “anti-science,” “bigots,” or “right-wing extremists” for describing rising medical damage and sex and gender confusion in young people. This must stop. This happens in once-trusted media and [human rights groups](#). [Many spanning the left to the right, gay to straight, trans-IDed or not, recognize the points made in this resource](#). There are also efforts to discredit the term “gender ideology.” We will call the ideas behind this movement an “ideology” because ideology relates to “thoughts” or “belief systems,” and that is largely the driver of what is happening, not science-based medicine or rational discourse.

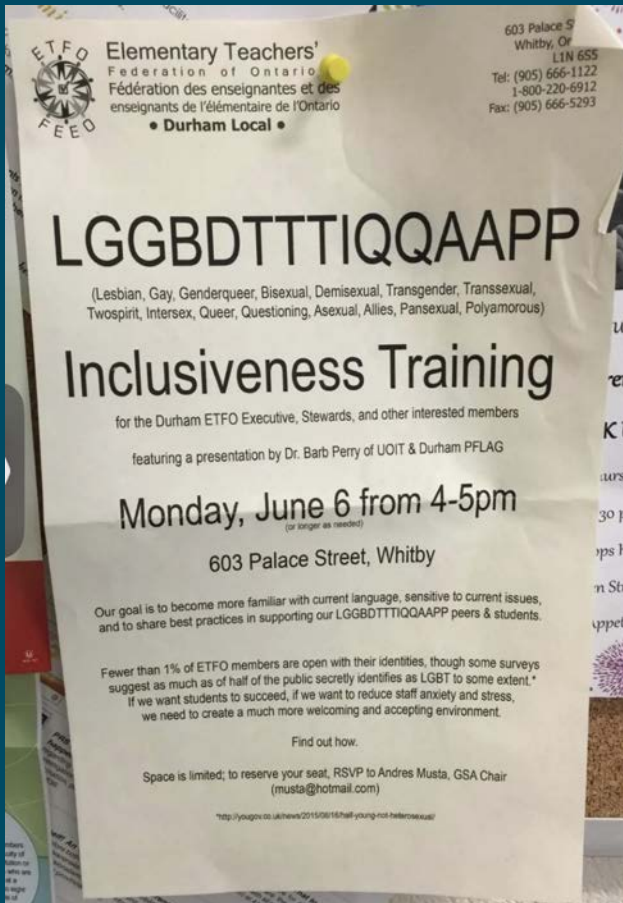
While this resource is US-based, new and influential ideologies around sex and gender are being adopted widely by Western countries and international policy makers. This is a global issue.¹

Myth #1: Gender taught in schools is evidence-based & progressive. Teachers would never introduce materials in schools that are harmful to students or damaging to parental rights.

FACT: Educators have rapidly adopted school curricula derived from academically unsound theories about gender that are fueled by activist-driven identity politics. Advocates for this approach insist there are unlimited genders, that medically altering healthy bodies is unquestionably positive, and that the public must accept the notion that gender identity supersedes biology. These ideas increase identity confusion and body dysmorphia, reinforce gender stereotypes, and violate the rights of girls, homosexuals, and religious groups. Most seriously, they can lead youth into irreversible, experimental medical pathways with serious health consequences, all while policymakers are removing parental rights. ([Table of Contents](#))



Teaching is hard work. Most educators are good people who want the best outcomes for their students. It's understandable that many well-meaning people are adopting school materials that sound progressive by promoting tolerance and acceptance, and that many educators and school counselors believe this kind of curriculum will help prevent youth depression and suicide.²



(This poster is representative of current “LGBTQ+” activism happening in education in Western countries that’s hyper-focused on adult, complex sexualities, and subjective gender identities)³

Certain ideologies introduced through educational material to increase tolerance—through trainings in diversity, equity, and inclusion (DEI^{4,5}), social and emotional learning (SEL^{6,7}), and sex and gender education (SOGI^{8,9})—require scrutiny, since the serious issues with these lesson plans are not evident to all. They lead cognitively immature minors into utopian and delusional thinking.^{10,11}

They pathologize gender stereotype atypical behavior and reinforce gender stereotypes.¹²

They are problematic for kids struggling with mental health issues and trauma, and to those who are prone to social contagion.^{13,14}

They put **LGB**,¹⁵ autistic, and learning-disabled youth^{16,17} at risk for confusion and identity disturbances. They are driving wedges between parents and their children; parental rights are increasingly eroded.¹⁸

And they unnecessarily risk putting youth into invasive, permanent, and experimental medical protocols (**Myth #2**).

How did we get here? First, it’s necessary to define “queer theory,” the academic theory that contemporary gender ideology falls under, to understand the problems with gender education in schools.

Queer Theory / Gender ideology

Queer theory¹⁹ can be defined broadly as an academic theory of sex, sexuality, and gender, that favors subjective experiences and language manipulation over scientific approaches, deconstructs social norms, and promotes itself as a liberationist ideology against power structures.^{20,21} Queer theory falls under the banner of “critical theories” that originated in leftist academic identity politics and are influenced by postmodern philosophy.^{22,23}

The gender ideology aspects of queer theory have been melded with the work of doctors, and mental health professionals^{24,25} involved in socially validating cross-sex identities and creating medical protocols to enable extreme body modification. They are currently practicing what is called the “affirmative model” on minors (**Myth #7**). Queer theory now permeates the culture in Western countries, in education, “LGBTQ+” organizations, entertainment, media, tech companies, corporate diversity policies and science institutions.^{26,27} It’s also highly profitable²⁸ to have increasing numbers of life-long customers for new medicalized identity markets.

Queer theory is not a science. And just because it contains the word “queer” does not mean it represents the views of all trans-identified or LGB people. Educators should not promote it as “truth.” Gender ideology is not a sufficient framework to analyze gender distress, which may be related to understandable difficulties with gender nonconformity, autism, mental health issues, personality disorders, trauma responses, internalized homophobia, female self-hatred, body dysmorphias, or paraphilic eroticization of being the opposite sex²⁹ (Myth #6). Gender activists reduce these complex issues to self-serving ideological framings. They use propaganda phrases such as “sex is assigned at birth,” “children can be born in the wrong body,” “gender is a spectrum,” “trans women are women,” and “men can give birth,” disregarding any negative impacts these beliefs have on others.³⁰

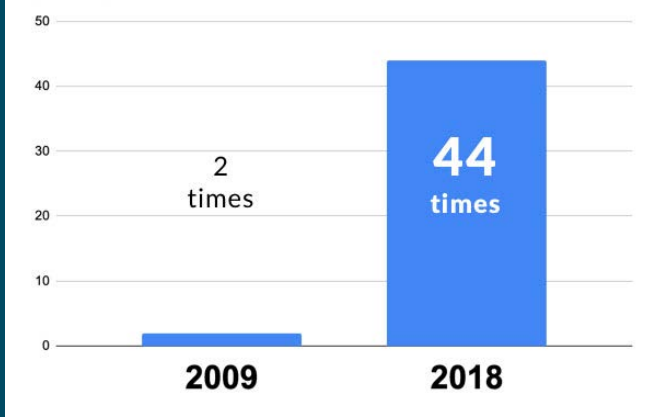
Instead of addressing the ways people mistreat those who do not fit into gender norms in practical terms, it seeks to convert the culture to a specific, unfalsifiable, and authoritarian belief system.³¹ There is no inherent right to impose belief systems on others, and teaching them as objective truth to school children is educational malpractice. Yet this is exactly what is happening.

Beyond Kindness: A Wider Agenda of Enforcing Medical Protocols on Minors, Allowing Dysphoric Males Into all Sex-Segregated Spaces, & Hard-Left Divisive Identity Politics Imposed on Unwitting Students & Their Families

Gender-ideology-based training is not just an anti-bullying program—It’s the justification underlying the push to remove age limits on medicalizing children and to supplant sex-based rights in law, and it’s happening at the international level.^{32,33,34,35,36} For example, UNESCO is heavily promoting gender ideology in its “International technical guidance on sexuality education.”³⁷



Number of times 'Gender Identity' appears in UNESCO 'International Technical Guidance on Sexuality Education' (ITGSE)



The pressure on parents to transition their children socially and medically comes from the highest governmental levels in the United

States.³⁹ The U.S. Assistant Secretary for Health, Rachel Levine, who is trans-identified, has been involved in the push to medicalize gender dysphoric minors—including surgeries—and to force insurance companies and taxpayers to pay for it.^{40,41} Levine dishonestly states that youth transitions are safe and uncontroversial among health professionals.⁴²

Another example of gender ideology's current power is that it's significantly affecting health professions,⁴³ to the point of endangering patient safety due to confusion about their biological sex.^{44,45}

How Widespread are Gender ideology Materials in Schools?

National educational organizations and the American Library Association are now promoting gender curricula and policies.^{46,47} These programs⁴⁸ have not only been introduced into schools in ideologically “progressive” areas, they're widespread throughout the USA, even in more conservative communities.⁴⁹

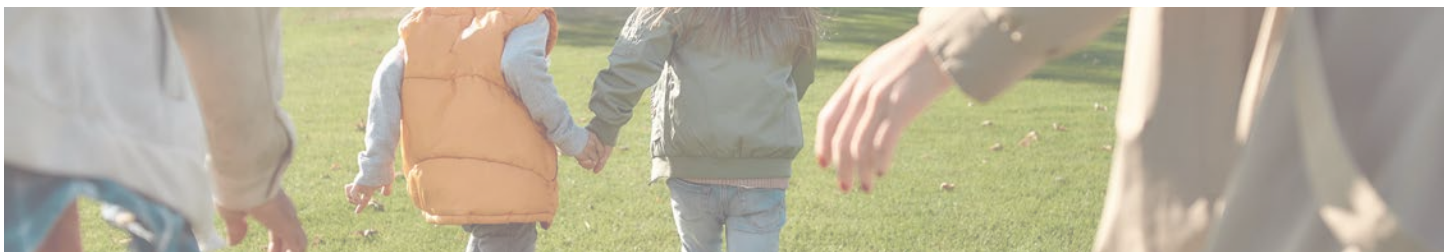
Safeguarding Red Flags & Loss of Parental Rights



“Most of the damage around gender ideology and young people is taking place in schools today.”⁵⁰

– Dr. David Bell, British Psychoanalytical Society and trainer at the Tavistock gender clinic

One of the most disturbing aspects of gender identity activism's influence on K-12 is that some educators hide things. They actively encourage trans-identification in children without parental consent. They hide students' gender-related distress from parents. They facilitate gender marker, name, and clothing changes without parental knowledge. They refuse to let parents & the public review gender training materials. Educator-reinforced child gender transitions in schools may ultimately lead to the loss of parental rights, or the removal of a child from the home.⁵¹



Do Schools & the Government Have a Right to Force Parents to Transition Their Child Socially & Medically for the Youth's Own Protection?

Disclaimer - Abusive parents of LGB and trans-identified youth exist.⁵² We do not support “outing” students to parents if there is credible evidence they would be physically harmed or expelled from their homes. These youths need and deserve love, support, and special services to address their needs.

There are many complexities around this issue that make genuine child abuse around a minor's gender dysphoria challenging to identify in the current situation. For example, rising cases of gender dysphoria looks like social contagion^{53,54} and many youths have complex mental health issues.^{55,56}

A long list of these complex issues can be found here:

<https://thehomoarchy.com/schools-parental-rights-trans-lgbt>



While most people are attempting to be supportive and help an at-risk population, below are the problems with current dynamics in schools that lead to indoctrination and potential abuse.^{57,58} They can mimic dynamics around unhealthy inculcation into toxic religious or self-help groups,^{59,60} or sexual abuse grooming:^{61,62,63,64,65}

- **hiding things**
- **creating opportunities for unsupervised one-on-ones with adults regarding intimate issues**
- **promoting ideology as truth and punishing nonbelievers**
- **actively encouraging identity disturbances and body rejection**
- **separating youth from their parents and treating parents as the enemy**
- **promoting quasi-religious utopian thinking and transformational narratives**
- **social reinforcement through love “bombing” and trauma bonding**
- **intrusive, boundary-violating questions**
- **inflating apocalyptic thinking through hyperbole and catastrophizing**
- **turning a blind eye to darker motivations in manipulative and abusive adults**



How is this happening in school settings around gender?

An Educator With a Righteous Cause

Kind, altruistic people go into education out of a desire to help children and society and to create a better future. Educators have an impossible number of complex issues to cope with in order to serve a diverse student body in a pluralistic society. They are not at fault for trusting politicized information from sources that should be trustworthy, that instead misleads them. Most educators have good intentions but may not realize the adverse effects of what they promote.



FEATURE

HOW TO BECOME A SUPER RAD GENDER WARRIOR CLASSROOM TEACHER

72

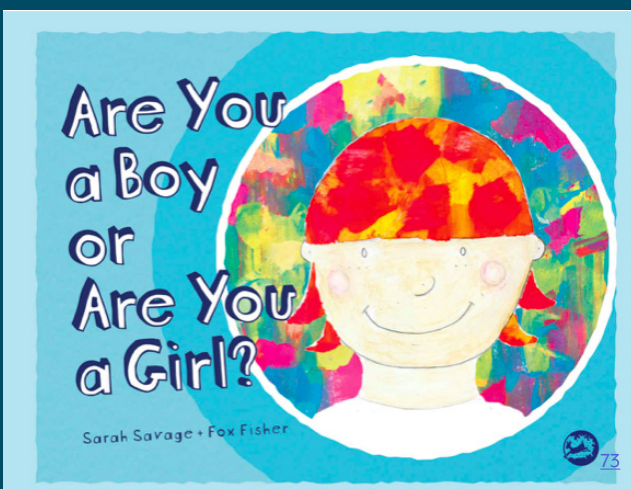
Some engage in blatantly activist behavior. The feeling of doing something to protect a

vulnerable population has a lot of power over people,⁶⁶ especially those in support professions, such as education.⁶⁷ This can blind people to the negative side effects and attract bad actors who wish to wield inappropriate power, or manipulate peoples' genuine kindness for bad ends.^{68,69} They can deploy state power to deny parental rights.^{70,71}

For these reasons, gender ideology in schools, and the activist educators who push it, are violating boundaries and raising safeguarding red flags.

Gender ideology is enthusiastically promoted by educators in all Western countries, with no consideration for the harm it's doing.

Promoting Utopian Thinking & Early Ideological Indoctrination



Gender ideology is now introduced to children as early as preschool. Below are just two of many examples.

While promoting kindness and attracting children with pretty rainbow colors and charming cartoon characters, materials like this don't inform the children of the severity of the consequences of extreme medical interventions. They also don't inform adults about the controversies surrounding the best way for adults to support a dysphoric child.

We can see the brutal realities of underage medicalization by looking at the example of TV child star and activist, Jazz Jennings.

Jazz always knew she was different from other kids.
She had a girl's brain and a boy's body.
This is her story.



74

The parents socially transitioned Jazz at age 5. The Dutch gender clinicians who pioneered the pediatric transition protocol don't recommend this because many children with clinical GD outgrow it through puberty.⁷⁵ Which is why a school socially transitioning a minor is not a neutral act and may do harm.

A doctor, with the support of the parents, chemically castrated Jazz at age 11 with puberty-blocking drugs that are known to cause bone health problems, stunt genitals, destroy sexual function, and lead to sterility when the youth starts HRT.⁷⁶ Due to the genital stunting, Jazz underwent an experimental and excruciating vaginoplasty⁷⁷ at age 17 that failed and went into a pre-necrotic state, requiring multiple corrective surgeries,⁷⁸ leaving Jazz seriously scarred.⁷⁹ As an adult, Jazz is experiencing compulsive eating and severe depression.⁸⁰ Jazz will need to dilate the vaginoplasty for life to prevent it from closing, since the body treats this as a wound.

Medical transition has other serious long-term health consequences ([Myth #2](#)). Children are not told about these consequences, nor can they fully comprehend them. Gender indoctrination continues throughout adolescence and into university education. It has seeped into the public and private sector,⁸¹ with increasing censorship of dissenting opinions.⁸²



Pro-Active Encouragement of Dissociation From Biological Reality & Children’s Own Bodies

Gender activists are not merely asking for kindness for gender-struggling youth—they encourage children and teens to dissociate from their sexed bodies. They encourage them to believe that they are not members of their biological sex if they do not conform to the most rigid gender stereotypes.⁸³ They are encouraged to see themselves as “trans,” “nonbinary,” or “genderqueer.”⁸⁴



(Gender Spectrum Lesson in a California school)

Dissociative states and body dysmorphias can be socially contagious.⁸⁵ This amounts to social experimentation on youth. Presenting these materials as uncontested truth also represents educational malpractice and violates others’ human rights when it becomes an enforced ideology. People—from LGB rights activists, science-minded people, free speech advocates, “trans medicalists,” and some cultures—find it incorrect or offensive to promote the idea that feminine men and masculine women aren’t part of their sex class, as reviewed in Myth #9.

Usurping Parental Rights by Acting as Mental Health Professionals & Changing Students’ Names, Pronouns, & Clothing Without Informing The Parents



“Their parental right ended when those children were enrolled in public school.”⁸⁶

– California teacher

School officials are increasingly behaving as if “In loco parentis,” originally a reasonable concept where the school serves as the child’s legal protector (when parents are absent). Some school officials take this to a boundary-violating extreme, acting with parental and mental health professional authority by transitioning minors in schools.

“So in my classroom, I will refer to your child by whatever name and pronouns that they’ve told me they feel most comfortable with.” “I just told them no,” Slattery said, and because he had the support of his principal and superintendent, he added that “there wasn’t much they could do, and they eventually found another topic to squawk about.”⁸⁷

– Kieran Slattery, trans-identified 5th grade teacher



The idea that educators have a right to enforce gender transitions and conceal it from parents is coming from major organizations like the National Educational Association.⁸⁸

How to refer to the student when communicating with the student’s parents or caregivers, both in writing and verbally.

If a minor is experiencing gender-related distress, or has changed their identity and name, some school officials are hiding it from parents. They are facilitating name changes on documents and aiding the student in changing clothes at school.

Example 1:

Multiple schools are creating gender transition closets in K-12 schools in order to hide the minor’s desired gender change from their parents.^{89,90}

Example 2:

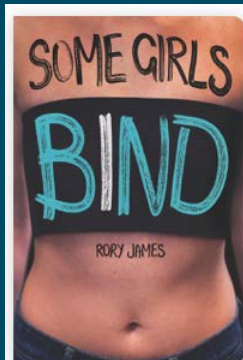
Policies to allow name and document changes without parental consent are becoming more common.

4. Do I need to get parent consent to refer to a student by a different name or pronoun?

No. Parent(s)/guardian(s) consent is NOT required for students to be addressed by their name and pronouns that correspond to their gender identity. Parent(s)/guardian(s) should NOT be informed of name or pronoun changes unless the student requests such a disclosure.

⁹¹

Schools are facilitating contact⁹² with pro transition social workers⁹³ and groups that may not be properly vetted. They may promote body-damaging practices, such as chest binding,⁹⁴ or aid minors in getting puberty blockers, cross-sex hormones, and surgeries where this is legal.^{95,96}



Some Girls Bind

Rory James

★ ★ ★ ★ ☆ 3.81

406 ratings · 129 reviews

Jamie knows that she isn't like other girls. She has a secret. She binds her chest every day to feel more like herself. Jamie questions why she is drawn to this practice and why she is afraid of telling her friends, who have their own secrets. Could she really be genderqueer?

Genres [LGBT](#) [Poetry](#) [Young Adult](#) [Contemporary](#) [Fiction](#)

(This book⁹⁷ was suggested reading by the School Library Review.⁹⁸ There is no safe way to bind while a minor is growing in puberty⁹⁹)



(In Oregon, “LGBTQ” organizations can help a minor obtain hormones and surgery at age 15¹⁰⁰)

These policies are opposed by Dr. Erica Anderson, a trans-identified psychologist who is acting as a whistle-blower to reckless “affirmative” gender ideology and medicalization of minors.



“To summarize, no professional association recommends that teachers and school officials, who have no expertise whatsoever in these issues, should facilitate a social transition while at school, treating minors as if they are really the opposite sex, in secret from their parents, solely because they are concerned that their parents might not be ‘supportive’ of a transition,” the psychologist asserted.”¹⁰¹ – Erica Anderson, trans-identified psychologist concerned about the rise in youth claiming they are transgender.

Will There Be Gender Medicalization in Schools?

The possibility that schools could provide hormones or puberty blockers to students may sound extreme, but there is concern that this could happen. The educational system in the US is moving toward in-school medical clinics.¹⁰² This could theoretically include the distribution of gender transition medications to minors—like in Washington state, where this is legal without parental consent, at age 13.¹⁰³

Parents Should Not Assume Their Schools Won’t Play a Role in Taking Their Children Away From Them

Parents should not presume that their child’s transition at school will stop at a name change. Policies of educational organizations and governmental entities may compel educators to testify against parents in court if they oppose socially transitioning their child.¹⁰⁴ This has led to filing false abuse reports with child-protective services by school officials¹⁰⁵ and legal claims by parents of intentional estrangement.^{106,107} Since more school employees are hiding gender issues from parents and framing parents as a hostile entity to their child,^{108,109} these conflicts are likely to become more common. Non-“affirming” parents are increasingly losing the right to make medical decisions for their children, and losing custody of their children in the United States and elsewhere in the West.^{110,111,112,113}

Unfortunately, dysphoric youth are becoming a culture war issue.^{114,115} Republican-dominated states are moving to curtail underage medicalization and gender ideology in schools.¹¹⁶ The Democratic party is working through multiple modalities at the state and federal levels to enshrine gender ideology into law, and to treat social and medical transition as a legal right of children and teenagers. Several states allow a minor to medicalize themselves without parental consent.^{117,118,119,120}



Safeguarding Children & Teens From Abuse Should Be Top Priority

Even the most straightforward, non-controversial environments are sometimes exploited by bad actors. And current behaviors around introducing gender and sexuality materials and school policies raise legitimate safeguarding concerns. It's crucial that parents and other concerned citizens combat accusations of "hatred" and "discrimination" for pointing this out, especially since many of the people criticizing SOGI material are tolerant, LGB, or trans-identified themselves. [121,122,123,124](#)

Another unfortunate reality is that sexual misconduct does occur in schools. According to the U.S. Department of Education, "nearly 9.6 percent of students are targets of educator sexual misconduct sometime during their school career." [125](#) Safeguarding policies like the one highlighted below are not enough to prevent this:



"The ethical educator [will] not demonstrat[e] or express professionally inappropriate interest in a student's personal life [or] exploit[] professional relationships with any students...in support of persons or issues." - Oregon Administrative Rule 584-020-0035 [126](#)

Given this code of ethics, the behavior described below, regardless of intent, should be considered wholly unacceptable. Yet more and more frequently, it seems to be the norm.

"Our investigation revealed that some teachers really are keeping secrets from parents. Clubs that are 'talking really explicitly and seriously about sexuality and gender' are being held during school hours in order to not require permission slips. And, when they are required to alert parents, it is in the form of intentionally broad and vague flyers that have no guarantee of ever making it out of a child's backpack. When parents voice concerns they are gaslit or lied to about the explicit nature of the discussion topics. And, most of all, school staff will ignore and even flagrantly mock a parent's request to not perform psychosocial interventions on their children and to refer to their child by their legal name and sex-based pronouns." [127](#) -

Colin Wright, PhD evolutionary biologist and Cristina Buttons, journalist reporting on gender



Violating Students Cognitive, Religious, & Cultural Freedom



There are policies that prevent educators from religious inculcation in school settings if they engage in behavior such as in-school prayer or distributing Bibles. This is not dissimilar to gender materials and policies introduced as truth into schools. Examples include pronoun acknowledgment rituals and beliefs that “sex is assigned at birth.” Gender ideology is a belief system, not fact. And some mental health professionals believe it is harmful to young people ([Myth #7](#)). ¹²⁸

Open Hostility to Parents Knowing Curricula

Educators, enabled by a government that denies freedom of information requests from school officials, are making curricula impossible for the public to access. ^{129,130} Transparency is critical to a free, democratic society.

There have been challenges to school materials by members of the public in the past. For example, religious people have attempted to thwart education regarding evolution, an evidence-supported scientific theory. The difference with gender materials is school employees are acting as activists and introducing ideological concepts, not scientific ones. Parents have the right to oppose this.

Invasive & Leading Questions

Schools are increasingly normalizing asking students invasive personal questions in DEI, SOGI, & SEL materials. While people may have good intentions in helping students become more well-rounded, these materials are becoming inappropriately intrusive. ¹³¹

Citizens can't view gender-related lesson plans in some cases. ¹³² In the example below, only the teachers have copies. They are ordered to write lessons on dry-erase boards and to be sure and erase them after class. They are instructed to tell students to disclose their personal feelings about their bodies and gender, and to critique their families and other students: ¹³³

“Post ‘agree’ and ‘disagree’ signs [and] ask students to stand under [one] that represents their opinion

-Have you ever felt bad about your body?

-What about trans people?

Ask students to identify...sources of pressure in their lives...from parents and caregivers...”

-California teachers manual lacking transparency through erasable lesson plans





GSA's: From Just Gay To Medicalized Gender.

GSA's (originally Gay Straight Alliance) were initially established in schools for LGB youth to feel supported and make friends, at a time when trans identity was extremely rare, and the medicalization of youth was nonexistent. With skyrocketing trans-identification in minors,¹³⁴ the term GSA was changed to mean "Gender and Sexuality Alliance." These groups are now dominated by gender ideology, including giving advice on how to seek medical transition, making the existence of these clubs far more consequential than they were in the past.

There are cases of inappropriate behavior by school officials around GSA clubs. In one case, a parent complained that teachers actively encouraged their child to identify as trans; this accusation seems plausible, given that group leaders admitted to engaging in recruitment activities.

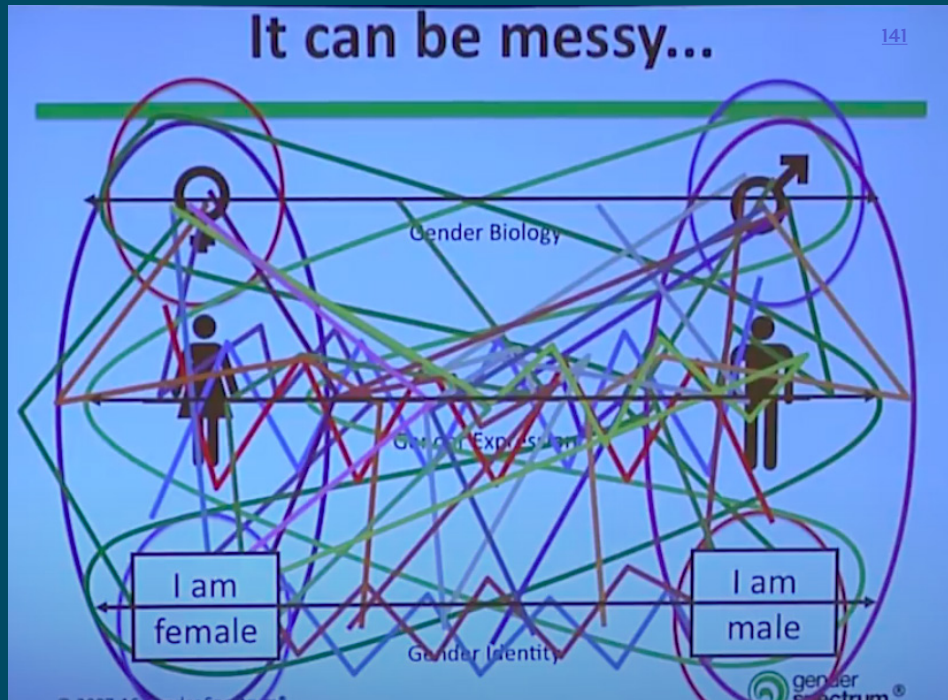


*"Speakers went so far as to tout their surveillance of students' Google searches, internet activity, and hallway conversations in order to target sixth graders for personal invitations to LGBTQ clubs, while actively concealing these clubs' membership rolls from participants' parents."*¹³⁵

– Abigail Shrier, journalist and author of *Irreversible Damage*

Many gay and lesbian people are decrying this extremist takeover of their previous human rights groups and worry for same-sex attracted young people, now enthusiastically encouraged^{136,137} to subject themselves to health-damaging medical treatments.^{138,139,140}

Harm From These Actions & Policies is Not Theoretical



Encouraging biology denialism and body disassociation is causing harm.

Example 1:

“Woodburn, Oregon, US – The parents of an eight-year-old boy are suing the Woodburn School District for almost a million dollars because a teacher held their son back from recess multiple times for one-on-one conversations about his gender identity, without the parents’ knowledge.

*According to the lawsuit, the boy became confused about whether he was going to turn into a girl, and is now reluctant to play with ‘girl’ toys or ‘girl-related’ games. He has become more depressed, aggressive, isolated, and fearful of attending his current school, seeing the teacher and using the boys’ restroom. He is now taking anxiety medication and attending counseling.”*¹⁴² – Women are Human



Example 2:

*“One father, Gus, tells of ‘the most terrifying day of my life’, when he picked up his 16-year-old daughter from school, and ‘she didn’t know where she was, she wasn’t the full quid, she was just really confused... We went to the doctor [and] just out of the blue she said she was a boy in a girl’s body.’ It turned out ‘she was going through a psychotic episode. She was in hospital for two months... She’s just a normal girl now ... It was all purely a mental health issue.”*¹⁴³ – News Corp Australia Network



Myth #2: Medical gender transition is safe & healthy for minors.

FACT: Many people are unaware that since the late 1990s, minors have been receiving experimental medical interventions for gender dysphoria that have a proven track record of serious and permanent side effects in adults. These side effects include sterilization, circulatory health risks, cell and organ damage, and loss of sexual function. Accumulating evidence of harm has led a growing number of health professionals to warn that they should not be used on minors. ([Table of Contents](#))



“The WPATH Files prove that gender medicine is comprised of unregulated and pseudoscientific experiments on children, adolescents, and vulnerable adults. It will go down as one of the worst medical scandals in history.” ¹

- Michael Schellenberger, journalist


Most people are not informed about how extreme gender “medicine” is. They are not aware that post-medical transition research, attempting to prove overall wellbeing for adults, has mixed findings.^{2,3} Growing numbers of minors are now medical experiments for an untested protocol. And this isn’t only for minors with an intense desire to be the opposite sex, but for dozens of new gender identities such as “nonbinary,” “gender fluid,” or “null0.”^{4,5} Affirmative model advocates support hormones and surgeries for minors with autism so severe, they are nonverbal.⁶ They believe transition can cure schizophrenia.⁷

For these identities, young people may be offered varying doses of puberty blockers, cross-sex hormones, and an array of surgery options, such as removing the nipples altogether, or bottom surgeries to obtain a female and male appearance at the same time.⁸ Medical gender transition has become a consumer-driven and lucrative body modification service,⁹ with no quality research to justify these practices on youth. Despite the desire to paint this as healthy and noncontroversial, these issues are contested by mental health and medical professionals (Myth #7). Other liberal, pro-“LGBTQ+” countries are curtailing pediatric transition or reviewing evidence indicating it is unsafe.¹⁰

Despite growing awareness of medical harms and transition regret, for-profit pediatric gender clinics proliferate in North America. Parents deserve to be informed about the increasing commonality of these interventions on kids and the lack of evidence supporting them, rather than being given ideologically driven promotional materials disguised as education.

When Does Medicalization Begin?


Social transitions are beginning as young as age 3, a controversial practice, given that previous research indicates many gender-dysphoric children outgrow their dysphoria, and very often become gay or lesbian adults.^{11,12,13} The concern is this will lead to unnecessary medicalization by aiding in concretizing the dysphoria.^{14,15} Social transition and use of puberty blockers at early ages are especially concerning to those who advocate for gay and lesbian human rights.



“If you wait until puberty has got a little way along, a fair proportion of the children change the clinical presentation and feel more like a straightforward lesbian and gay kid. They don’t seek social role change anymore and will end up with no need for lifelong medical intervention, surgery and no loss of fertility should they want children.”¹⁶

– Dr. James Barrett, lead clinician, Charing Cross Gender Identity Clinic, UK

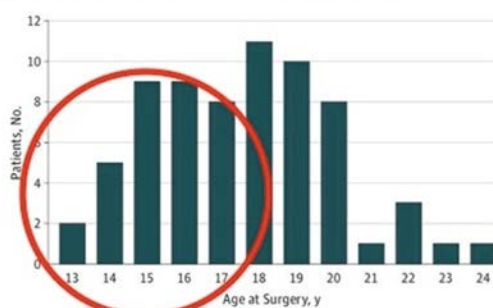
Medical transition begins as young as 8 for females and 10 for males,¹⁷ subverting natural puberty altogether.



“Puberty blockers are started... as early as 8 at times, or 9. And so, those are kids who are going to be in the third or fourth grade.”¹⁸

–Ilana Sherer, MD, founder and assistant medical director of the UCSF Child and Adolescent Gender Center in San Francisco, CA

Figure. Age at Chest Surgery in the Postsurgical Cohort



Graph includes all study participants who had undergone chest reconstruction (n = 68).

From Olson-Kennedy, et al., 2018 (Footnote 23).

Doctors give cross-sex hormones in the tween years.¹⁹ Surgeons perform breast amputation as early as 13 and genital surgeries as early as 16 in the US.²⁰ Laws regarding age of consent vary by countries, but activists are demanding that they be removed altogether, in favor of a “stage not age” model.^{21,22}

What are the Medical Side Effects of Pediatric & Adult Transition?

Standard use for hormone blockers is to halt premature puberty in very young children, control severe endometriosis and hormone-related cancers, and chemically castrate sex offenders. Child gender dysphoria medicalization has created a new market for these expensive drugs, and agenda-driven activist therapists and doctors make unsubstantiated claims that hormone blockers are safe and reversible.²⁴

Likely Increase in Persisting Dysphoria

Most children used to outgrow gender dysphoria through puberty.²⁵ With early social transition and use of puberty blockers, desistance rates have plummeted to as low as 2.5%.²⁶

1 *“No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment.”²⁷*

– De Vries, A.L.C., Steensma, T.D. MS, Doreleijers, T.A.H., Cohen-Kettenis, P.T.

2 *“Persistence was strongly correlated with the commencement of physical interventions such as the hypothalamic blocker ($t=.395$, $p=.007$) and no patient within the sample desisted after having started on the hypothalamic blocker. [Whereas] 90.3% of young people who did not commence the blocker desisted.”²⁸* – WPATH statement, since deleted



Sterilization & Sexual Lobotomization

Youth given puberty blockers will in nearly every case be sterilized if they move on to cross-sex hormones.²⁹ There are trans-identified people who want their own biological children,³⁰ and as adults some have sued due to being sterilized by doctors as a requirement of transition.³¹

“GnRHa therapy prevents maturation of primary oocytes and spermatogonia and may preclude gamete maturation, and currently there are no proven methods to preserve fertility in early pubertal transgender adolescents.”³²

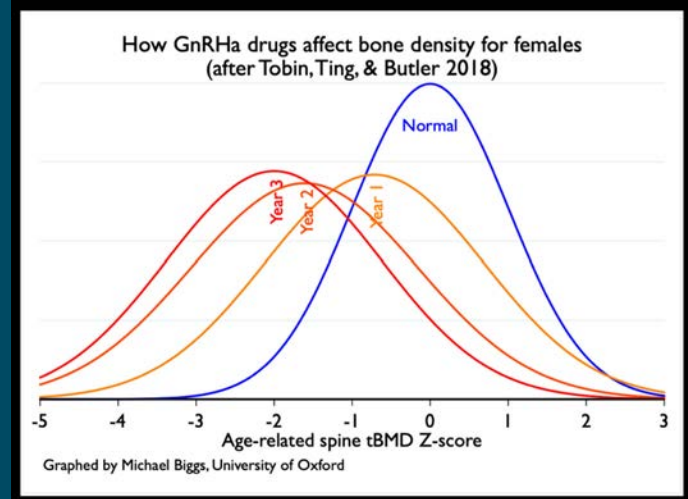
– (Kirshna et al., 2019)



The puberty blockers to cross-sex hormones protocols are known to destroy the sexual function of a boy who wants to be a girl, and anorgasmia is likely permanent.³³ Blockers stunt genital growth in males—a much more difficult vaginoplasty using the colon³⁴ or peritoneal lining, and skin grafts from the inner thighs will be required.

Bone Health

There is evidence that puberty blockers negatively impact bone health.^{35,36}



“Spinal damage, definitely. Yeah, yeah. And he’s suffering from pain every single day. He has a problem standing up for longer than 15–20 minutes, and he’s 15 years old. He’s also been a lot shorter than expected, his length. And this is a side effect of puberty blockers.”³⁷

– Carolina Jemsby, Swedish Journalist

Possible IQ Reduction & Mood Changes

Several human and animal studies indicate that puberty blocker use in adolescence may have permanent negative impacts on IQ and mood.³⁸ This may be due to the delicate brain growth process that happens at this important developmental period.

“Comparing the periods of follow-up, a reduction on Global IQ (GIQ) during pubertal suppression was observed. In T1, the GIQ was lower than before hormonal treatment (T0), and this finding was sustained by the third WISC-IV evaluation.”³⁹

– (Schneider et al., 2017)



Many Negative Side Effect Reports About Puberty Blockers

The puberty-blocking drug Lupron currently has over 20,000 adverse side effect reports with the FDA.⁴⁰ The manufacturers include serious mental health risks, such as suicidality,⁴¹ on its list.

1 *“Derricott [woman given Lupron as a minor] has had multiple surgeries and side effects stemming from [Lupron] given her as a child...at 21 a surgeon replaced her deteriorated jaw joint. She’s been diagnosed [at 31] with degenerative disc disease... Her teeth are shedding enamel and cracking.”* – Kaiser Permanente Report

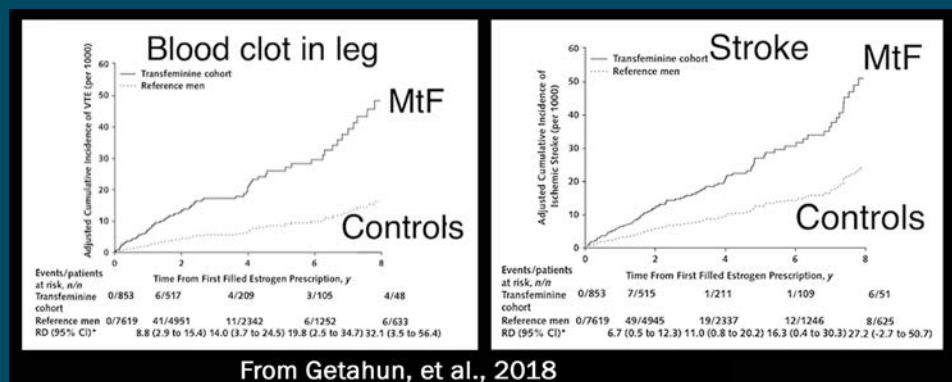
2 *“The problems documented in the Kaiser report include extremely brittle bones, anxiety, and seizures. In fact, the FDA told Kaiser Health News that it is currently reviewing the effect that Lupron has on pediatric patients and their nervous systems. But the agency has not yet placed a warning on the drug’s pediatric version describing the potential risk of seizures, bone loss, or mood disorders.”*⁴²
– Consumer Affairs News Report



Circulatory Health Risks With Cross-Sex Hormones

High doses of CSHs are not natural for either a male or a female body, and come with cardiovascular risks for both sexes. In a large Dutch study that followed 2,517 trans-identified males and 1,358 trans-identified females for many years, both groups showed a much higher risk of stroke, which was doubled in comparison to those not on the drugs.⁴³ CSHs were also associated with a threefold higher incidence of heart attack in biological females (fourfold in a comparable study by George Washington University⁴⁴) and a 4.5-fold higher incidence of blood clots in biological males.⁴⁵

Adults of both sexes taking CSHs are at risk of benign brain tumors⁴⁶ and type 2 diabetes and incontinence.⁴⁷





In Trans-Identified Females (“FtM”)

There are many side effects and complications from cross-sex hormones, such as mitochondrial damage,⁴⁸ polycythemia,⁴⁹ urinary leakage and vaginal atrophy,^{50,51} severe pelvic pain, clitoral pain, and sterility.⁵² Other side effects for females include cardiovascular disease, high blood pressure, balding, type 2 diabetes, acne, and liver stress.⁵³

There are often media stories of trans-identified females carrying babies.⁵⁴ There is no knowledge about how fetuses could be affected by the mother’s use of high doses of testosterone. Steroid use in females is known to cause birth defects in their babies years after they are stopped.⁵⁵

Side effects from mastectomy are scarring, numbness, and severe nerve pain.⁵⁶

Phalloplasty and metoidioplasty can cause extensive scarring from flesh grafts. Common complications include bladder and urinary tract damage, and fistulas. Sepsis, permanent loss of sexual function, and incontinence are yet more serious complications. These complications and side effects can lead to follow-up surgeries such as a colostomy.^{57,58}

“I tell all my patients that the complication rate for Phalloplasty can be 100%. It could be a small opening, but it’s 100%. There’s something that’s going to happen. The question is how do we as surgeons really try to navigate minimizing all the potential issues.”⁵⁹

– Dr. Gabriel Del Corral





In Trans-Identified Males (“M+F”)

Side effects and complications from hormones include increased cardiovascular disease,^{60,61,62} increased risk for multiple sclerosis,⁶³ loss of gray matter in the brain,⁶⁴ reduced production of brain proteins necessary for neurodevelopment,⁶⁵ and gallstones, incontinence, weight gain, venous thromboembolic disease, hypertriglyceridemia, sexual dysfunction, and type 2 diabetes.⁶⁶

Complications from vaginoplasty include loss of sexual function, fistulas, odor problems, a need for additional surgeries, and a lifetime of dilation.^{67,68}

Kids As Medical Experiments

It is currently unknown what the outcomes will look like later in life for those who undergo medical transition as children, tweens, teens, or young adults, as there may be more serious health risks than the known ones for adults. The hormonal activity in normal puberty builds the body and wires the brain for adulthood; altering or blocking this process has the power to impact a person for life. Minors are now experimental subjects in a protocol with lifelong implications.⁶⁹



“The bottom line is, we really don’t know how sex hormones impact any adolescent’s brain development... We know that there’s a lot of brain development between childhood and adulthood, but it’s not clear what’s behind that.”⁷⁰

– Lisa Simons, MD, pediatrician at Lurie Children’s



“As with blockers, the above studies were conducted on adult brains exposed to cross-sex hormones for only several months. What can be expected from exposure in childhood that continues for decades? No one knows. A 2016 review concludes that “long-term clinical studies are yet to be published... risks may become more apparent as the duration increases.”⁷¹

– Dr John Whitehall, Professor of Pediatrics, Sydney University

Myth #3: Gender identity activism doesn't negatively impact other people.

FACT: Gender activism taught in schools is not progressive and doesn't uphold priorities central to modern democracies. It is anti-science, reinforces sex stereotypes, encourages poor body image, confuses children about biological reality and sexual orientation, eradicates the concept of sex-based rights, ends fair sports for girls, and restricts free speech and free thought. ([Table of Contents](#))



Gender activists are misusing anti-bullying and anti-discrimination laws to allow for very radical notions to be presented to children and society in general. When people use the term “trans rights” in contemporary discourse, it's important to note that these “rights” go far beyond demands for protection from danger and housing/employment discrimination, or preventing bullying of dysphoric kids in school.

“Demanding that self-declared gender identity be allowed to override sex is not, as with genuine civil rights movements, about extending privilege unjustly hoarded by a favored group to a marginalized one.”¹

– Helen Joyce, journalist and women's right campaigner

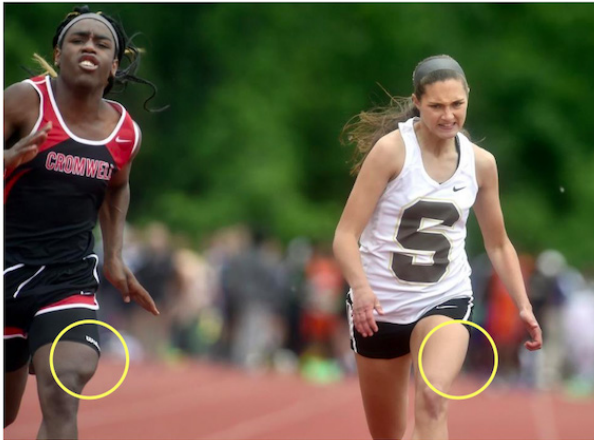
Replacing Sex With Gender Identity in Law & Policy

A top priority in gender identity activism is to eradicate the concept of sex-based protections in law and replace it with protections for an individual's gender identity. These demands significantly impact other people by destroying the concept of biological sex and promoting the idea that anatomical and behavioral differences between males and females are irrelevant.² These ideas are enthusiastically embraced by large swaths of people in the name of inclusivity. This sounds compassionate, but has negative ramifications for others, particularly female and homosexual people, and in some cases, trans-identified youths themselves.

Listed below are some negative impacts that favoring gender identity over sex-based rights has on girls.

Sports

Transgender athlete takes spotlight in girls' meet



Storington's Kate Hall, right, finishes second to Cromwell's Andraya Yearwood in the 100-meter dash at Tuesday's Class M track and field meet in New Britain. Yearwood, a transgender athlete, also won the 200. (Tim Martin/The Day)

Medical transition does not eradicate significant physical advantages that males have over females in sports, such as straighter hip shape, longer leg length,⁴ fast twitch muscles, and larger hearts and lungs.^{5,6} Boys have advantages even before puberty, due to greater exposure to testosterone than girls.

Julia Mason MS MD
@JuliaMasonMD1

Boys are dipped in testosterone three times, the first in the womb, the second in the crib, and the third in puberty.

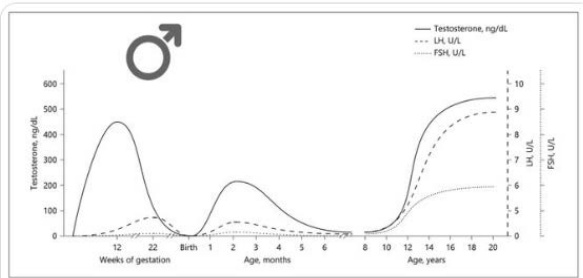
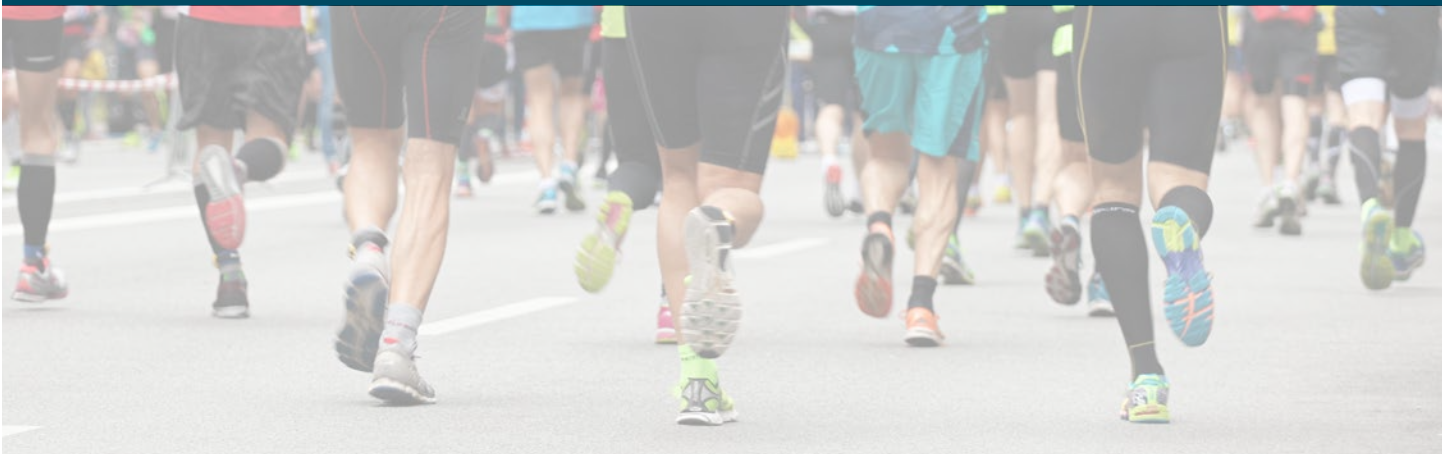


Fig. 1. Pattern of LH, FSH, and testosterone during the 3 endocrine puberties in boys.

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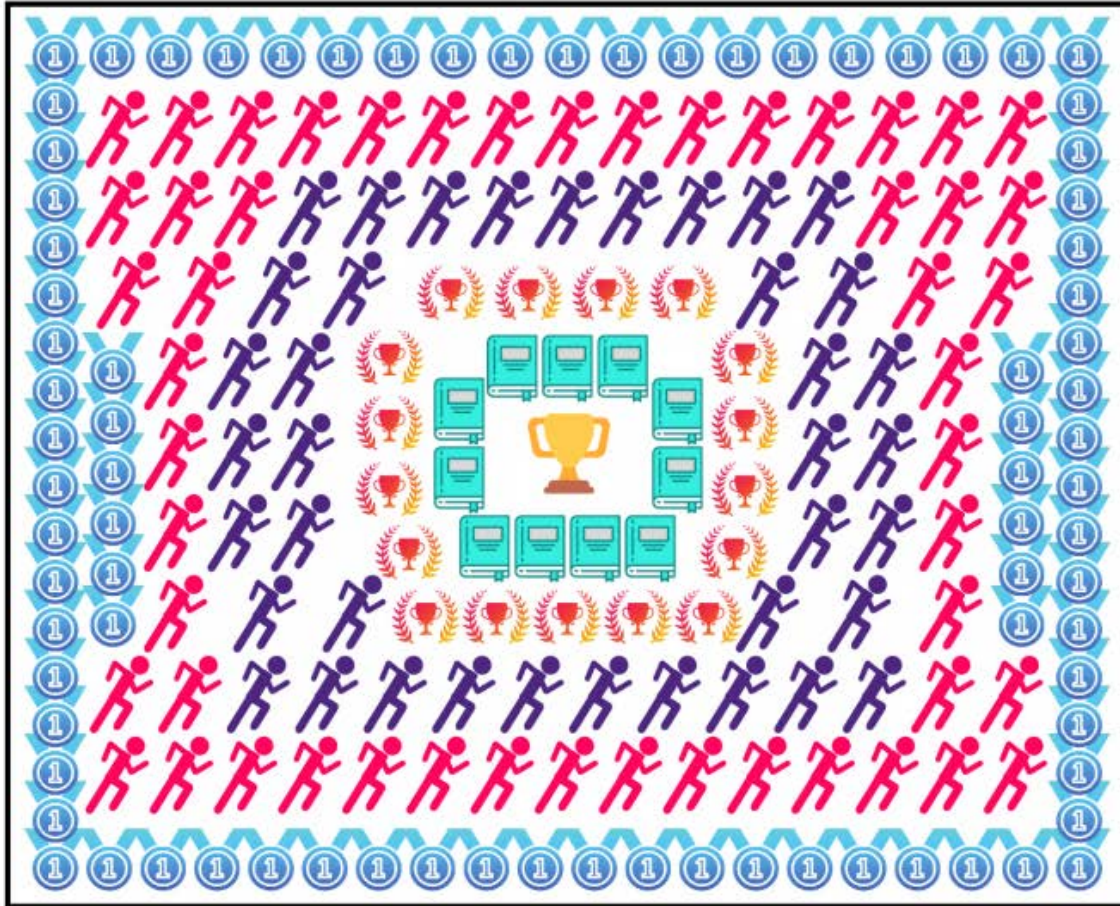
The intent of laws like Title IX was to ensure equal opportunities for female students, including in athletics. Gender activists have successfully dismantled sex segregation in sports in many places and at the highest levels, such as the Olympics.⁸



This is a chart that explains the loss of winning positions for girls that trans-identified boys have taken in just one state.⁹

2017-2020 Impact on Female Students in Connecticut

Loss of competitive opportunities and major awards.




This graphic reflects the impact on female track and field athletes of the Connecticut Interscholastic Athletic Conference's policy of including trans girls in girls' competitions based only on their gender identity. The impacts occurred over a 4-year period at conference, class, state, and regional championships, and at 3 invitational events. Each impact is an instance that an individual female athlete or team was affected by this policy. The number of lost opportunities would be greater if all events were included. Because this information is not in the public record, the graphic doesn't account for time when one or both trans girls were consistently on hormone suppression for the period necessary to mitigate their male advantage. The number of lost opportunities would be lower if these periods were known and excluded.



Championships and Awards - 133 Impacts

-  **Team Championship:** 23 females were denied a Connecticut State Open team championship
-  **Individual & Relay Championships:** 93 instances where a female was denied an individual or relay championship
-  **All-New England Awards:** 17 instances where a female was denied an All-New England honor

Records - 11 Impacts

-  **Meet Records:** 11 instances where a female lost a meet record

Participation - 91 Impacts

-  **Finals Participation:** 39 instances where a female was denied the opportunity to advance to finals
-  **Meet Qualification:** 52 instances where a female was denied the opportunity to advance to a championship meet



Bathrooms/Locker Rooms

There are legitimate reasons parents oppose placing males in female locker rooms, despite concerted efforts to paint parents as “transphobic bigots.” Sex-segregated spaces exist for the privacy of both sexes and to protect females from sexual exploitation by males, who are much more likely to engage in behaviors such as voyeurism, placing cameras in changing rooms, exhibitionism, sexual harassment, and sexual assault.¹⁰



“When we are talking about harmful sexual disorders, we are talking about a phenomenon that occurs predominantly in men.”¹¹

– Emily Yoffe, a contributing writer at Highline

Data indicates that these patterns aren’t erased simply because a male identifies as a female.¹² In the UK, trans-identified males in prisons have **higher rates of sex-based crimes than men in general.**¹³ This isn’t to demonize all dysphoric male people, or to pretend that females can’t engage in criminal behavior. Still, these statistics must be taken seriously as they are the foundation of why sex-segregated spaces exist.

Most gender-dysphoric males are sexually attracted to women.¹⁴ In the past, trans-identified males fell into two categories,¹⁵ “homosexual transsexual” (HSTS) and “autogynephilic” (AGP) males. HSTS males are often dysphoric from early childhood and are exclusively attracted to men. There is some scientific evidence that they, as well as some gay men, have “feminized” brain regions.¹⁶ This may contribute to the reasons they have gender dysphoria. AGP males are sexually attracted to females and their GD tends to emerge in puberty as part of an attraction inversion. It ranges from erotic cross-dressing to severe body dysphoria, and may affect up to 3% of males.¹⁷

“Autogynephilia exemplifies an unusual paraphilic category called ‘erotic target identity inversions’, in which men desire to impersonate or turn their bodies into facsimiles of the persons or things to which they are sexually attracted.” – Anne

Lawrence, psychologist, professed autogynephile and AGP researcher

There is an extremely aggressive gender activist effort to deny and censor AGP as a descriptor,^{18, 19} in favor of convincing the public that they have female brains trapped in male bodies. Boys dealing with this issue deserve understanding and support based in truth from adults.





There are more heterosexual boys/young men coming out as trans, and it may be due to other reasons, like social contagion, or that some sensitive boys may not want to be identified as an oppressive, heterosexual male or may experience emotional problems.²⁰ All this now falls under the “trans umbrella.” And while a male who is on puberty blockers or estrogen, or has had genital surgery, may have a drastically reduced sex drive, most males do not get bottom surgery,²¹ and one does not need to have any medical treatment to be considered trans currently. Schools are simply not equipped to claim that it is safe or appropriate to put males in female bathrooms and locker rooms.

Girls have repeatedly expressed that they do not want males in their bathrooms and locker rooms.



“My privacy’s being invaded...I feel it’s against my rights as a student.”²²

–Julia Burca, female high school student athlete

Protesting these policies puts students who speak out at risk for threats and harassment by activist extremists (see below). Gender ideology also emotionally manipulates young people, especially teenage girls who value niceness and are ready to fight for the next big social justice issue.

Field Trip Sleeping Arrangements & Parental Rights

Gender identity school policies and laws dictate that trans-identified students must be placed in sleeping facilities for the opposite sex. The school then must hide this reality from parents with “student privacy” as justification.²³ This sets up a scenario where a female and male could have consensual sex, resulting in pregnancy while under the stewardship of the school.

The bad consequences of biology denialism aren’t hypothetical. There is a growing list of sexual violations by trans-identified males in female sex-segregated spaces.²⁴ There is at least one [school-recorded] complaint of an assault on a trans-identified female in a male school bathroom.²⁵ There are yet more complaints of sexual activity occurring in gender-neutral bathrooms.²⁶

These are significant consequences that open schools up to lawsuits. Schools also must be required to provide safe and private spaces for any trans-identified students who are being harassed in same-sex spaces, as their safety is just as important.

Violation of Freedom of Speech & Thought

Gender ideology is damaging to freedom of speech and freedom of thought.^{27,28,29,30} Schools, institutions, and governments are implementing authoritarian policies for compelled speech and belief, including for made-up “nonbinary” pronouns. This is like compelling speech based on religion or other subjective realities. Gender ideology is not a science, it’s a personal belief system that demands others participate in it ([Myth #1](#)).

The culture’s current obsession with gender and pronouns is not just about kindness. It gives an excuse to wield power and control over others, relevant given one study³¹ indicates dysphoric students may also bully others at higher rates. Teachers report that some students are demanding validation for oft-shifting identities, to gain power and attention from other students and school employees who fear transphobia accusations.^{32,33,34} Outside of schools, “nonbinary” adults are suing companies because they want to force others to use their specialty pronouns.³⁵

Affected Students

Educators punish students for being confused by, or not indulging, gender ideology worldviews. In one case, a school was attempting to apply a Title IX sexual harassment accusation³⁶ to boys, for not accepting an angry teenage girl’s they/them pronouns. This could affect their chances of getting into colleges. The Wisconsin Institute for Law & Liberty issued a letter to the school district demanding they drop the Title IX complaint against the 8th grade boys.³⁷ Even small, confused children are being interrogated.³⁸



“School administrators can’t force minor students to comply with their preferred mode of speaking. And they certainly shouldn’t be slapping eighth graders with Title IX investigations for what amounts to protected speech. This is a terrible precedent to set, with enormous ramifications,” WILL said in a statement.



When adults train children and adolescents so that they cannot know anything about other people unless they're provided with ever-changing information, it makes it nearly impossible for them to learn how to use their own instincts to make sound judgments. This blatantly contradicts child-safeguarding training, self-defense training, and legislation such as Erin's Law.³⁹ Erin's Law implements age-appropriate education meant to help children identify sexual abuse.



“Categorical sex is an essential, immutable attribute of people that is maintained (by self and others) independent of changes in physical appearance (e.g., in hairstyle, clothes, or make-up) and of changes in behavior (e.g., cross-sex play behavior or homosexuality).”⁴⁰
– (Trautner et al., 2003)

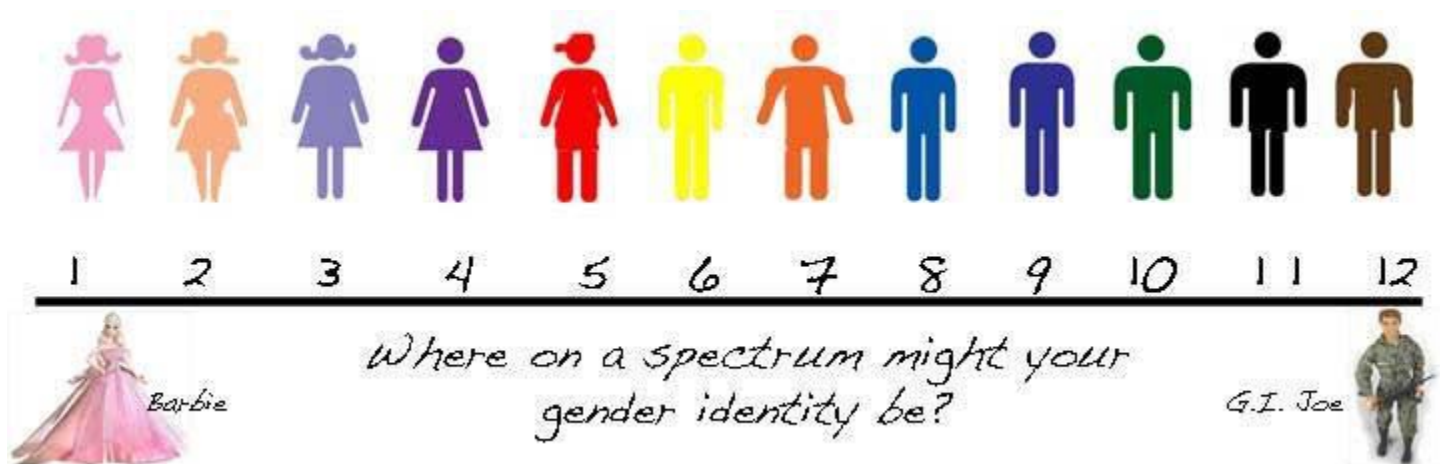
Affected Teachers

Activist-influenced educational culture and official policy also affect more cautious or skeptical teachers, school counselors, and administrators who are now forced to violate their own beliefs, push unscientific ideas, and violate students' and parents' boundaries, or be put on notice or fired. There are multiple cases of teachers being fired for “misgendering.”⁴¹ We do not want cruelty toward gender dysphoric youth and believe these teachers do not either. We believe it's a mistake to tell dysphoric youth they must invest themselves in outside validation, rather than maintaining an internal locus of control of their feelings.

Inducing Identity Confusion

Reinforcing Stereotypes

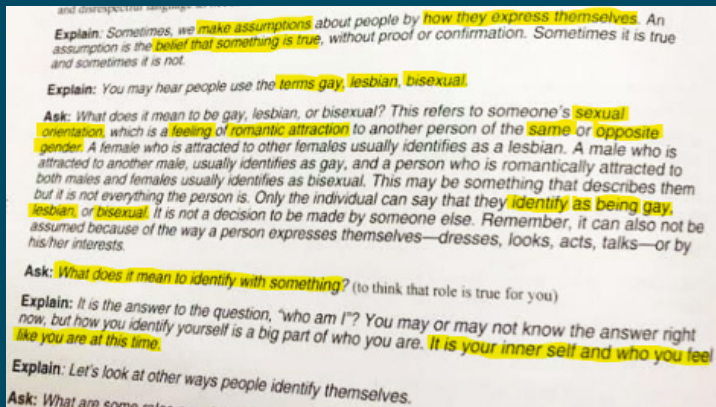
While it is of utmost importance to reassure kids who noticeably behave in ways that are more stereotypical of the opposite sex, teaching children that they can be born in the wrong body and that sex is a spectrum, may be confusing and harmful to them, and may induce iatrogenic mental health issues ([Myth #7](#)).



(Mermaids [UK] has provided gender ideology trainings to influence schools, governments, and businesses. Gender Spectrum is one of several counterparts in the US)⁴²

Confusing Youth About Sexual Orientation & DSD (“Intersex”)

Many SOGI training programs and education materials define sexual orientation as “attraction to genders” and not biological sex.



(Educational material, Beaverton, OR school district, highlights ours)⁴³

In this way, gender ideology encourages people to disrespect others' sexual orientations and boundaries, and creates the idea that anyone can identify into someone else's race, ethnicity, or sexual orientation. The very intense opposition that many LGB people have toward gender ideology is covered in [Myth #9](#).

The co-option of the the Disorders of Sexual Development (formerly intersex) population. population to buttress gender ideology is discussed in [Myth #5](#).

Other Issues

There are other consequences that are often not mentioned to the growing number of people medicalizing their bodies to appear as the opposite sex. Self-declaration and change of public records cause inaccurate and false reporting in news and scientific studies regarding issues such as mental health⁴⁴ and crime.^{45,46} False definitions may create life-threatening confusion during emergencies involving 911 or EMTs.

The situation has become so extreme that it's affecting research journals and medical schools.⁴⁷ Professors are stumbling over confusing language and are terrified of student anger if they say things that don't enforce gender ideology. Gender identity activists are making increasing demands to use the already strained public healthcare systems to pay for hormone blockers, cross-sex hormones, and double mastectomies.

Abusive Activism

Gender activists abusing and threatening people for pointing out the above realities has become the norm and not the exception. They are bullying journalists, scientists, parents, LGB people, trans-identified people with differing opinions, and institutions.⁴⁸

Activist adults are worsening disputes about locker rooms and girls' sports by making hyperbolic comments that dissenters “hate trans children,” or “want trans children to die,” or that “trans children will kill themselves” (Myth #8). This emotional manipulation creates a psychologically harmful environment for dysphoric youth that will make them feel shunned, and increase the likelihood of suicide ideation, not help it.⁴⁹ Instead of adding fuel to the fire, adult authority figures should be role models for calm, rational, and fair solutions for conflicting interests.

Myth #4: “Gender-affirming” social & medical intervention for kids is the healthiest option because “trans kids” know who they are & medical transition is the best choice.

FACT: *Though social and medical interventions continue to be marketed through activism as “medically necessary” and “lifesaving,” there is little to no evidence that social and medical interventions for minors are appropriate or the best approach for minors. In fact, there are studies that indicate transition for adults is far less helpful than reported. There are key elements that remain true regarding youth: children are influenced by parents, trusted adults, and peers; children are susceptible to a lack of critical thinking; and parental support and love is most important. ([Table of Contents](#))*



One reality parents, educators, and the public must understand is that the rapid adoption of gender ideology and the medicalization of minors by institutions is happening because the reported benefits of medical transition for both minors and adults are exaggerated by “LGBTQ+” organizations, media, and affirmative health professionals—the harms are being ignored or intentionally hidden. Note, the mental health and medical professions have been involved with many damaging fads in the past, such as the satanic panic and recovered memory psychic contagions in the 1990s, the mutilation of “intersex” babies, hooking up homosexuals to shock therapy, lobotomies, thalidomide, and the Tuskegee experiments that intentionally infected black men with syphilis.



How Effective are Medical Treatments on Minors?

Media outside of conservative outlets constantly tout “gender affirming care” for minors as “safe, effective, lifesaving, and medically necessary.” We urge people to scrutinize these claims, given what is at stake.

There are many articles, written by serious scientists, health professionals, and journalists, that analyze low quality or misleading studies which have been promoted as strong evidence in order to justify extreme medical protocols on minors. To access these, see here:

<https://thehomoarchy.com/affirmative-model-trans-criticize-minors>



Several pro “LGBTQ+” countries are acknowledging dangers and increasing evidence of harm ([Myth #7](#)).

“We’ve seen a marked increase in referrals to specialised healthcare services in Norway for teenagers, as seen in many other western countries, and nobody knows the reason. The stability of the gender dysphoria of these teenagers is not known, and the evidence of long term effects of gender affirming treatments for this young population is insufficient,” said Moen. ‘It’s not just a question of rights, it’s a question of the requirements for our health system to ensure the best and safest treatment possible for everybody.’”¹

–Jennifer Block, British Medical Journal

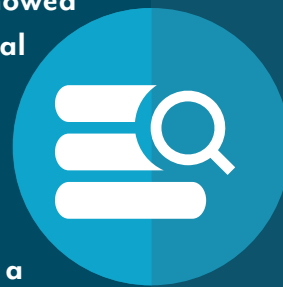
How Effective are Medical Treatments on Adults?

There are multiple studies that indicate improvement in mental health and dysphoria in adults. These positive studies are generally rated poor quality, and have design problems and large lost to follow-up rates, but they exist and can be found in a study review done by Cornell University.² Clearly, dysphoric people articulate a strong desire to alter their bodies, and say they feel better and do not regret their medical treatments.

But there are studies indicating that transition for adults does not deliver the benefits the public has been led to believe it does. Personal reports don’t show the full picture of overall improvement and don’t consider the health and financial costs of medical damage. Below are two examples of studies that fail to show rigorous proof of overall benefit, and they are not talked about in schools.

1 Dhejne (2011),³ Adams (2017),⁴ Marshall (2015),⁵ and Hass (2014)⁶ are all studies that showed how mental health issues and suicide ideation/attempt rates remain high post-medical transition, and call into question whether transition reduces suicide risk in adults at all.

2 Bränström- The researchers who published this study attempted to promote it as resounding proof that medical transition reduces mental health problems and suicide risk. The journal had to issue a major correction.⁷ This is noteworthy, given that it's a good dataset from a public healthcare system, from a country considered very trans-friendly by world standards.



- The mental health needs of people suffering from gender dysphoria are significantly greater than those of the general population, which confirms previous research
- No mental health benefit of hormonal interventions was demonstrated
- No mental health benefit of “gender-affirming” surgery was demonstrated
- Specific to the question of longitudinal association between time from surgery and mental health outcomes, due to unaddressed study design limitations, no improvement of mental health with time after surgery was demonstrated
- Despite the higher rate of suicide attempts requiring hospitalization in the “surgery” group, the study design precludes the assertion that that “gender-affirming” surgery is harmful⁸ – Society for Evidence Based Gender Medicine

More details about mental health and suicide risk can be found in [Myth #8](#)

Increasing Harm

There are many more stories of transition regret in young people. Studies regarding adults under a gatekeeping model have shown very low detransition rates. Newer rates may be much higher. In a more recent study, the hormone discontinuation rate was almost 30% in a short 4-year time span and for unknown reasons.⁹ Hormone effects are not all reversible. Increasing cases of harm are winding up in court and some health professionals are expressing concerns.

“These drugs seriously harmed me in more ways than one and have harmed many more, particularly girls and young women. The judgment is not political. It is about the protection of vulnerable children.”¹⁰ – Keira Bell, detransitioner



“We don’t know whether studies we have done in the past can still be applied to this time. Many more children are applying, and also a different type...The research on that small group of people from before 2013 may not apply to the large group that there is now... But the rest of the world is blindly adopting our research.”¹¹ – Dr. Thomas Steensma, Center of Expertise on Gender Dysphoria, Amsterdam University Medical Center



Due to this mixed data and increasing evidence of harm, there is no consensus that underage social and medical transition is the best treatment for GD in minors. Presenting it as uncontroversial in school settings and elsewhere is unethical. Several countries, such as Norway, Sweden, the UK, and Finland, are reviewing evidence or curtailing pediatric transition.

For a detailed review of different treatment approaches and the controversy around them, see [Myth #7](#).

What We Know

Minors are not Capable of True Consent to Life-Long Consequences

While persistently dysphoric children exist, minors’ brains are still growing and cannot understand long-term and complex consequences. The prefrontal cortex—responsible for planning and informed decision making—does not reach full maturation until age 25.^{12,13} Minors and young adults who undergo medical transition will never be truly informed about the consequences of sterility, damaged sexual function, brain impacts, bone impacts, circulatory health impacts, and reducing one’s potential romantic partners.

“The frontal cortex is the most recently evolved part of the human brain. It’s where the sensible mature stuff happens: long-term planning, executive function, impulse control, and emotional regulation. It’s what makes you do the right thing when it’s the harder thing to do. But its neurons are not fully wired up until your mid-20s.”¹⁴

– Robert Sapolsky, neuroendocrinology researcher



In the current environment, minors are constantly bombarded with messages that transition is the answer to their pain. Children and teens are simply provided with rainbow-colored books and graphics, and the message that transition will be euphoric. There is no effort in school environments, or elsewhere in gender spaces, to inform young people that there will be serious costs to medicalizing themselves—instead they create a culture of utopian saviorism and transition cheerleading.



15


(poster on school grounds)



Parental Love & Adult Role-Modeling

We know that children need parental love and support. We know that adults need to guide children to learn how to regulate their emotions. And we know that black and white statements about children's understanding of themselves, the world around them, and what their futures should look like, run counter to our understanding of developmental psychology.

Currently, parents are engaging in different approaches regarding the huge rise in the number of trans-identified children and teens—unfortunately these approaches and beliefs are often at odds. We do not believe in policing or shaming a child in any way for not conforming to gender stereotypes. There are examples of parents fully supporting their children's personalities, but not permanent medical changes, such as this mother, whose lesbian daughter ultimately desisted from a trans identity.



Our kids are being cheated of the opportunity, the breathing space, to simply explore who they are without a gaggle of adults jumping in to interfere with the process by “validating” their frequently transient identities. Kids are being encouraged to freeze their sense of self in a moment in time, during the period of life when everything is in flux. And even though key researchers have said over and over again that most gender dysphoric kids “desist” and grow up to be gay or lesbian; even though the latest research denies any such thing as a “male” or “female” brain, parents are encouraged to socially transition their kids, put them on “puberty blockers,” and refer to them by “preferred pronouns.”¹⁶ – 4thwavenow

When schools only promote affirmation-style models of care, they very well could be undermining supportive parents and their carefully chosen therapeutic approaches. This even goes against psychology research and information from the CDC in the US—research that strongly supports parental involvement.¹⁷

Myth #5: Gender is a spectrum & biology doesn't matter.

FACT: *The view that “gender is a spectrum” is not a fact but a belief system promoted by a very small percentage of the population—many of whom stand to gain emotionally, politically, and financially as activists or providers of medical services. There are only two sexes. Human sexual dimorphism is central to reproducing the species, and humans cannot simply identify out of the consequences of this fact. Biology denialism and manipulation of language are causing many people to confuse and conceal issues regarding this subject. ([Table of Contents](#))*



While the concepts of sex and gender did not used to be confusing, they are now. Definitions below provide clarification.

1 Sex vs. gender- “Gender” is a Latin word that came into English usage to describe grammar, and gradually became a polite way to distinguish reproductive roles from the act of intercourse itself. Recent trends in social science have given rise to a third usage, but only for those in on the trend, which creates confusion for everyone else. While many of us hear the words “sex” and “gender” as having the same meaning (biology), others have separated the two words so that one refers to biology, and the other to personality and the social roles we take on.

Gender ideology developed in academic fields that lack scientific rigor, yet it has unmerited influence due to hard ideological leanings in universities. These ideologies have subsequently infiltrated society. They do not represent scientific thought, the “LGBTQ+” population, or DSD (formerly intersex) population.

“Sex,” the word we use for our biology and act of reproduction, hasn’t changed its meaning. What’s changed is the conflation of sex and gender, combined with the ever-shifting meaning of the word “gender,” which no longer matches the meaning of the word “sex.”

2 Gender as a spectrum- If the word “gender” is used separately from the word “sex,” one could argue that it’s a spectrum. When we define gender as having to do with personalities and social roles, very few people would fall on the end points of a spectrum. Behavioral traits of human beings are vast and diverse. Even when humans exhibit stereotypical gendered behaviors, it doesn’t define a biological reality—It merely describes a set of traits generally seen among others of their sex.¹

3 Sex as a spectrum- This is where we run into trouble. Humans are a sexually dimorphic species. There are only two sexes, and each serves a purpose in procreation of the species. This is not a controversial statement. Every human alive today was conceived because a sperm fertilized an egg. Males produce small motile gametes, and females produce large non-motile gametes. There is no third gamete. There is no “spegg.” When activists and confused and miseducated scientists attempt to make sense of sex as a spectrum, they misuse those with Disorders of Sexual Development, who are very rare and don’t disprove sexual dimorphism.^{2,3,4}

4 The “intersex”/DSD issue- Most people use the term intersex but this is a misnomer. Disorders of Sexual Development is a more accurate term. Biological sex in humans is a binary system.⁵ Every human is born either male or female. A very small percentage of people are born with genitalia that isn’t easily identified as male or female, and chromosomal tests are conducted to determine the sex of these babies. Some people don’t discover their condition until later in life, during puberty, or when attempting to have a child of their own.

The unscientific claim that sex is a spectrum comes from the notion that sometimes humans are born with something that appears to be “in between” the sexes—It does a disservice to those born with these very specific medical conditions. Unlike people with a DSD, trans-identified people start as unambiguously male or female, and then later come to feel as if they were born in the wrong body. Most people with DSD (formerly intersex) conditions live as the sex they were assigned, male or female. It is rare for someone with an DSD (formerly intersex) condition to also identify as trans, although it does happen.

The needs of individuals with DSD (formerly intersex) conditions are different from the needs of trans-identified individuals.⁶ While trans-identified individuals rally for medical and surgical interventions to alter the bodies of children, DSD (formerly intersex) individuals have been working to halt these practices to allow children to grow up and consent for themselves as adults.

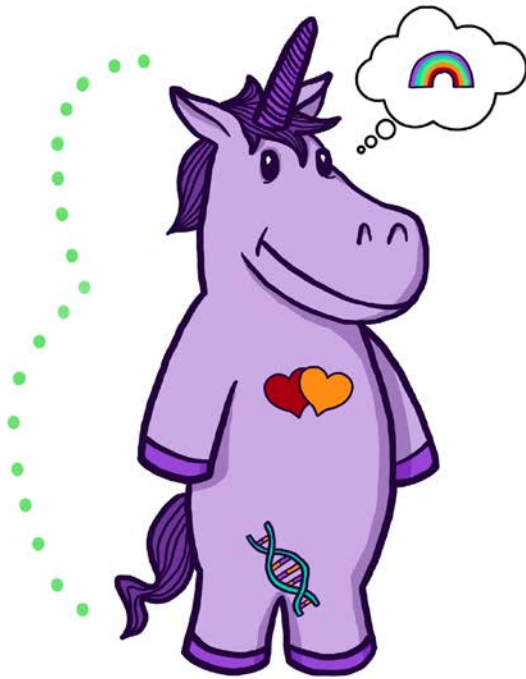
5 Sexual orientation vs. gender orientation- To deny biological sex is to deny the existence of homosexuality. Same-sex attraction is meaningless without the distinction between the sexes. Same gender attraction is a way for activists to redefine homosexuality and heterosexuality to mean something that it does not. It’s confusing young people who are grappling with sexual identity because sexual attraction isn’t based on another individual’s sense of their inner gendered soul—an inner gendered soul that should be considered for purely politically correct reasons.⁷

6 Biological sex and human rights- The different reproductive roles of males and females require laws to ensure that each sex has access to appropriate health and other services, as well as to safeguard women from discrimination in the workplace and elsewhere. Vulnerable populations—women, children, and homosexuals—rely on biological sex-based protections.

This is the worldview gender activists wish to inculcate youth into.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity



Gender Expression



Sex Assigned at Birth



Physically Attracted to



Emotionally Attracted to

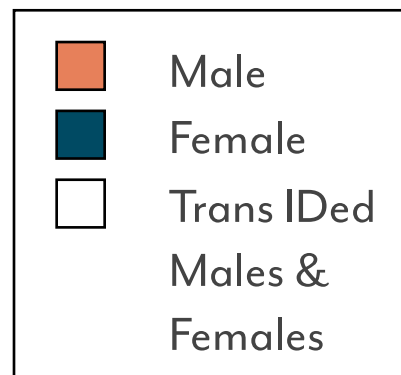
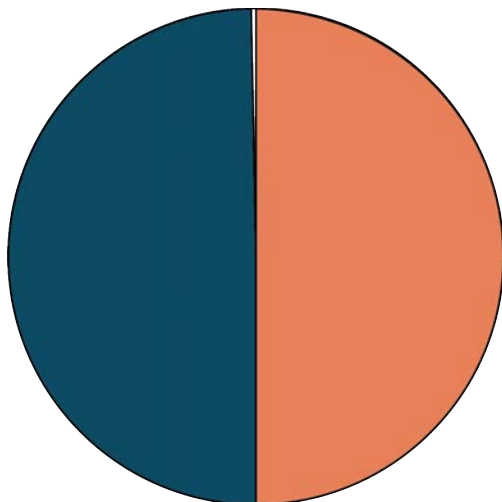


To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

8

There are many gender-atypical people who do not reject their biology, and a very tiny percent of the population that feels they need to. This graph is more representative.





Dysphoric youth need protection and love. But when children are taught that biology is merely an identity and that they can deny their sex, they can be misguided into conflating biological sex categories with regressive stereotypes of masculinity and femininity. Increasingly, butch girls and effeminate boys are experiencing confusion about their own sex. The dramatic rise in clinic referrals of “gender dysphoric” adolescents—especially among the demographic that is LGB, disabled, abused, mentally struggling, or neuro-atypical—directly reflects the cultural and educational trend toward deliberately confusing terms. We can see that an “affirmation” culture is creating iatrogenic body dysmorphia in younger people as more flock to prescription drug use and invasive surgeries, at great financial cost to society, older people don’t feel they need.

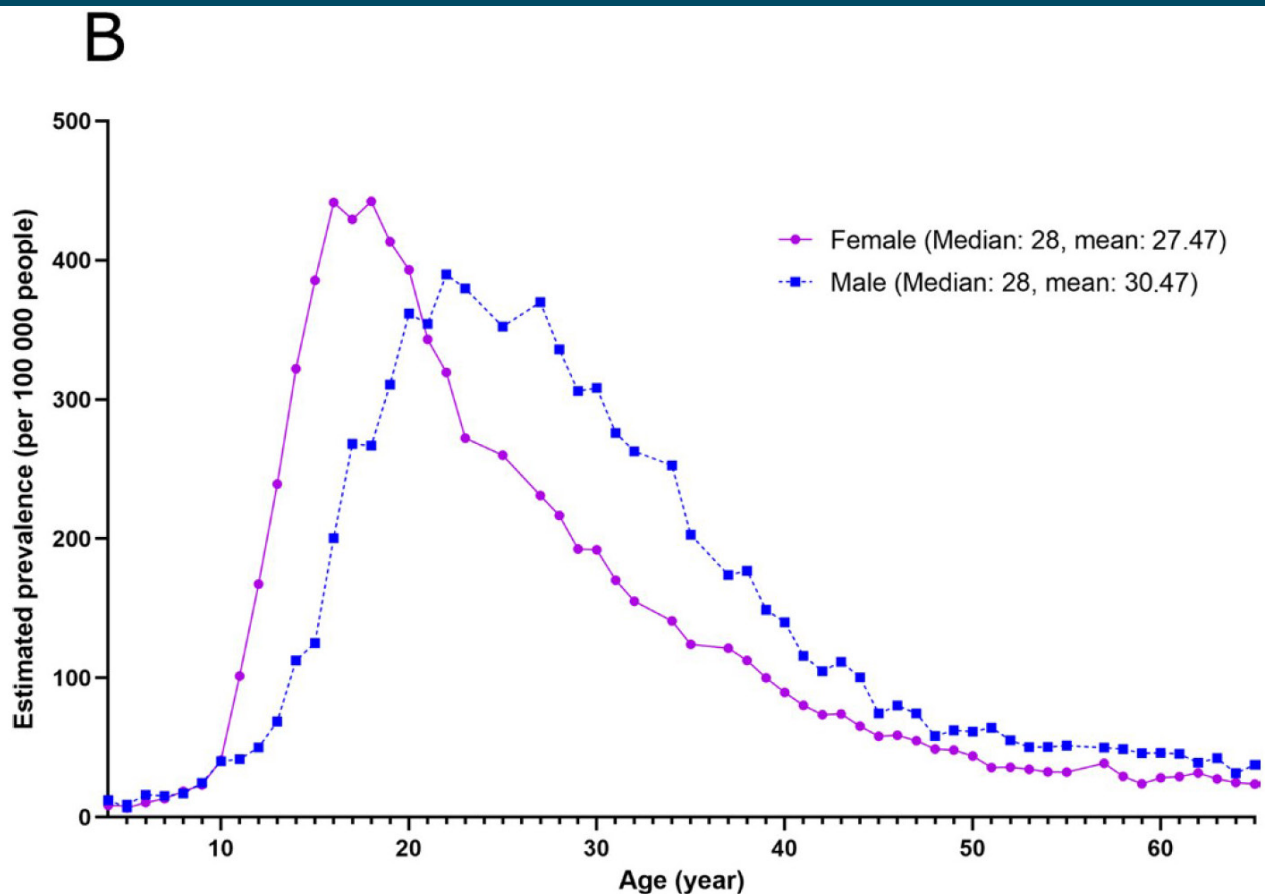


Figure 1 (A) Estimated prevalence, mean age and median age of gender dysphoria by survey year. (B) Estimated prevalence, mean age and median age of gender dysphoria by sex assigned at birth. ⁹

Myth #6: Gender identity is innate, immutable, & is not influenced by social factors.

FACT: *Many children/teens with serious gender dysphoria outgrow it. There is mounting evidence that social factors and mental health issues contribute to the rise in gender dysphoria. Gender activism training in schools that promote “innate gender” as universal, makes schools complicit in harming young people. ([Table of Contents](#))*



Trans activists often repeat the mantras “if a trans kid says they are trans, they are” and “gender identity is innate from birth.” Undeniably, some children and teenagers experience gender dysphoria and will eventually seek medical transition. At the same time, many trans activists claim that gender “is fluid” and that gender “is a journey.” The promotion and celebration of underage transition is a danger to youths with “fluid” gender identities—identities that gender ideologues themselves say exist. The “innate identity” view has caused many educators to jump on the bandwagon to “affirm” gender dysphoria in their students. This is happening against a backdrop of skyrocketing rates of trans-identification, indicating strong social influences that the schools themselves are contributing to.

1 *“Of children with even severe gender dysphoria and cross-sex identification, about 85% do not develop a persistent transsexual identity in adolescence ‘...’ Reliable indicators are not so far available regarding which gender dysphoric children cease to be so in puberty and who develop transsexual identity.”¹ – (Kaltiala-Heino et al., 2015)*

2 *“Even among children who manifest a major degree of discomfort with their own sex, including an aversion to their own genitalia (GID in the strict sense), only a minority go on to an irreversible development of transsexualism. Irreversibility of the manifestations, however, is considered to be an indispensable requirement before the diagnosis of transsexualism can be made, or any body-altering treatments initiated.”² – (Korte et al., 2008)*



What Are Social Influences That Contribute to GD?

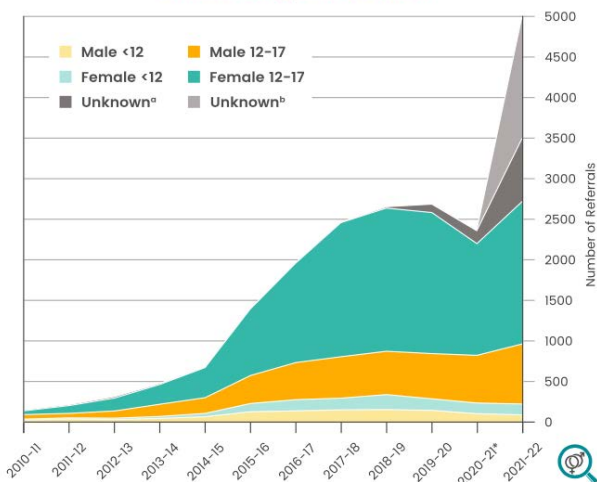
Social Contagion



“Oh my gosh, all of the sudden we are having all of these transgender kids here? Is this a fad?”³

– School Employee, Bay Area, CA

Child and Adolescent Referrals for Gender Dysphoria United Kingdom (GIDS)



*Referral activity to GIDS/Tavistock was sharply limited in 2020-2021 due to COVID-19.
^aBeginning in 2018-19, increasing numbers of referrals are not reported by sex.
^bBeginning July 2021, referrals made directly to GIDS are reported separately from those handled by the Arden & GEM referral management service. The Tavistock reports that Arden & GEM handled over 1500 additional referrals in 2021-22 (age and sex not reported separately).

Society’s current focus on transgenderism, as well as social media trans-cheerleading, has contributed to an explosion in trans-identification. This was once a rare condition, and medical transition has been available for decades. The percentage of young people in the USA identifying as trans is as high as 1.8%,⁵ with one urban school district reporting the “gender diverse” population at 9.2%.⁶

While some argue that greater acceptance of underage transition is a good thing, it’s inconsistent to encourage young people to accept their bodies and avoid harmful diets and steroid usage, while celebrating when they get double mastectomies, dangerous genital surgeries, and prescriptions for physique-altering hormones. The costs of this increase are high and covered here in various sections.

“It’s a very odd situation in some ways. And without a doubt you know there are some young people who are finding a community, friends, and all sorts of things through joining a group who have an interest around gender. And I think for some of those we would be very foolish not to acknowledge that it is probably the case that they are caught up in something rather than it being an expression of something that has arisen from within. So that there is a lot of concern.”⁷

– Polly Carmichael, consultant and psychologist from the Tavistock gender clinic

“Transgenderism is primarily a sociocultural and political phenomenon, not a psychological or medical phenomenon, that has been fueled by both social contagion and groupthink social processes.”⁸ – Dianna Kenny, Professor of Psychology at the University of Sydney



Love Bombing

While bullying of kids who are different is real, any youth who comes out as trans is likely to be celebrated and “love-bombed” at school and on social media. The power that this celebration has to influence vulnerable youths should not be underestimated—vulnerable groups (see below) include cross-dressers, LGB youth, ASD youth, awkward and unpopular youth, youth from unstable homes, and trauma victims.

(A girl announces she is really a boy, as others cheer and jump up and down with happiness and hug her)⁹

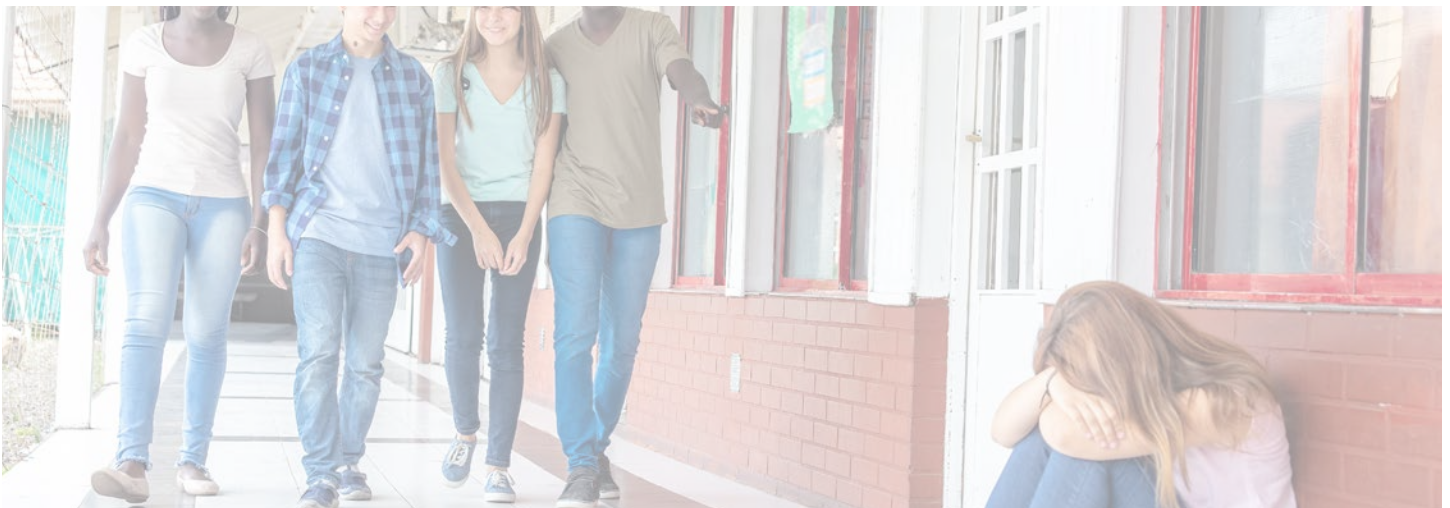


“To exactly nobody’s surprise, Tumblr was ecstatic at my ‘realization’. A plethora of congratulations, encouragement, and support was sent my way—something that girl-me never got for being exactly the same as boy-me, save having a different name and pronouns.”¹⁰

– Sarah R., desisted lesbian teen

Identity Politics

One realm of current youth culture is heavily preoccupied with the concept that “cis” (not trans-IDed), heterosexual white males hold a privilege worthy of contempt. We should not downplay the power of this to induce shame and dissociation in a social species. There is a current appeal to youth to adopt “marginalized” identities around gender and sexuality, since they cannot identify as a minority ethnic group or race. One recent study indicated that many increasing “LGBTQ+” identifications are fake and related to poor mental health and political motivations.¹¹



1 *“MANY children and adolescents are identifying as transgender because they are confused about sexuality or think it will make them ‘different.’ He said he had seen a lot of adolescents ‘trying out being transgender’ to stand out. ‘One said to me, ‘Dr Steve ... I want to be transgender, it’s the new black’,’ he said.”*¹² – **Dr Stephen Stathis, gender clinic psychiatrist, Brisbane**

2 *The groups targeted for mocking by the friend groups are often heterosexual (straight) people and non-transgender people (called ‘cis’ or ‘cisgender’). Sometimes animosity was also directed towards males, white people, gay and lesbian (non-transgender) people, aromantic and asexual people, and ‘terfs’. One participant explained, ‘They are constantly putting down straight, white people for being privileged, dumb and boring.’ Another participant elaborated, ‘In general, cis-gendered people are considered evil and unsupportive, regardless of their actual views on the topic. To be heterosexual, comfortable with the gender you were assigned at birth, and non-minority places you in the ‘most evil’ of categories with this group of friends. Statement of opinions by the evil cis-gendered population are considered phobic and discriminatory and are generally discounted as unenlightened.”*¹³ – **Lisa Littman, physician and gender researcher**



Parental Environments, Attitudes, & Mental Health

*“But progressive-minded parents can sometimes be a problem for their kids as well. Several of the clinicians I spoke with, including Nate Sharon, Laura Edwards-Leeper, and Scott Leibowitz, recounted new patients’ arriving at their clinics, their parents having already developed detailed plans for them to transition. ‘I’ve actually had patients with parents pressuring me to recommend their kids start hormones,’ Sharon said.”*¹⁴

– **Jesse Singal, journalist**

There are situations where parental behavior affects gender dysphoria in their children. Studies show that youth from single-parent homes and foster care, as well as adopted kids, are more likely to have gender dysphoria, indicating that more unstable home environments may destabilize gender identity in kids.^{15,16}

Another older study (not representative of the current, often baffled parents dealing with an explosion of trans-identification in youth) indicates an association with boys brought to gender clinics and mothers having a cluster B personality disorder. For this reason, it greatly concerns people aware of this issue to see some mothers turn their children into “trans-child” media celebrities and activists for “a righteous cause,” given that disordered attention-seeking is a hallmark of cluster B personality disorders.¹⁷

Gender clinicians have observed parental homophobia and an inappropriate enthusiasm to transition children. There’s concern parents’ “affirmative” approach towards a dysphoric child may prevent desistance when they become a tween.



“I would argue that parents who support, implement, or encourage a gender social transition (and clinicians who recommend one) are implementing a psychosocial treatment that will increase the odds of long-term persistence.”¹⁸

– Dr. Ken Zucker, psychologist & child/adolescent gender dysphoria expert

“Around 40% of children who attend GIDS are prescribed puberty blocking drugs. But gender expert Professor Miroslav Djordjevic suggested the rise could be in part a fad among parents who indulge their children.”¹⁹ – The Telegraph

Mental Health Factors That Contribute to GD

The claim is that trans youth have mental health issues due to lack of validation and transphobia.²⁰ However, some mental health conditions may be the cause of gender dysphoria and not the result of it. Dysphoric youth often have other mental health conditions, such as ADD, ASD, depression, anxiety, personality disorders, eating disorders, cognitive issues, body dysmorphic disorder, and emerging paraphilias, making parsing out causes of a minor’s distress difficult.^{21,22,23,24}

1 ***“The findings supported the clinical impression that a large percentage of adolescents referred for gender dysphoria have a substantial co-occurring history of psychosocial and psychological vulnerability, thus supporting a ‘proof of principle’ for the importance of a comprehensive psychologic/psychiatric assessment that goes beyond an evaluation of gender dysphoria per se.”***²⁵ – (Bechard et al., 2017)

2 ***“The AYAs who were the focus of this study had many comorbidities and vulnerabilities predating the onset of their gender dysphoria, including psychiatric disorders, neurodevelopmental disabilities, trauma, non-suicidal self-injury (NSSI), and difficulties coping with strong or negative emotions.”***²⁶ – Lisa Littman, physician and gender researcher



Mental health problems persist in many trans-identified adults post-transition^{27,28,29} and may not all be due to “minority stress” ([Myth #4](#), [Myth #8](#)).



Who Is Most at Risk for Harm?

LGB Youth

While there may be evidence of some cross-sex brain similarities and behaviors in trans-identified people,³⁰ the same is true for gays and lesbians.^{31,32} Research studies have established that most children diagnosed under DSM criteria desisted from trans-identification,³³ and many grew up to be gay or lesbian.³⁴

“With regard to sexual orientation, the most likely outcome of childhood GID is homosexuality or bisexuality.”³⁵ – (Wallien et al., 2008)

Homophobic bullying may increase the likelihood of a child believing their behavior doesn't fit normally into their own sex class.

“Homophobic name calling emerged as a form of peer influence that changed early adolescent gender identity, such that adolescents in this study appear to have internalized the messages they received from peers and incorporated these messages into their personal views of their own gender identity.”³⁶ – (DeLay et al., 2017)



Internalized homophobia and the current celebration of trans-identification in some aspects of the culture also affect LGB youth, particularly lesbian youth. Young people have stated that they received more support and accolades when they came out as trans versus being LGB.

“I've heard so many kids say things like, ‘oh, when I identified as a girl, I was gay.’ When I ask, ‘oh do you mean that you were a lesbian,’ they might say ‘ewww gross I hate that word, definitely not a lesbian.’ Upon exploring more, I realize the level of internalized lesbophobia these kids have is off the charts. They are hyper aware of ‘transphobia’ but oblivious to homophobia, and specifically lesbophobia...”³⁷

- Sasha Ayad, LPC

“I am a senior pastoral leader in a large comprehensive school. Until 2015, we did not have a single child who identified as transgender during their time in school... Instead, children that I suspect might be LGB are most likely to come out as trans which is much more fashionable and means that they are far less likely to be victimized, as being trans carries so much power.”³⁸ – Teacher's testimony, TransgenderTrend school guide



Some parents and cultures are more accepting of transgenderism than homosexuality.^{39,40} Clinicians like the ones who resigned from the Gender Identity Development Service (GIDS) have observed homophobic parents who are highly motivated to medicalize their children in order to make them appear as though they're the opposite sex.⁴¹



“Some openly homophobic parents sought transition for their children because they were gay.”

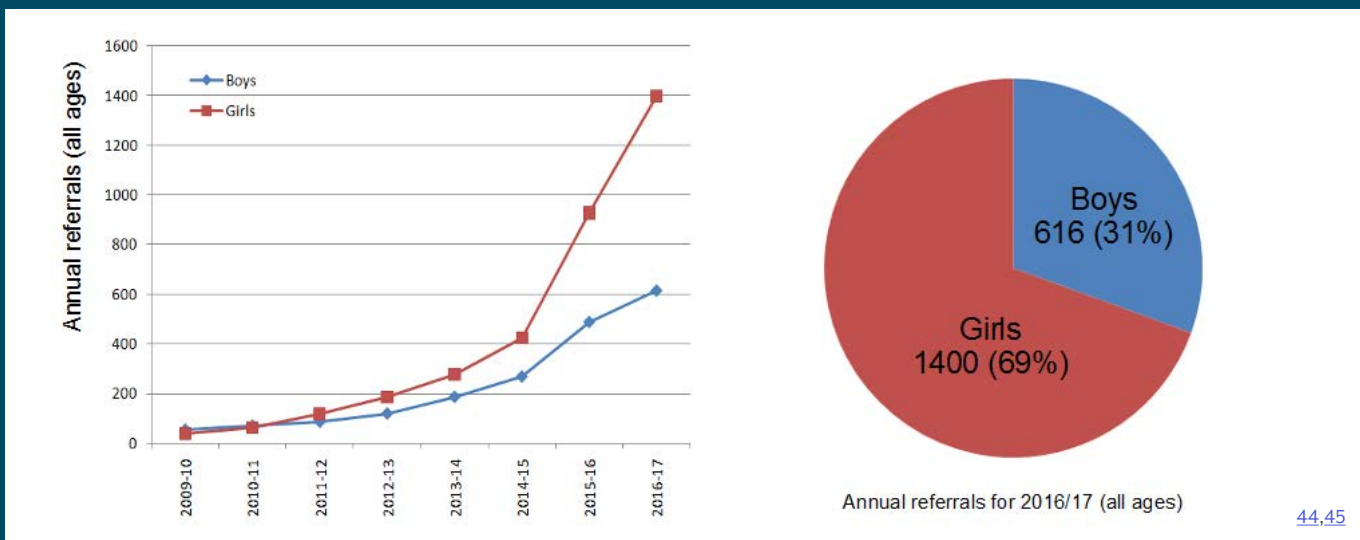
– staff at NHS gender clinic

“Family members were flat-out asking me if this kid was gay... There were spankings [punishment for being effeminate] and yelling matches and endless prayers.”⁴²

– Christian mother who turned her child into an activist for early medical transition.

LGB youth need time to process identity struggles and go through a healthy puberty to mature into LGB adults, not medical defacement. Increasing numbers of LGB people feel that damaging LGB minors is a human rights crime⁴³ (Myth #9).

The Increasing Numbers of Girls/Young Women Transitioning



More males than females used to seek medical transition. That has reversed, and many more females are now transitioning in Western countries,⁴⁶ indicating that social trends can influence dysmorphia and dysphoria, and create iatrogenic mental health issues.⁴⁷ Females also appear to make up most of the population with transition regret.⁴⁸ Littman (2018) found that girls are coming out as trans in previously statistically unheard-of numbers in peer-group clusters, indicating that social groups influence trans-identification.⁴⁹

More heterosexual and bisexual youth are seeking medical transition.^{50,51} These new demographics have not been well-studied, and transition may seriously impact their fertility and the health of their offspring. The effects on babies from mothers who inject, or have in the past, large doses of bioidentical testosterone are unknown. It's known that synthetic steroid use by the mother causes severe birth defects in their offspring, even years after they are stopped.⁵²



While all young people are prone to peer influence, and trans identity is increasing in males as well as females, it's a fact that issues that lead to cutting, dieting, eating disorders, and mass psychosis are particularly prevalent in female tweens, teens, and young women.⁵³

Autism Spectrum Youth

ASD youth are overrepresented in gender dysphoria clinics.⁵⁴ Many gender clinicians argue that this isn't a hindrance to full affirmation—but some people on the autism spectrum worry that rigid thinking, social awkwardness, sensory issues, and a need for personal growth before reaching maturity are important factors to consider.⁵⁵

Autogynephilic Male Teens

Autogynephilia (AGP) is a psychosexual condition in heterosexual males where they sexualize/romanticize the idea of themselves as the opposite sex. One study indicated that as high as 3% of males may be on the AGP paraphilia spectrum.⁵⁶ These young males may not fully understand themselves while they're growing into adulthood and deserve compassion and support in their best long-term health and happiness, rather than be told that they have a "woman's/lesbian's brain trapped in a man's body."

Increasing Numbers of Youth With Complex Issues

There is such a large increase in gender dysphoric youth, and many have complex mental health issues. There is no thorough understanding of the current cohort, nor understanding of how medicalization will affect them long-term ([Myth #4](#)).

Myth #7: There is expert consensus that these interventions are safe and best practice.

FACT: *The treatment of young people who struggle with identity and question their sex or gender is a highly controversial issue with no settled science. Current practices come with significant risks to long-term health, happiness, fertility, and sexual function—which is why many medical professionals, scientists, and governing bodies are now questioning current “best practices.”* ([Table of Contents](#))

The best method of treating gender dysphoria is not known because, thus far, the studies have tended to be poorly structured. They have used different age and sex population groups, have not been long-term (i.e., > 5 years), lost participants at greater than the expected dropout rate, and have used subjective measures with flawed or biased samples and analyses. There are a few treatment models—including watchful waiting, exploratory, and affirmative. These are just models. There is no “one size fits all” treatment for gender dysphoria. Since gender dysphoria is a mismatch between one’s mind and body, treatments can address the mind, the body, or both.

The media, school resource materials, “LGBTQ+” organizations, and some activist doctors and mental health professionals present pediatric transition as safe and non-controversial. This claim is agenda-driven, as there is currently a lack of quality and long-term studies.

1 *“The risk of overtreatment of gender dysphoria is real...Much of this [US] clinical practice is supported by guidance from medical societies and associations, but closer inspection of that guidance finds that the strength of clinical recommendations is not in line with the strength of the evidence.”¹*

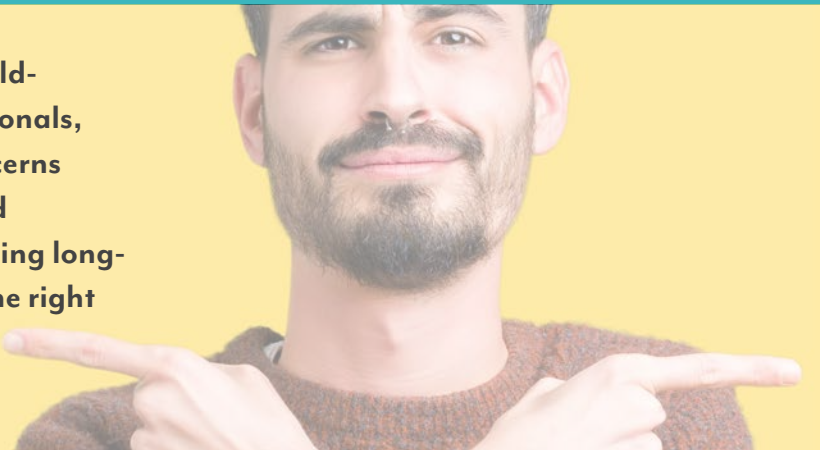
– Kamran Abbasid, editor in chief, BMJ

2 *“There is no consensus among mental health professionals regarding appropriate intervention, or even appropriate goals of intervention, for children diagnosed with [gender identity disorder].”²* – Norman Spack, MD, Endocrinologist, Boston Children’s Hospital

3 *“Of course you have to think that in another generation we will have done something which is not regarded as having been wise.”³* – Bernadette Wren, Head of Clinical Psychology, Tavistock gender clinic, UK



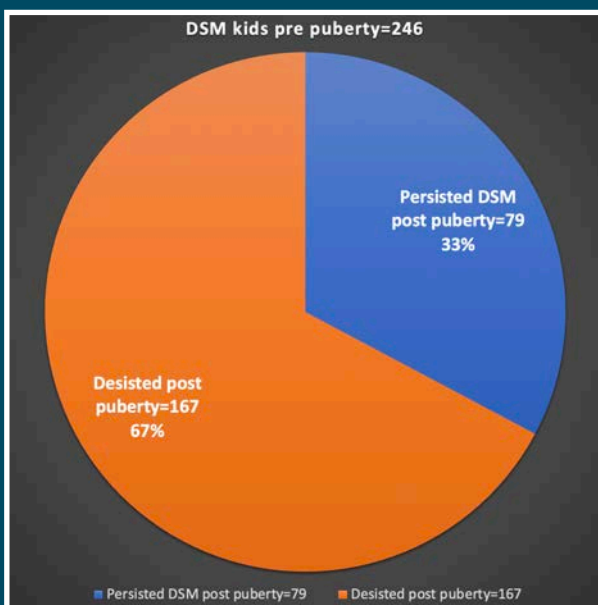
This is NOT a right vs. left issue, but a child-safeguarding issue. Many health professionals, parents, and LGB people have grave concerns about subjecting minors to these untested treatments. Examining risks and considering long-term outcomes is common sense, and is the right thing to do from a scientific perspective.



Concerns are related to three main factors:

- 1 There is no medical definition of gender or objective proof that anyone is in the “wrong body.” Current treatment models are based on children’s self-diagnosis, with no control groups to test alternative approaches to distress.
- 2 Research indicates that most young people with childhood GD outgrow it without becoming dependent on the medical industry—most turning out to be gay, lesbian, or simply non-conforming individuals.
- 3 All medical gender interventions are experimental, with potentially severe and irreversible side effects, and unknown long-term consequences ([Myth #2](#)).

An average of 67% of kids with an official DSM diagnosis desisted in studies before kids were “affirmed.”



Drummond (2008),⁴ Wallien & Cohen-Kettenis (2008),⁵ Singh (2012),⁶ Steensma (2013)⁷

“Experience has shown that, in not a few cases, a strongly and resolutely asserted desire to change to the opposite sex becomes markedly neutralized over the course of time, and the individual later undergoes a homosexual ‘coming-out.’”⁸

– (Korte et al. 2008)

The following are brief explanations of the current working models of care for individuals who are dealing with gender dysphoria.



The Watchful Waiting Model

The Dutch clinicians who pioneered the hormone blocker protocol do not advise early social transition, due to the risk of confusing children who may desist from gender dysphoria, if allowed to mature without medical intervention. Their approach is termed “watchful waiting.”

“Although gender affirmative treatment, including a complete social transition, may be beneficial for children who will turn out to be persistent, clinicians and caregivers should realize that prediction of an individual child’s psychosexual out-come is very difficult in young children.”⁹ – (Steensma & Cohen-Kettenis, 2011)

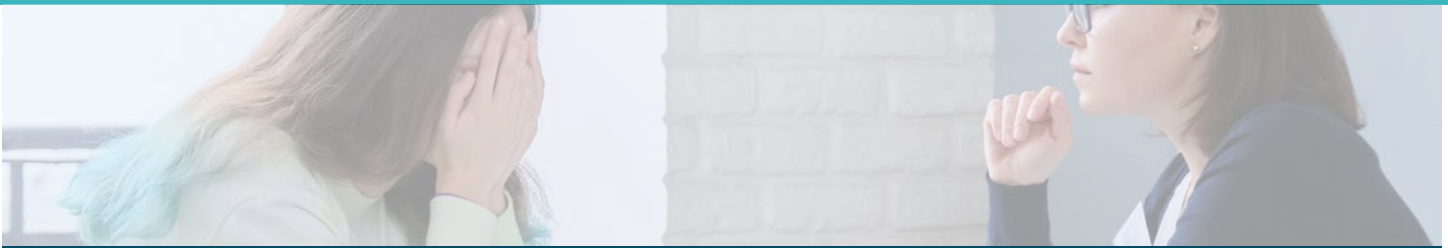


“The Dutch Protocol” allows young people time to figure themselves out while monitoring, waiting, and assessing mental and physical health—this allows the young person to persist or desist. In this study, early social transition was not encouraged, and they did not receive puberty blockers until after being thoroughly assessed. They did not receive hormones until age 16.¹⁰ Even though this type of therapy for gender dysphoria has been used for a couple of decades, there are very few long-term follow-up studies.¹¹

On one hand, the assessment practices by the Dutch were less reckless than what is going on in the United States and Canada. On the other hand, there are criticisms of this pioneering study in its ability to rigorously prove benefits.

“We demonstrate that this work is methodologically flawed and should have never been used in medical settings as justification to scale this ‘innovative clinical practice.’ Three methodological biases undermine the research: (1) subject selection assured that only the most successful cases were included in the results; (2) the finding that ‘resolution of gender dysphoria’ was due to the reversal of the questionnaire employed; (3) concomitant psychotherapy made it impossible to separate the effects of this intervention from those of hormones and surgery.”¹² – (Abbruzzese & Mason, 2023)

In other words, the supposed best and most rigorous study justifying medicalization of minors may have flaws.



The Exploratory Model

This approach is based on supportive explorative psychotherapy that seeks to understand the underpinnings surrounding gender dysphoria.

One of the key goals of exploratory therapy is recognizing the comorbidities of children with gender dysphoria.¹³ Many of these comorbidities, like OCD,¹⁴ are known to sometimes cause gender dysphoria. Other conditions are prevalent in cases of gender dysphoria, such as autism,^{15,16} trauma,¹⁷ anxiety,¹⁸ and distress.¹⁹

“We have observed that the desire to transition is often connected to an attempt to distance the person from the psychic pain related to internal and/or external traumatic experiences.”²⁰

– Sue Evans & Marcus Evans, health professional whistleblowers from GIDs

“Distress, for some people who desisted with psychotherapy, originated from “experiences of teasing/bullying (including of a homophobic nature) prior to the onset of GD, a sense of exclusion and isolation, difficulties in social communication and engaging with peers, distress in relation to awareness of a developing sexed body and difficulties separating from parents.”²¹ – (Clark & Spiliadis 2019)



There has been an activist push to describe this as conversion therapy and pass laws banning it by incorrectly comparing it to gay and lesbian conversion therapy. Studies purporting to prove that therapeutic exploration is harmful do not hold up to scrutiny ([Myth #4](#), [Myth #8](#)). The motive of exploratory therapy is not to disrespect the child/teen, rather to not rush minors into irreversible medical treatments while they are physically and cognitively immature. In a twist of irony, many who regret transition are LGB people disallowed proper self-exploration, and subjected to medical conversion therapy with permanent consequences.

The Affirmative Model

“The gender affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their self-experienced gender identity and expressions and providing support for them to evolve into their authentic gender selves, no matter at what age. Interventions include social transition from one gender to another and/or evolving gender nonconforming expressions and presentations, as well as later gender-affirming medical interventions (puberty blockers, cross-sex hormones, surgeries)...”²²

– Diane Ehrensaft, psychologist and originator of the affirmative model



[In response to Ehrensaft] “Thus, actively supporting or encouraging transgender self-states in middle childhood may act as a subtle leverage toward transitioning. Such stimulation, however tactful or nuanced, may interfere with what-ever course the child’s development might naturally lead her without it (Pleak, 2010). An additional source of disquiet is that once a child makes the transition across the gender divide, reverting back to the natal gender may present difficulties.”²⁵ – Dr. Claudia Lament, psychologist



Proponents of the affirmative model believe that for mental health issues, “if there is pathology, it more often stems from cultural reactions (e.g., transphobia, homophobia, sexism) rather than from within the child.”²⁴ They envision a world where if the child’s trans identity were only affirmed and celebrated, this would drastically reduce mental health problems. This is likely overly optimistic thinking, in the long run ([Myth #4](#)).

The affirmative model is a political activism model.²⁵ Yet WPATH and other trans activist groups have managed to control many health institutions over the last several years. Its advocates also often demonstrate a willingness to market their agenda, rather than accurately discuss risks, and reveal a callous apathy about harm.²⁶



Dr. Johanna Olson-Kennedy is an adolescent medicine physician who did a study²⁷ involving double mastectomies on girls as young as 13. This is what she has to say about young women who regret the double mastectomies they received as teenagers:²⁸

“Here’s the other thing about chest surgery, If you want breasts at a later stage in your life, you can go and get them.”

Therapists are not appropriately screening for other underlying issues^{29,30} that may be contributing to gender dysphoria—like body dysmorphic disorder, autism-spectrum issues, loneliness, bullying, sexual abuse, trauma, struggles with puberty, and internalized homophobia.³¹

“I have had several young adult clients in 2015-2017, all AFAB, who have sought counseling related to no longer identifying as binary male after having been on T and having mastectomy. I hadn’t had any in the previous 20 years. My clients suffered through this process and seek emotional healing, coming to terms with the irreversible changes, and continuing to explore gender and sexual identity. There’s much to learn from their experience.” – Rachael StClaire, psychologist (Facebook post from WPATH Member & Psychologist, 2018)



Therapists who use watchful waiting or an exploratory model are few and far between, and have long wait lists. They are increasingly confused about whether or not what they see as ethical mental health support is now illegal in some circumstances.

*“The dispute over how best to treat gender-questioning children that the Biden Administration seeks to resolve by enshrining ‘gender-affirming care’ and stigmatising ‘conversion therapy’ boils down to whether or not clinicians regard the children in their care as exceptions to everything we know about child development, human biology, sexual orientation, and more.”*³² – Elizabeth Mondegreen, psychiatry graduate student researching gender identity



While some children will persist in trans-identification, for others, puberty blockers may seriously disrupt their physical and psychological sexual maturation and path to self-discovery. The affirmative model may also be called the “informed consent model” regarding adults, but minors do not have the capacity to cognitively process costs, benefits, and long-term consequences, given that maturation is not complete until age 25.³³

Stating There’s Consensus About Affirmation Is Propaganda, Not Truth

There Is No Consensus

“The myth that parents and teachers need to affirm everything a young person says during a gender identity crisis needs to be explored. We need to affirm the person’s feelings, affirm that we respect the young person as an autonomous individual, affirm that we think their experiences and emotions are important; but that doesn’t mean that we affirm every belief that they have. Therapists, for example, affirm their clients but they don’t affirm every passing thought.” -Stella O’Malley, psychotherapist and author of “Bully Proof Kids”³⁴



Despite institutional capture, organizations have formed in order to address growing concerns among health professionals and others ([Myth #10](#)). The world’s pioneers in childhood gender dysphoria research have mounting concerns about the ethics of puberty suppression.^{35,36} Given the lack of quality evidence and rising acknowledgement of harm, several countries,³⁷ considered pro “LGBTQ+” by world standards, are scrutinizing or curtailing pediatric medical transition. These include Sweden,³⁸ the UK,³⁹ Finland,⁴⁰ Norway,⁴¹ Denmark,⁴²

and Belgium.⁴³ And professionals with grave ethics concerns in the United States are beginning to blow the whistle.



“Concerns over medical harm and uncertain benefits result in a major policy shift,...In recent months, several countries’ health authorities found that the evidence base is insufficient to justify routine early medical interventions for gender dysphoric minors.”

--SEG M Report, May 5, 2021

“I am a 42-year-old St. Louis native, a queer woman, and politically to the left of Bernie Sanders. My worldview has deeply shaped my career. I have spent my professional life providing counseling to vulnerable populations: children in foster care, sexual minorities, the poor... I left the clinic in November of last year because I could no longer participate in what was happening there. By the time I departed, I was certain that the way the American medical system is treating these patients is the opposite of the promise we make to “do no harm.” Instead, we are permanently harming the vulnerable patients in our care.”⁴⁴

– Jamie Reed, case manager, St. Louis Children’s Hospital



“It’s Just Safe & Reversible Social Transition”

Affirmative health professionals promote social transition as harmless and reversible, an idea the educational system is rapidly adopting ([Myth #1](#)), but some mental health experts believe it’s not. They flatly state early social transition will confuse and track autistic, struggling, gender-atypical, and pre-gay and lesbian youth into medical defacement, which under normal circumstances would be considered a horrible human rights crime. The idea that early social reinforcement is harmless belies much of what is known of child developmental psychology. We provide an extensive list of social influences on gender dysphoria ([Myth #6](#)) that challenges the “innate gender” narrative.



“I predict...that in contemporary cohorts of children who experience a [gender social transition] prior to puberty that the rate of GD persistence will be substantially higher than that reported in the follow-up studies to date.”⁴⁵

– Dr. Ken Zucker, psychologist & child/adolescent gender dysphoria expert

Desistance rates are indeed drastically lower in more recent studies,⁴⁶ and these minors will go on to be life-long, routine medical patients as adults.

Is a Natural Puberty Abusive to Persisters?

To help answer this question, please review the consequences of underage medical transition, in [Myth #2](#); the paucity of proof of rigorous benefit, in [Myth #4](#); scrutiny of the activists who induce suicide-panic in parents, in [Myth #8](#); the reasons there are adult trans-identified people who adamantly oppose pediatric transition, in [Myth #9](#); and alternative approaches, in [Myth #10](#).



Myth #8: The trans community is plagued with suicides & murders.

FACT: *Trans activism often misrepresents suicide risk, and there is no trans murder epidemic. Activists in media, groups, and institutions make panic-inducing statements about the dangers of suicide and hate crimes that are hyperbolic, enforce an agenda, and violate suicide-reporting ethics. This behavior will only make the mental health of dysphoric young people worse. ([Table of Contents](#))*



The trans movement has been very successful in achieving compliance with extreme demands such as medicalizing minors with experimental and dangerous protocols ([Myth #2](#)), housing violent biological male sex offenders in women's prisons,^{1,2} and allowing males—who are stronger and faster than females—to compete against girls and women in competitive sports ([Myth #3](#)). They have achieved this by aggressively promoting the concept that trans-identified people are uniquely abused and oppressed by society, causing them to attempt suicide and to be murdered at much higher rates than the general population. The suicide risk claims require examination. The “trans murder epidemic” is an outright falsehood.

Suicide Risk

Suicide risk should be taken extremely seriously and not politicized. Even well-intentioned discussions can put vulnerable people at higher risk. A teen who is talking about suicide could be being dramatic. They may be trying to manipulate adults around them, making it harder for people to determine what is really going on. They may not want to die, but are crying for help. **They may truly be thinking about ending their life. Given the latter possibility, always take your teen's comments seriously, support them, and get them the mental health support they need.**

How to talk to a teen about suicide

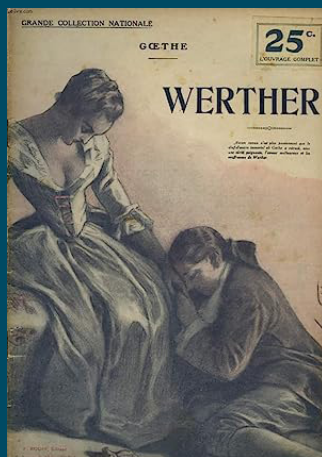
<https://www.verywellmind.com/what-to-say-to-a-suicidal-teen-2611331>

**Are you in a crisis? Call the National Suicide Prevention Lifeline.
800-273-8255 or text TALK to 741741.**

Suicide in adolescence has been increasing since the 1950s,³ with a recent spike in the last few years,⁴ possibly due to the rise in social media use.⁵ Despite this, suicide attempts in prepubescents are still extremely unlikely, and in teens, attempts are often a cry for help and rarely successful.⁶

Suicide Is Socially Contagious

Teens and psychologically at-risk groups have long been known to be susceptible to suicide through social contagion—also called “copycat suicides,” or “the Werther Effect.”⁷ This is not new. One known contagion was fueled by a popular tragic von Goethe novel that caused a suicide contagion in 1774 due to the suicide of one of the characters.



Exposure to suicide or suicidal behavior of others influences others to commit or attempt suicide, and news reporting of suicide increases the likelihood that vulnerable people will do the same.^{8,9} There have been several “clusters”¹⁰ of suicides, and adolescents are more affected than adults.¹¹

Widespread Violation of Ethics Around Suicide Risk in GD Youth

Despite the reality of social contagion, media, “LGBTQ+” organizations, gender activists, SOGI training materials, social media culture, and some health professionals (who should know better) discuss suicide and trans-identified youth in ways that violate all suicide prevention organizations’ guidelines. They make panic-inducing statements such as “Do you want a live daughter or a dead son?” at a time when there is no rigorous evidence that transition in adolescents is preventing suicide.

The media reports suicides in dysphoric people as if they were directly related to a lack of access to medical transition, transphobia, and un-affirming parents, when the contrary is often the case. **Some high-profile suicide stories have involved young people who were fully socially affirmed, with access to gender clinics.**^{12,13,14} Activist groups, such as the ACLU, also inflate suicide risks and repeat statistics from poorly designed studies.¹⁵ They go so far as to hold up trans suicides as martyrdom.¹⁶



Suicide Prevention Guidelines

Below are guideline violations that activists, media, and some doctors/therapists regularly engage in. These guidelines are from the American Foundation for Suicide Prevention guide on LGBT populations:¹⁷

DON'T attribute a suicide death to a single factor (such as bullying or discrimination) or say that a specific anti-LGBT law or policy will “cause” suicide.

DON'T risk spreading false information by repeating unsubstantiated rumors or speculation about suicide deaths or why they occurred.

DON'T talk about suicide “epidemics” or suicide rates for LGBT people.

DON'T use social media or e-blasts to announce news of suicide deaths, speculate about reasons for a suicide death, focus on personal details about the person who died or describe the means of death.

DON'T idealize those who have died by suicide or create an aura of celebrity around them.

Here are some helpful guidelines from the same organization:

DO broadly emphasize individual and collective responsibility for supporting the well-being of LGBT people.

DO help people understand the relationship between mental health and suicide risk.

DO encourage discussion about suicide prevention strategies.

DO emphasize the vital importance of resilience.

DO help people identify warning signs of suicide, so they can support and provide help to those who might be at risk.

DO point people toward, and provide information about, resources that provide intervention and support for people who may be thinking about suicide.

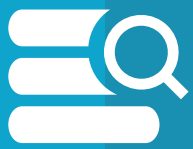
“It troubles me that parents of very young children are already in terror that their child is going to kill themselves,” Wren says. “The energy has to go into changing how these people are seen by their peers, not into physical intervention alone.”¹⁸

– Bernadette Wren, Head of Clinical Psychology, Tavistock gender clinic, UK



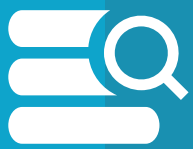
What Does the Research Say?

- 1 While transition is regularly promoted as “lifesaving,” the truth is that the data on medical transition reducing the likelihood of suicide in adults is mixed. Regarding minors, many studies touted as proving medical transition is wise are low quality, or intentionally or unintentionally contain significant errors ([Myth #4](#)).
- 2 Several studies indicate that social affirmation and medical transition reduce depression, anxiety, suicide risk, and gender dysphoria, and have low regret rates.¹⁹ Most are poorly designed and have low follow-up rates.^{20,21}
- 3 There is no reason to be sure these outcomes will translate to today’s growing trans youth population and the changing demographics.
- 4 Several studies indicate that medical transition may do nothing to reduce the chance that a person will commit suicide. One study showed that after transition,²² trans-identified people are still 19 times more likely to commit suicide than the general population in Sweden—an “LGBTQ” friendly country with public healthcare. Other studies indicated that transition, and perhaps cross-sex hormones, fail to reduce suicide risk.^{23,24,25}
- 5 Three studies that attempted to prove hormone blockers are “lifesaving,” showed little to no overall psychological improvement, but outside journalists and health professionals had to point this out.^{26,27,28}
- 6 Information from Canada, the UK, and Finland mental health clinics indicates that youth with GD have similar levels of suicide risk to other youth seeking help for issues such as anxiety and depression. This suggests the suicide risk due to mental health problems beyond the gender dysphoria.^{29,30} Suicides in this demographic have been very rare and appear unrelated to lack of medical access.



“Conclusions Clinical gender dysphoria does not appear to be predictive of all-cause nor suicide mortality when psychiatric treatment history is accounted for.”³¹ - (Ruuska et al., 2024), emphasis ours

- 7 Media and activist organizations regularly cite the Williams Institute study³² that claimed a 41% suicide attempt rate for trans-identified people. It’s important to note that this is a poor-quality convenience-sampling study. It also indicated “female-to-male” transitioners don’t benefit in reduced suicide risk when they physically pass as male. If passing isn’t protective, it calls into question the point of it.



“Importantly, our analyses suggest that the protective effect of non-recognition is especially significant for those on the trans feminine spectrum. For people on the trans masculine spectrum, however, our data suggest that this protective effect may not exist or, in some cases, may work in the opposite direction.” – From “Suicide Thoughts & Attempts Among Transgender & Gender Non-Conforming Adults,” Williams Institute study

Stories of Suicide Ideation in Young People With Transition Regret

There also may be increased suicide risk among the growing number of young people with transition regret who must deal with the permanent consequences of the medical procedures they have undergone. Some appear to be struggling with suicidal thoughts, as transition has made their situation worse. Their stories can be found in *60 Minutes: Health care challenges for transgender youth*³³ with Lesley Stahl, and the growing number of accounts online on sites that have thousands of members, such as the r/detrans Subreddit.

There Is No Evidence of a Transphobic Murder Epidemic

Discrimination, suicide ideation, mental health, and violence are issues that require compassion and real problem-solving to reduce all-cause mortality rates in trans-identified people, which are sadly higher.³⁴ Violence and risky behaviors³⁵ are particularly problematic for black and brown trans-identified people in poverty, and those involved in prostitution.³⁶ Addressing homelessness and employment issues should be a priority in helping this demographic.

But there is no evidence of a “trans murder epidemic” in Western countries, and there is no evidence that most of the murders of transgender people are due to transphobia.^{37,38} This misinformation is often boosted by “LGBTQ+” organizations, media outlets, and other institutions because of journalistic laziness, to promote an agenda, or both. Promoting this narrative while there’s no evidence for it is irresponsible at best and manipulative at worst. Young people are not helped when adults make them feel paranoid and hated, they are harmed.

*“The truth is there is no epidemic of transgender murders. The recorded transgender murder rate is 1/3 or less of the overall murder rate for all American citizens and legal residents. Further, when such murders do occur, few are motivated by hatred and roughly 80 per cent are same-race killings. These statements are not ‘arguments’ or ‘allegations’ but simply declarations of factual truth...Not only is there no ‘epidemic’ of murders of transgender individuals, it’s also not true that most trans murders are motivated by ‘hate.’”*³⁹ – Wilfred Reilly, Kentucky State University associate professor



A review of UK crime statistics indicates⁴⁰ trans-identified people may be **less at risk for murder than the average person.**

The average trans person has a one-in-200,000 to one-in-500,000 chance...the average adult in England and Wales has a one-in-100,000 chance.⁴¹ – Channel 4 Fact Check

Brazil is held up as a place that is deadly for “poor trans women of color.”⁴² Brazil has a horribly high murder rate, but this cohort does not appear to be any more at risk than the average person in Brazil.⁴³

Gay men⁴⁴ may be more at risk of hate crimes than other members of “LGBTQ+” or racial/ethnic groups. But this information is rarely used to keep gay youth in a constant state of fear because, unlike gender ideology, doing so does not aid in forcing the acceptance of very radical demands.

Trans-Identified Males May Have Higher Rates of Perpetrating Sex Crimes Than Males Generally



“Half of all transgender prisoners are sex offenders or dangerous category A inmates.”⁴⁵
– Fair Play for Women

“Transgender prisoners are five times more likely to carry out sex attacks on inmates at women’s jails than other prisoners are, official figures show.”⁴⁶ – The London Times

Data indicates trans-identified males retain male pattern levels of violence and sex crimes. Crime statistics in the UK show they are more likely to commit sexual offenses than other men.

While we should judge each person as an individual, this has implications when it comes to placing males in women’s prisons and places of nudity—given that higher statistical likelihood of sex crimes is the reason sex segregation exists.

Manipulating People’s Compassion & Fear

While at-risk youth need support and protection, unfortunately, the slogan “trans kids will kill themselves” is used as a weapon to silence people highlighting dangers regarding pediatric transition, or those who wish to protect sex-based rights for girls and women. In several cases of high-profile youth suicides used by media and activists to accomplish this, the youths were fully affirmed and had access to medical transition. It’s idealistic to assume that medical protocols will solve all the problems trans-identified youth face.

“Parents with gender dysphoric children almost always want the best for them, but many of these parents do not immediately conclude that instant gender transition is the best solution. It serves these parents poorly to exaggerate the likelihood of their children’s suicide, or to assert that suicide or suicidality would be the parents’ fault.”⁴⁷

– J. Michael Bailey & Ray Blanchard, psychologists, & gender dysphoria experts



Further complicating matters, young people are coached, in online circles and elsewhere, to manipulate their parents by threatening to kill themselves if they aren’t allowed to medically transition.⁴⁸

Institutions that should be trustworthy, such as The American Medical Association, are also participating in an agenda that unjustly terrifies gender dysphoric people, an already at-risk group for mental health problems.



“According to available tracking, fatal anti-transgender violence in the U.S. is on the rise and most victims were black transgender women,”
 said AMA Board Member S. Bobby Mukkamala, M.D.⁴⁹ – NBC News

In another case, a doctor from Canada engages in blatantly unethical behavior by telling minors to tell their parents they will kill themselves if parents don't medicalize them. He is in British Columbia and at-risk youth are drastically overrepresented in the cohort that he is medicalizing.^{50,51}

Dr. Wallace Wong:

"So what you need is, you know what? Pull a stunt. Suicide, every time, [then] they will give you what you need," Wong said, adding that gender-dysphoric kids "learn that. They learn it very fast."



"Gender therapy" doctor admits to advising kids to fake being...
 Earlier this year, I noted that transgender activists were going to use data on the suicide rate in the transgender community to go after schools the...
 sott.net

Love, Support, Hope, & Strength for GD Youth

It's far better to support gender dysphoric youths by telling them they are loved, they can be strong, that their physical health is important, and that they can learn to regulate difficult emotions. They should not constantly be exposed to an activist-driven drumbeat telling them that they are hated and are likely to kill themselves or be murdered simply because people have concerns about medicalizing minors, or because they recognize that girls are at major disadvantages while competing against males in sports.

This is unethical, irresponsible, and dangerous messaging to young people, yet typical behavior in gender ideology. It must stop. While most people who repeat narratives about suicide and murders are genuinely concerned for these young people's safety, some activists, including ones from very well-funded "LGBTQ+" groups, benefit financially from painting trans-identified kids as vulnerable and oppressed. Caring adults should provide resources for job training programs for youth at risk for homelessness and prostitution, and should be teaching youth to be resilient, rather than spreading depression and paranoia.



Myth #9: Gays, lesbians, bisexuals, & trans-identified adults agree with activist-promoted gender ideology & pediatric medicalization.

FACT: Many LGB and trans-identified people strongly oppose pediatric medical transition and find it offensive when ideological materials are promoted under the banner of “LGBTQ+” or “SOGI” (Sexual Orientation & Gender Identity), claiming that “gender is a spectrum” and “sex is assigned at birth.” ([Table of Contents](#))



LGBTQ+

There’s an impression that there is such a thing as an “LGBTQ+ community,” where individuals share the same political opinions and have the same needs, priorities, and views on sexuality and gender. This has enabled the introduction of certain concepts into academia, culture, media, and SOGI school materials, as though these concepts are considered uncontroversial and there’s consensus among “LGBTQ+” people.



“Gays & Lesbians want one thing above all from doctors and therapists: to be left alone. Transsexuals...want costly & momentous medical treatment - with irreversible, lifelong consequences.”¹

– Dr. Alexander Korte, specialist in child and adolescent psychiatry, psychotherapy, and gender dysphoria

Current gender ideology promotes many concepts that people within these populations, and outside of them, strongly disagree with, find contemptible, and rally against. For these reasons, they should not be taught to school children, teenagers, college students, or other educators as though they’re agreed-upon ethics or scientific facts. Doing so amounts to indoctrination, is counter to free thought, and exploits those who disagree by pretending there is unity when there is contentious disagreement.



Gender Activism Has Become Extremist, Authoritarian, & Abusive



Andy
@lecanardnoir

In all my sceptic travels, through the strange worlds of alternative medicine, esoteric new religions and crank science, the gender ideologists are by far the most vicious and dishonest of them all.

-Andy Lewis, skeptic who runs [Quackometer](#), a medical watchdog site²

Disclaimer: We want to make it clear that gender dysphoric people are not all trans activist extremists, and many people who are gender dysphoric, do not identify as trans. We oppose the negative consequences of gender activism on all people, including those with gender dysphoria.

“LGBTQ+” Groups Are Primarily Gender Activist Organizations & Don’t Honestly Represent All The Facts.

After LGB people received the right to same-sex marriage, mainstream “LGBTQ+” organizations became radicalized gender activist organizations.³ While protecting trans-identified people—their right to work, get married, house themselves and be free from physical harm—is in line with other human rights movements, current trans activism subjects minors to consequential medical experimentation ([Myth #2](#)). It also impacts women and gay/lesbian people by taking on identities in their sex-class ([Myth #3](#)). “LGBTQ+” organizations and media do not address the damage and rights conflicts from rising trans-identification, and actively participate in hiding or promoting them.

For example, GLAAD smears journalists who report accurately on issues related to medical risk and pediatric transition.⁴ This is ironic given that LGB youth are some of the most at-risk, and these organizations state that they serve these communities. Others, such as HRC and Stonewall UK, aggressively promote pediatric transition, continually overstate its safety and efficacy, and ignore the association between childhood GD and adult gay/lesbian identity.

School officials should not be confident that any group that calls itself “LGBTQ+” can be trusted to properly represent complicated issues or protect the interests of all young people.

A Dearth of Logical Arguments & a Plethora of Canceling, Libel & Threats



An academic colleague warned: “don’t analyze transgenderism – you will be sucked into a vortex from which you’ll never escape.”⁵

– Heather Brunskell-Evans, social theorist and philosopher

New groups have formed to advocate for the rights of LGB people (see Resources in Myth #10) who wish to distance themselves from radical gender ideology, libeling, and abusive behavior that trans activists commonly engage in, such as what they directed at author J.K. Rowling.⁶



J.K. Rowling
@jk_rowling

Dress however you please.
Call yourself whatever you like.
Sleep with any consenting adult who'll have you.
Live your best life in peace and security.
But force women out of their jobs for stating that sex is real?
[#IStandWithMaya](#) [#ThisIsNotADrill](#)

4:57 AM · Dec 19, 2019



J.K. Rowling
@jk_rowling · Follow

Yes, but now hundreds of trans activists have threatened to beat, rape, assassinate and bomb me I've realised that this movement poses no risk to women whatsoever.

(J.K. Rowling makes a sarcastic remark regarding the violent and aggressive behavior commonly engaged in by trans activists)⁹

Dissenting gay and lesbian people receive the same treatment, even regarding minor disagreements.

“A university professor has told how she may need to be accompanied by bodyguards on campus and has been advised to install CCTV outside her home, following a row with students about her views on transgender rights.”¹⁰

– The London Times, regarding Kathleen Stock, lesbian academic forced out of her career for stating the relevancy of biological sex in a few settings

Trans-rights-only groups are allowed to exist, but radicals smear people in other exclusive groups¹¹ as “not inclusive” or “bigots.” Nothing is done to address the well-documented behavior of trans activists attempting to destroy careers or threatening people with violent and sexually graphic comments,¹² including calling in bomb-threats to venues.¹³

Pretending this isn't happening can't last forever and helps no one. Educators must understand that many parents from across the political spectrum are well-informed about the current radicalism of gender ideology. Pretending that the growing number of parents with concerns about “LGBTQ+” activism in schools are all bigots is disingenuous, as people from these populations may support their views and have the same concerns.

Conflicting LGB & Gender Activist Interests

Pediatric Transition Endangers Same-Sex Attracted Youth



(K. Yang, former trans activist, “LGBTQ+” nonprofit whistleblower and women’s rights campaigner)¹⁴

Some LGB people are acutely concerned about adults validating children and teenagers in the belief that they are “born in the wrong body” when they are still cognitively immature youth—especially given the high rates of LGB people who outgrew identity issues and are now gay or lesbian adults.

“Experience has shown that, in not a few cases, a strongly and resolutely asserted desire to change to the opposite sex becomes markedly neutralized over the course of time, and the individual later undergoes a homosexual ‘coming-out’ (1, 3). In view of this fact, it must be understood that early hormone therapy may interfere with the patient’s development as a homosexual.”¹⁵ – Dr. Alexander Korte, specialist in child and adolescent psychiatry, psychotherapy, and gender dysphoria



They express concern for the normalizing of hormone blockers and HRT for young people.¹⁶ They know many detransitioners are LGB and face trauma and medical damage.

“We deserve the opportunity to experience our bodies as a part of nature worthy of celebration, not objects to be ‘reconstructed.’ The energy we spend trying to run from our own bodies is better spent working to support each other.

Those of us who make it out of communities like the ones I was in often only manage to do so because of strong female (in my experience, lesbian) support networks that help us relearn how to think for ourselves without getting angry when we make mistakes in the process.”¹⁷ – Max Robinson, detransitioned lesbian



Gender activists claim that helping youth align with their bodies without drugs and surgeries is ‘conversion therapy,’ but ignore how GD diagnoses pathologize gay and lesbian youth struggling with puberty.

(Whistleblowers at the Tavistock gender clinic in the UK, ordered to close due to ethics concerns)¹⁸

TIMES INVESTIGATION

It feels like conversion therapy for gay children, say clinicians

Ex-NHS staff fear that homophobia is driving a surge in ‘transgender’ young people



Polly Carmichael is director of the NHS Gender Identity Development Service in north London. The service has been accused of failing to warn young people about the long-term impact of treatment

Gender dysphoria expert and psychologist Dr. Ken Zucker states that socially transitioning minors will lead to an increase in medicalization of kids who would be likely to desist through puberty and grow up to be gay/lesbian.¹⁹

“I predict, therefore, that in contemporary cohorts of children who experience a GST [gender social transition] prior to puberty that the rate of GD persistence will be substantially higher than that reported in the follow-up studies to date.”

This is exactly what happened in Thailand, where a gay rights group worked to raise the age of consent after a rising number of medically damaged gay youth with regrets.²⁰

Protocols around transitioning minors are more aggressive in the United States and Canada, and it happens at earlier ages than in Thailand. Data indicating an increase in detransition is greatly concerning to LGB activists.

“As the number of young people receiving medical transition treatments rises, so have the voices of those who call themselves ‘detransitioners’ or ‘retransitioners,’ some of whom claim that early treatment caused preventable harm.⁸ Large scale, long term research is lacking,⁹ and researchers disagree about how to measure the phenomenon, but two recent studies suggest that as many as 20-30% of patients may discontinue hormone treatment within a few years.^{10 11.}”²¹ - Jennifer Block, journalist, “Gender dysphoria in young people is rising—and so is professional disagreement”

Gender Ideology Eradicates Sexual Orientation

The concept of gender identity is fundamentally at odds with the biological truth of sexual orientation. Sexual orientation isn’t a personal identity, but SOGI materials often teach it as if it is ([Myth #3](#)).

Much conflict arises when opposite-sex gender dysphoric people feel entitled to gay and lesbian identities, as well as their emotional and sexual validation.^{22,23} Many gay and lesbian people have been allies to trans activism, but point out that it’s reasonable to expect trans-identified people to maintain their own identities, rather than literally inhabit theirs. For example, with changing sex markers on government documents and obscuring sex in crime and health data, males are being lumped into reports pertaining to women and lesbians.²⁴ It will make lesbian advocacy difficult when this tiny minority is wiped out as a definable and studiable class of people, when it includes anyone who wishes to be one.

Given that many same-sex attracted people fall outside gender norms, some do not wish to constantly be asked what their pronouns are, as they consider this an annoyance, an unhealthy obsession, virtue-signaling, and thought-policing.²⁵ The people who tend to get asked their pronouns are the ones who do not fit gender stereotypes—stereotypes they are comfortable breaking. They see current gender ideology demands as entrenching these stereotypes that view effeminate men and masculine women as not real men and women, and ultimately pressure homosexuals to transition in order to uphold heterosexual beauty and behavioral standards. They do not want these stereotypes reinforced in children.

“For all of their talk of a gender spectrum and gender fluidity, the left is Puritan about the rules of gender expression in children. We could all benefit from a return to the idea that sometimes boys are sensitive and creative, and sometimes girls are aggressive and competitive – and it’s perfectly okay. We don’t need to be ‘fixed.’”²⁶ – Chad Felix, gay man in, “If I Were A Kid Today, Doctors Would Be Pushing Me To Be Trans Instead Of Gay”



Growing Attitudes of Sexual Entitlement

The influences of queer theory/gender ideology ([Myth #1](#)) have given rise to motivations in “LGBTQ+” youth circles to paint gay and lesbian people as bigots for not wanting to have relations with opposite-sex people who identify as trans.²⁷ This is particularly true of lesbian youth, who receive the bulk of this type of guilt tripping and harassment.²⁸

“[Y]ou’re not just missing out on great sex...I care that you don’t bother to interrogate the origins of your phallus-based distaste for trans women and think about whether it’s actually a dislike of the organ that’s happening here or whether transphobia and a refusal to view trans women as women is involved.”²⁹
– A “genderqueer” activist shaming lesbian women for not wishing to engage in heterosexual sex

This isn’t a small online “troll” problem. Gay and lesbian people may be penalized for speaking out about this,^{30,31} and by the “LGBTQ+” organizations, that were previously the rights groups that LGB people built to represent them.



“A leaked email has revealed that trans lobby group Stonewall tried to suppress an investigation into claims that some trans women have been pressuring lesbians for sex. The email shows that the body tried to suppress the investigation even before it was published, later claiming that debating the issues was equivalent to ‘sexual racism.’”³²


Having a sexual orientation that does not include opposite-sex people is not racism. Gay and lesbian people are not inherently bigots unwilling to break norms. They already break norms just by being gay and lesbian people. Heterosexuals also receive this pressure. It’s not uncommon in gender scenes to view it as a right for trans-identified people to stealth as the sex they are not, in order to bed people who would otherwise not be with them if they knew their actual sex.³³

It is logically inconsistent to promote the view that a trans-identified person's rejection of their own body is a human right, but others' rejection of that same body, due to their own sexual orientation, is bigotry and worthy of engaging in online harassment, libel, censoring, firing from jobs, and obtaining sex-by-deception.³⁴

When role models, such as teachers or DEI trainers, deny material reality and repeat mantras such as "sex is assigned at birth" and "a woman is anyone who wants to be one," and squelch dissent as "microaggressions," this messaging has consequences in the real world. These attitudes are causing poor sexual boundaries, manipulating young people's guilt with social justice rhetoric, and at times becomes outright sexual harassment.³⁵


Parental Homophobia

Some parents who take their gender-nonconforming children to gender clinics would rather have a trans "daughter" than a gay son, or a trans "son" rather than a lesbian daughter. When a parent doesn't want to medicalize their child, it's often not out of prejudice, but concern for the medical side effects. Medicalizing pre-gay kids is a profound human rights violation on par with homosexuals being forced into shock therapy, or forced to transition in countries such as Iran.



"For some families, it was easier to say, this is a medical problem, 'here's my child, please fix them!' than dealing with a young, gay kid," the third female clinician said. At the service's "family days", a parent was allegedly heard saying that they did not want their child to have gay friends because they "didn't want them mixed up in that hedonistic lifestyle". "It is converting people into heterosexuals," one of the clinicians said. "We had so many families who would talk about not wanting their daughters to be lesbian." Young people "repeatedly" confided their own "disgust" that they may be gay, according to the clinician.³⁶

– clinicians from the Tavistock gender clinic



"I was very concerned, because at the time I was leading a small ministry at my church and teaching Bible study, and here I have this kid who people in my family were flat asking me if this kid was gay."³⁷

– Kimberly Shappley, mother of a young trans child

Disagreement Among Trans-Identified People



Trans-identified activist who runs the trans-healthcare advocacy group GCCAN³⁸

Some trans-identified people are very alarmed about current gender identity activism.^{39,40} They see the explosion in young people identifying as trans or nonbinary as dangerous, faddish, and a trivialization of a psychological condition. They sometimes call themselves "trans medicalists," or prefer the older term

“transsexual,” to denote that they do not align with concepts of a wider “trans umbrella.” They don’t believe that “gender is a spectrum” or that people should design their own nonbinary pronouns and demand others use them. They have grave concerns that gender-activist demands are harming their interests. They’re often targeted, threatened, and suspended from social media due to complaints by gender activists. Some align with women and LGB people in efforts to confront extremism in gender ideology. (See Resources under [Myth #10](#) to learn of the diversity of opinions contrary to the current alleged “LGBTQ+” narrative).



“It should be recognised that meaningful therapy has value and that it is more cost effective and may result in a non-interventionist outcome. One gender reassignment operation could fund up to 200 one hour therapy sessions. Access to this therapy via the NHS is inadequate. Therapy should not focus on facilitating gender transition, rather it should attempt to enable the individual to come to terms with themselves and explore other possibilities than transition and even surgery.”⁴¹

– Miranda Yardley, self-identified “homosexual transsexual”

Studies and news stories indicate that sexual function and fertility is very important to trans-identified people.⁴² Pediatric transition impacts both, and transition causes many other side-effects, explaining why gender dysphoric adults oppose it.

“I’m definitely against children transitioning. I think it is a horrible decision to let a child make a life changing decision and to be sterile because that is a consequence of transitioning so young. You can’t have kids. And just the drugs they go on, there’s a lot of problematic things that go along with that [discusses micro penis issue]...And puberty blockers are hailed as the most important thing to go on...Trans activists for lack of better terms just completely gloss over this and make it seem that it’s something it’s not.”⁴³ – Blaire White, trans-identified YouTube creator



Some dysphoric adults who have medically transitioned do not like the current cultural obsession with pronouns.⁴⁴ They feel that the way they present themselves, in accordance with cross-sex norms, signals what they want to be called. Pronoun email signatures, pronoun nametags, and stating one’s pronouns before meetings, should not be viewed by entities as something that is wholly supported among trans-identified populations.

Girls & Women’s Best Interests Matter to LGB & Trans-Identified People Too.

There are LGB people⁴⁵ and trans-identified people who strongly oppose⁴⁶ eradicating the concept of sex-based rights, particularly for girls and women impacted by having males compete in their sports, for their scholarships, and for placement in women’s homeless shelters, rape crises shelters, and prisons—spaces where assaults could be as consequential as resulting in pregnancy and have indeed happened ([Myth #3](#)) in the UK.

Myth #10: I know this is bad, but gender activism in schools, laws, and society is inevitable and will be the new accepted cultural norm, so why bother opposing it?

FACT: *The more people learn about gender activism and its impacts, the less people like it. People from diverse backgrounds are demanding that educators begin to recognize the harm and rights conflicts resulting from gender activism. Parents are organizing in their opposition to unscientific curriculum, the erosion of parental rights, and the ideological indoctrination of youth—and they have many allies. ([Table of Contents](#))*



It can feel overwhelming as a parent or educator who must advocate for children in the current environment. The good news is you're not alone. Once you start discussing this issue, you will find others who feel the same way. This ideology thrives on silence and the fear of speaking up. But more and more people are willing to do just that.

Here are some suggestions for individuals and communities who want to address how current gender ideology is risking social harmony and the health of young people.

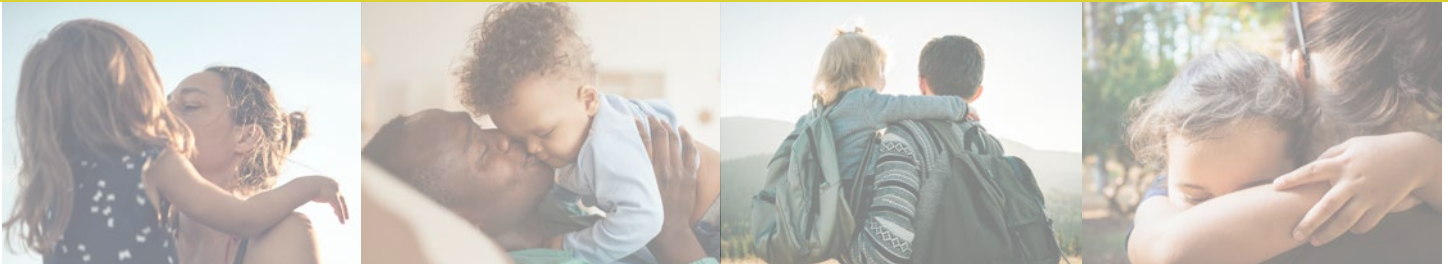
Avoid the Politicization of Youth & the Needless Demonization of Others

Recognize Most People Are Decent Human Beings

“And what you’re describing is this political tribalism...If there’s one thing I’ve learned in the last year is how much tribalism explains what’s been going on in the United States, everything trans related, including the medical front. It really is a central part of the story. The political tribalism.”¹

– Leor Sapir, Ph.D. in Political Science, fellow at the Manhattan Institute





Parents will maintain very different attitudes and values around this issue in ways other parents cannot control. Some parents seem very willing to “affirm” and medicalize their child. Others are horrified and afraid for their child’s long-term health. Both kinds of parents can truly love their children. Conclusive evidence for best outcomes is not available. Despite these contentious debates, maintaining a message of love and support for dysphoric youth is critical; they are watching the adults around them.

People can best stop the successful takeover of extremist gender ideology of societal institutions if they blame the individuals who have pushed it and allowed it. Those behind the push are not all trans-identified adults, as some trans-identified people are allies in opposing the extremism. The blame for extremist behavior among radicalized young people falls squarely on the adults around them who have failed to teach them emotional regulation and to respect others. They’ve lied to them and led them to believe that people who oppose gender ideology and underage medicalization hate them and want them dead ([Myth #8](#)).

Expressions of blame toward the entire trans-identified population, LGB people, and educators may happen in some spaces, particularly very conservative ones. This can cause afraid and defensive people to double down in tribal dynamics. Media, organizations, health professionals, and politicians are primarily to blame for leading the public to believe that social and medical transition is “safe, lifesaving and has consensus support among health professionals,” of which there is weak to opposing evidence. Who does not want to save lives?

Conversely, we must work to dismantle the idea, being promoted in some press and by liberal groups, that all conservatives who oppose gender ideology and pediatric transition are hateful bigots. The public is misinformed by mainstream media—most people who have opposed gender activist extremism for the longest period of time are liberal women,² LGB people (Myth #9), and skeptics who are pro-science.^{3,4} In this way, “progressive” media uses these issues to reinforce tribal lines by keeping people paranoid and afraid.

“When you don’t have a liberal law firm fighting on behalf, for example, of the right girls to compete only against other girls it gives the impression that the people opposing ‘inclusion’ are right wing, you know, Christian nationalists. And that impression itself is highly valuable politically for organizations like the ACLU, Lambda Legal, Transgender Law Center & GLSEN. They thrive on that perception and that public perception...”⁵ – Leor Sapir



This broader dynamic⁶ in society, encourages fear and contempt by painting others as more extreme than they really are. The way that disparate groups are united in opposing gender ideology is rare. Acknowledging this will help to address the bad ways that lobbying groups and institutions are addressing gender dysphoria, in order to find better ways.

Recognize & Confront Ulterior Motives

People who oppose current gender activist extremism have the right to aggressively confront bad ideology when it takes over their schools and society. They have the right to expose misguided, manipulative, and extremist people for who they are. They have the right to question the motives of activist teachers posting messages of radical activism on youth-targeted social media, and parents enthusiastically exposing their child's personal life to the public.

All current gender ideology contains demonstrably false or misleading information, which is unethical—and it's educational malpractice in school settings. People should not assume that those involved in gender ideology are good role models. Some are obsessed with their identities and have an unhealthy hatred of their body parts, which should not be marketed to children as celebratory (just as you wouldn't celebrate any other forms of body hatred or unhealthy obsessions). Some activists have narcissistic motivations regarding their own validation, paraphilic motivations that violate others' boundaries, anti-social viewpoints, and disordered, grandiose thinking about destabilizing children's sense of the world in order to create a gender utopia.

For example, the public should ask why schools are promoting activists like Lindz Amer, creator of *Queer Kid Stuff*. She's an influential female gender activist that coordinates child content creation with companies such as Nickelodeon. To the right is a cartoon character with double mastectomy scars.



Amer has had her own breasts amputated. She models self-rejection of her female sex and demands specialty they/them pronouns so she can pretend she's not female. She dedicates her life to normalizing the deconstruction of social norms, undermining the relevance of biology, and promoting/deifying extreme body modification to the youngest of children. She pushes the unsubstantiated view that this is "liberation." This goes far beyond universal "Golden Rule" values of politeness and mutual respect for diverse student bodies in school settings. And some LGB and trans-identified people ([Myth #9](#)) strongly oppose pushing gender destabilization and flippancy about body modification to children and teens. They go so far as to call this behavior ideological "grooming,"^{8,9} as grooming is an appropriate term for radical indoctrination and medical transition cheerleading, not just sexual abuse.



Lindz "pre-order my picture book" Amer
@lindzamer

When I talk about queer, trans, & non-binary kids, I'm not just talking about kids who *currently* identify as such. I'm talking about ALL KIDS. Bc all kids are queer. Queer as in different, non-normative, & pre-structural. That's why kids are vital to liberation movements

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It is not unfair to compare some of these activists to ones engaging in unhealthy religious, political, or self-help cult dynamics. We can recognize this. We can say no. And we must say no to the exploitation of children.

There is also an overlap between gender ideology activists and far-left, agenda-driven worldviews that currently influence a large percentage of young people.¹¹ Adult activists are painting the total acceptance of radical gender ideology as the next great cause to struggling and vulnerable youths looking for friends and a place in the world ([Myth #1](#)). They do this without considering the impacts on other people or principled reasons for opposition ([Myth #3](#)). Allowing activists such as this into schools to indoctrinate children is inappropriate and educational negligence.

Educators Must Wake Up & Admit There Are Serious Issues or Lose Credibility

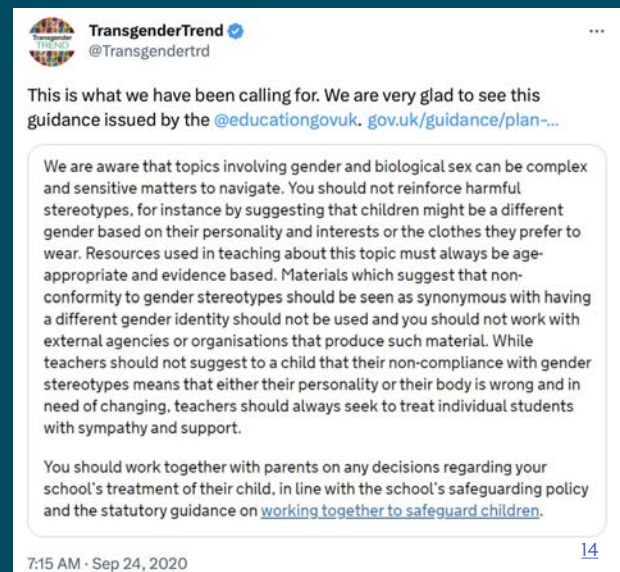
Educators are under intense pressure from gender ideology, but it is also their job to consider the impacts on their whole student body and society at large. People involved in all levels of the educational system must be held personally accountable when they veer off their noble jobs into inappropriate activism ([Myth #1](#)). Some are doubling down¹² when parents raise legitimate concerns rather than engaging with the facts and acknowledging the severity of the risks. Educators, who are already under increasing scrutiny for becoming ideologues for hard-left identity politics,¹³ will lose legitimacy if they continue to do this. Recognize and name these dynamics. State the truth clearly and plainly, and put pressure on educators in order to send them the message that they are accountable to the public.

Here is one example for someone who chooses to take a direct approach:

“You are acting as an ideologue, wielding inappropriate power for your assigned role, and avoiding discussions of harmed young people for political reasons. Why are you doing that?”

Progress is possible. Citizens, many liberal, pro-gay ones, have worked to inform schools of dangers and rights conflicts regarding gender ideology in the UK.

The situation in the US is, unfortunately, more politicized and painted as a right vs. left issue, but once people become informed, many come around to realizing change is needed.



Create Alternatives for Supporting Dysphoric Youth

Love & Create Space for Struggling Gender-Atypical Youth



Very gender-atypical people have survived millennia without multiple pronoun options or puberty blockers. Society should not send the message that having gender dysphoria is likely a death sentence, or that pharmaceutical drugs and surgeries are easy fixes without severe consequences. Adults can provide love and understanding and let youth know that they can learn to reach inward to find their strength. Below are some alternative suggestions to current gender ideology, and the current message of medical dependency and biology denialism for children/teens.

1 Create a culture where children understand that wide variations in expression and behaviors among men and women overlap and are normal. This ensures children are not led to believe they can't exist in their biological sex without being made to suffer. Other cultures, such as Samoa—which, ironically, has aspects that are against male homosexuality—have created space for very gender-atypical males. They do well, in a culture that is prosocial, with low medicalization rates, and without the belief that they are literally female.^{15,16} The best way to support gender-atypical youth is far from settled.

“Western society tries to fit us [in] a box, to put us under gay, under trans and queer ... but I think fa’afafine is our cultural identity – it defines us,” said Lee Hang [a fa’afafine].

“Despite the body that you have, if you love it, accept it and beautify what you have, it’s all that matters”...

Modern fa’afafine have won favor with large parts of the Samoan community for their hard work, especially in leading charitable causes and taking on caring roles, such as looking after the elderly.¹⁷

2 Stop treating gender dysphoric children as if they can't handle the realities of their biological sex—realities that determine why sex matters in policy decisions. Activists and captured institutions must stop damaging these young people by telling them policy concerns are due to hatred of them.

3 There is no reason why boys cannot learn to be accepting of gender-atypical boys, some of whom have gender dysphoria. Many boys already are accepting. Slogans like “transgender children are banned from sports” are political manipulation—phrases designed to suppress the negative impacts on girl children and teens. There are multiple examples of trans-identified males (“trans women”) in sports who willingly compete on male teams, or work to create their own categories.



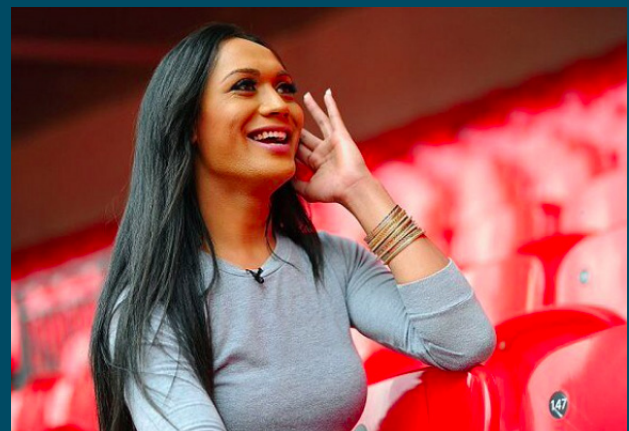
“Muay Thai boxer Nong Rose Baan Charoensuk (R), 21, who is transgender, kicks Priewpak Sorjor Wichit-Padrew during a boxing match at the Rajadamnern Stadium in Bangkok, Thailand, July 13, 2017.” -Athit Perawongmetha / Reuters



“Princess Liz was the first titleholder of the Samoa Fa’afafine Title when he knocked out crowd favorite Princess Tiger in March during the Monty Betham Juniors professional fight launch.”

Making history: Jalyah Saelua became the first transgender footballer to play in a World Cup qualifier

-Credit: Photo: Getty Images



4 Gender identity is best treated the same as personal religious beliefs, or disability, in legal framing.²¹ The government doesn't control personal beliefs or expression—people have a right to them, and others have a right to reject them. Laws that curtail personal freedom are unnecessary and likely unconstitutional. In one example,²² a Mississippi supreme court ruled in favor of forcing a trans-identified male to dress in boy-typical clothing. This is a personal choice that doesn't affect others, and a public school should not have the right to police personal liberty in this way. Public school policies should take a neutral stance on belief and expression, in both directions.

5 Bathrooms should not be used as identity validators. That is not their purpose. If any children are receiving harassment in their correct-sex bathrooms for how they present, or for any other reason in ways that threaten their safety, the school should provide a faculty bathroom.

6 Create a culture that prioritizes physical health, brain health, sexual health, and fertility, by supporting youth through a healthy puberty. This contrasts with the current model that emphasizes instant fixes through unquestioned validation, feeding into body dysmorphia and anxiety about passing as the opposite sex. It emphasizes cosmetic results and subjects minors to very invasive underage medicalization.

7 Promote supportive, wholistic, and high-quality mental health support for gender-distressed children, teens, and young adults—not the increasing activist and ideologically corrupted “mental health” services.

8 Provide alternative policies beyond gender identity indoctrination. Policies that respect the safety and cognitive freedom of all students (see below).

Promote Alternative Curricula That Supports All Types of Children

It’s not enough to aggressively bombard schools with complaints. People can work together to provide alternatives that are more culturally neutral that support all children. Below is one example that can address all children, including gender-atypical ones, without reinforcing that youth should dislike their bodies. ²³



My Body is Me is an upbeat, rhyming picture book, aimed for 3 to 6-year-olds, written by Rachel Rooney and illustrated by Jessica Ahlberg in consultation with TransgenderTrend. It introduces children to the workings of the human body, and celebrates similarities and differences, while challenging sex stereotypes. It also aims to promote a positive self-image and foster self-care skills. The text is inclusive for children with physical or sensory disabilities.

There are alternative approaches to diversity in schools out there

One example for an alternative to left-wing, social justice ideology “diversity, equity, inclusion” policies is “The Fairness Pledge,” which emphasizes rationality, constitutional values, and respect for all. ²⁴

The organization Foundation Against Intolerance & Racism (FAIR) is working to create supportive schools without ideological indoctrination (link below):

Become a FAIR School. Commit to inclusive, pro-human education: <https://www.fairforall.org/fair-schools/>

Stay Invested in Your Child

Being a Parent of a Dysphoric Youth Can Be Difficult

If your child is struggling with gender issues, and you have concerns about an immediate rush to affirmation, or a lack of quality professional mental health support, there are other parents and health professional groups to turn to for support. The creators of this guide support maintaining intact parental/child relationships, regardless of transition outcome. Below are some groups run by caring parents, child specialists, and health professionals you can contact, that address medical ethics and attempt to explore different ways to help a dysphoric child or teen, given that health professions are currently corrupted by activism (Myth #4). Contacting others with whom you can speak freely may also be helpful for your mental health as parents.

Affirming Reality: Gabriel Clark is a parenting coach who shares the program that helped her own daughter to desistance. “Watching your child become untethered from reality can be agonizing and immobilizing. My coaching program is developed to help you help your child be affirmed in reality.”

Canadian Gender Report: They are “a group of parents and professionals concerned about the medical transition of children, the introduction of gender identity teaching in our schools, and the changing legal landscape that replaces biological sex with the subjective notion of gender self-identity.”

4thWaveNow: This is a website by parents skeptical of the affirmative model, with an emphasis on protecting LGB youth. It has several stories of minors who desisted/detransitioned and articles from health professionals.

Miriam Grossman, MD: is a child, adolescent, and adult psychiatrist, author, and International public speaker. Her practice focuses on gender-distressed young people and their parents.

Our Duty: “We are a support network for families affected by gender ideology and ROGD.”

Parents of ROGD Kids: This is a group for parents that have children who suddenly come out as trans without having had childhood nonconformity or gender dysphoria.

Partners for Ethical Care: “Our mission is to raise awareness and support efforts to stop the unethical treatment of children by schools, hospitals, and mental and medical healthcare providers under the duplicitous banner of gender identity affirmation.”

Society for Evidence Based Gender Medicine (SEGM): Their aim “is to promote safe, compassionate, ethical and evidence-informed healthcare for children, adolescents, and young adults with gender dysphoria.”

Stats for Gender: “Gender at your fingertips.” A resource with reliable source material to reference gender dysphoria information.

The Truthful Therapist: Pamela Garfield-Jaeger, LCSW. Pamela’s mission is to educate parents on how to avoid therapists who lack skill or try to indoctrinate their children.

Transgendertrend: This is a British group started due to rising parental concerns about large increases of trans-identified minors, especially females, and the impact of gender ideology on girls and women. They have documents about school policies. *****

The Winning Mindset: is a series of regular seminars that teach you to teach, to become a Warrior for education and a direct agent in the battle to eliminate Gender Identity, Queer Theory and Critical Social Justice, and its moribund narrative of power and oppression.

Don't Assume Your Child Will Be Impervious to Social Contagion, False Info or Bad Ideas

“Your 4-year-old will believe her teacher when she states with certainty, ‘The only way to really know if someone is a boy or a girl is to ask them!’

*Haim Ginott, a famed child psychologist, said, ‘Children are like wet cement. Whatever falls on them makes an impression.’ Parents, everything your child sees and hears shapes her little heart, mind, and soul. Activist ‘educators’ know that. From the youngest age, children, their books, from the Disney Channel, even from their legos.”²⁵ – Miriam Grossman, MD, *Lost in Trans Nation: A Child Psychiatrist’s Guide Out of the Madness**

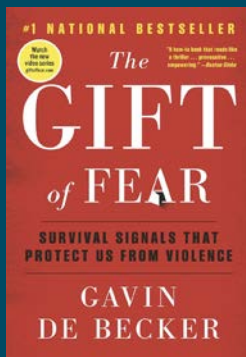


Don't assume your child can't become gender dysphoric, despite showing no signs of it, or that they can't be influenced by the pervasive propagandized messages around trans issues. Gender activists are actively seeking to influence the younger generation with radical ideas far beyond just being accepting of others.

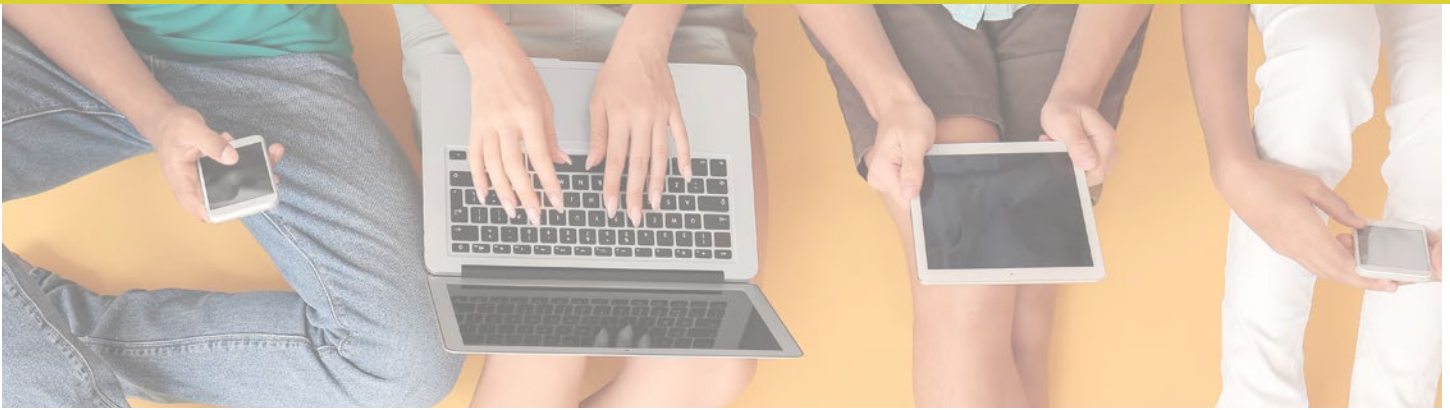
Being confronted with belief systems within education (and the wider world) that are not scientifically based, relies on children accepting ideas as truth simply because someone told them it was true. In a world with constantly conflicting information swirling around them, an antidote would be to share how to look at an idea from many angles in order to understand the truth better. Presumably, teachers don't want to espouse indoctrination because educated and intelligent people understand the dangers.

This is a core tenet of education that you can actively help with. Nobody wants to be indoctrinated or to have their children indoctrinated. Have preemptive, compassionate discussions with your child about why people have objections and how it's coming from a place of concern, not hate, in order to protect them from pseudoscience and emotional manipulation. They can be nice to dysphoric kids without being indoctrinated into subjective, quasi-religious dogma around gender.

Consider teaching your children that diversity also means diversity of opinion, and explain why it's necessary to tolerate diversity in a democracy. Teach them to take note of when people are trying to suppress this. Teach them about the U.S. Constitution and how it protects against compelled speech.^{26,27} Teach them that forcing students to use preferred pronouns or repeat others' subjective beliefs is compelled speech.



Tell your child not to trust anyone who insists that they override their intellectual and moral intuitions, or their animal instincts, in favor of niceness or fear of “bigotry” accusations. Some people, especially females, are susceptible to this type of manipulation. Teaching children to ignore their instincts is contrary to all advice on how to avoid being psychologically or physically abused—advice which can be found in books such as [The Gift of Fear](#), written by security specialist Gavin de Becker (a book worth reading for older teens). Youth can understand the difference between suspicion or hatred of whole groups. They should be able to trust important internal information in certain situations. [Erinslaw.org](#)²⁸ has information around minor-safeguarding laws and contains age-appropriate lessons about teaching your child how to spot signs of abuse.



Be engaged in knowing your child's friends and their social media use. One of the biggest dangers online is exposure to inappropriate content. Be involved in your child's online activity if you choose to allow access. Encourage discussions about safety and boundaries.

“Do not allow unsupervised access to the Internet. It's so easy to hand them the phone hang on the tablet get them onto Netflix get them onto YouTube. This is not the answer. All the stuff is coming at them through social media, through their friends on the Internet, people like Jeffrey Marsh [a middle-aged man and 'nonbinary' Tik Tok influencer] who target children and try to separate them from their parents. Who tell them that if their parents are mean to them or don't let them do what whatever they want that they don't love them. Keep them off the Internet. You need to be more diligent in what you are doing. It is difficult. It's tiring. It's taxing I know. There is no alternative though.”²⁹ – Alex Chrostowsky



Parents Are Losing Surprising Amounts of Parental Rights in Some States

Understand that you will have no power in some states to stop medical transition of your tween until higher courts overturn these laws, if they ever do ([Myth #1](#)). It may factor into where you decide to live in our federalist system. It can put leftist and gay and lesbian parents in difficult situations in choosing where to live where they can feel accepted, but not lose rights regarding their child's medical treatments. Moving will not protect you from increasing federal overreach. The public can't trust the government as Democratic party administrations are repeating provably false information ([Myth #1](#)). This issue has much broader implications for laws across society as a whole, and is one reason we created this informational guide.

Read the laws and know your rights and responsibilities. Bad ideas get a foothold when people don't challenge them. If we don't exercise our rights, we lose them. Don't rely on the word of others; read source materials regarding laws. If you don't know where to look, ask. In the US, one source is the Department of Education <https://www2.ed.gov/policy/landing.jhtml?src=pn> and sites for individual states.

Medical boards and organizations should set safe practices rather than have the legislature pass divisive laws. However, these institutions engage in activism and promote weak or false material ([Myth #1](#), [Myth #7](#)), creating a situation with no ideal way to move forward.

Engage With Your School

Get to Know Teachers, School Board Members, & Principals

Educators teach better when they know they have parents actively involved. It's so fundamental to the health of children, that the CDC lists it as part of positive parenting tips—"Get involved with your child's school. Meet the teachers and staff and get to understand their learning goals and how you and the school can work together to help your child do well."³⁰ Personal engagement will foster better opportunities for listening.

Approach educators when you have concerns as if they are in your corner. Assume first that a teacher is ethical and wants to work with you to educate your child in the best possible way. Many educators are pressured to teach gender ideas they dislike, but are reluctant to go against or say anything about. Nobody wants to lose their job, and the last thing we want is for teachers who may have skepticism about current practices to leave.

Ask Questions

Ask questions of teachers, principals, counselors, superintendents, and school board members. For them to stop teaching this ideology, we need to explain what it is, who is actively teaching it, who is funding it, who is writing the material, and who is deciding to use it. Don't be afraid to ask these things. Taxpayers fund all educators.

Escalate Pressure When Things Go Wrong

Given these policies are coming from the federal level and the National Teachers Union, educators will likely shut out and dismiss complaints about these policies and materials. Engaging in activism has become necessary in many cases.

Document Everything

Learn what your kids are learning. Document it or any issues going on in the schools or with your child around gender, and all interactions with school staff.

Demand Transparency & to Be Heard

Given schools are hiding things, it may be necessary to contact government transparency and free speech groups.

[Foundation for Individual Rights in Education](#) is a group that is "the nation's leading defender of fundamental rights on college campuses."

[Foundation Against Intolerance & Racism](#) (FAIR) is a nonpartisan group that has campaigns to oppose identity politics activism in medicine and education, and has concerns about parental rights.

[Judicial Watch](#) is a Conservative group with information on how to submit FOIA requests.

Contracts/Opt-out

Contracts/Opt Out

Some conservative groups, such as Parents Defending Education, are creating “opt-out” forms with different options to select, like sex education or surveys that ask intrusive questions. Parents may want to consider consulting any group that may be in their state to see if they can provide a stock form geared to that state (or country if outside the US). Parents may need to create their own forms as they may have different political viewpoints and things they are uncomfortable having their children exposed to.

Join or Work With Other Parent Groups or Activist Groups

Several activist groups addressing gender in schools are listed below. Some are also addressing racial identity politics as there are overlaps with critical race theory and queer theory. The list here should not be considered an endorsement of all of these groups’ positions. We are a non-partisan and pro-gay rights resource. People must decide their values and make their own decisions about who they will work with and how much they are willing to reach across the aisle.

We recommend exercising skepticism when reading claims that these groups solely consist of “bigoted,” “far-right,” and “anti-LGBT” people. In reality they’re run by people with principled disagreements with the current agenda of “LGBTQ+” organizations and media, and are generally on the left. They disagree with the normalization of hormones and surgeries for growing adolescents, dissecting the concept of gender from biological reality, and introducing explicit sexuality to children. Please research the evidence behind their concerns. There are trans-identified, liberal, and LGB people who share these concerns, and are often part of these groups or stated allies of them.

Parent Groups or Education Groups

[No Left Turn in Education](#)
[Parents Defending Education](#)
[Parents Unite](#)
[Parents with Inconvenient Truths About Trans](#)
[Safe Schools Alliance \(UK\)](#)
[Save Our Schools](#)

LGB & LGB-Friendly Groups Questioning Pediatric Transition & Gender Ideology

[Gays Against Groomers](#)
[Gay Men’s Network](#)
[Gender Health Query](#)
[LGB Alliance \(UK\)](#)
[LGB Alliance \(USA\)](#)

Legal Help

[America First Legal](#)
[Center for American Liberty](#)
[Transition Justice](#)

Safeguarding Organizations

[Do No Harm](#)
[Sex Matters](#)
[The Gendermapper](#)

Pro Science Groups Questioning Pediatric Transition and Gender Ideology

[Paradox Institute](#)

Publicly Expose Inappropriate Policies & Material

Many busy parents are not aware of what is going on in schools. Informing them will aid in a return to more moderate policies in schools that respect all students. If you are willing to be exposed to intense controversy, speak at public meetings, find out who circulates narratives of pushback, post on social media, and direct public scrutiny toward school officials.

Join PTAs & Run for Local Offices, School Boards

Not all parents will be able to do this, but it may be possible for those with more time and investment in this issue to get directly involved. More people who are unhappy with the radicalization of their schools are turning to homeschooling and more options are available. However, multiple stories of homeschooled children coming out as trans in friend groups have occurred. Environment and social media use will still influence children and teenagers.

Books

[Desist, Detrans & Detox: Getting Your Child Out of the Gender Cult](#) - Maria Keffler

[Hold on to Your Kids](#) - Gordon Neufeld, Gabor Mate M.D.

[Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness](#) - Miriam Grossman, MD

[Parents with Inconvenient Truths about Trans](#) - Josie A. and Dina S.

[Irreversible Damage: The Transgender Craze Seducing Our Daughters](#) - Abigail Shrier

[So, you think you may be trans... A critical guide to the debate around trans identities for parents, teachers and others involved with caring for children and young people:](#) - Tim Davies

[The Gift of Fear: And Other Survival Signals That Protect Us from Violence](#) - Gavin de Becker

[Protecting the Gift: Keeping Children and Teenagers Safe \(and Parents Sane\)](#) - Gavin de Becker

Female Rights

[The Independent Council on Women's Sports \(ICONS\)](#) is a network and advocacy group comprised of current and former collegiate and professional women athletes, their families and supporters.

[International Consortium On Female Sport](#) works to serve as the key international lobby group to advocate for the preservation of the female sports category.

[Fair Play for Girls In Sports](#) is ensuring gender equality in athletics for girls in school and parks and recreation programs.

[Fair Play for Women](#) is a campaigning and consultancy group which raises awareness, provides evidence and analysis, and works to protect the rights of women and girls in the UK.

[Riley Gaines](#) is a leader defending women's single-sex spaces, advocating for equality and fairness, and standing up for women's safety, privacy, and equal opportunities.

[Save Women's Sports](#) is part of an international coalition of women's organisations, athletes, and supporters of women in sport who assert that male athletes should not compete in female sports.

[Stop Female Erasure](#) Information and resource site focused on protecting the rights of women and girls as a biological sex in language and law.

We Are Not the Only Secular Group: Other School Guidance Documents

[Canadian Gender Report](#) We're parents and professionals concerned about the exponential rise of young people seeking gender medicalization and the impact of gender identity ideology on society at large.

[Transgender Trend](#) A resource pack for schools, supporting gender diverse and trans-identified students in schools.

Helpful Podcasts

[Calmversations - Benjamin Boyce](#)

Interviews with professional researchers, psychologists, gender dysphoric people and people who have desisted from transition. Efforts have been made to showcase a variety of viewpoints and informed voices.

[Known Heretic - Amy E. Sousa](#)

The purpose of this channel will be to critique the hierarchy of culturally prescribed gender roles onto sex bodies and onto the neutral language we use to describe sex bodies.

[The Witness: True Stories of Children and Gender Identity - PEC](#)

Conversations about gender identity are happening in homes & hospitals, therapy offices & classrooms. This podcast invites you to bear witness to how gender identity impacts children and families.

[You Must Be Some Kind of Therapist - Stephanie Winn](#)

Stephanie invites guests from a broad variety of disciplines and many walks of life, including researchers, writers, artists, healers, advocates, inventive outliers, and creative geniuses. Together, they investigate, illuminate, and inspire transformation - in the self, relationships, and society.

Documentaries

[Dysphoric: A Four-Part Documentary Series - Lime Soda Films/Vaishnavi Sundar](#)

'Dysphoric' is a four-part documentary series on the rise of Gender Identity Ideology, its effects on women and girls - especially in developing countries.

[Trans Mission: What's the Rush to Reassign Gender? - The Center for Bioethics and Culture Network](#)

A documentary film featuring experts, activists, parents, and educators discussing the medical and surgical transitioning of children.

[No Way Back: The Reality of Gender-Affirming Care - Deplorable Films](#)

Without diagnostic clarity or mental health evaluations, their doctors quickly affirmed them as "transgender," and mindlessly ushered them along the path of major medical transition.

[The Detransition Diaries: Saving Our Sisters - The Center for Bioethics and Culture Network](#)

A documentary film that recounts the stories of three young women, who felt that their trauma and dysphoria would be fixed by trying to medically transition from female to male.

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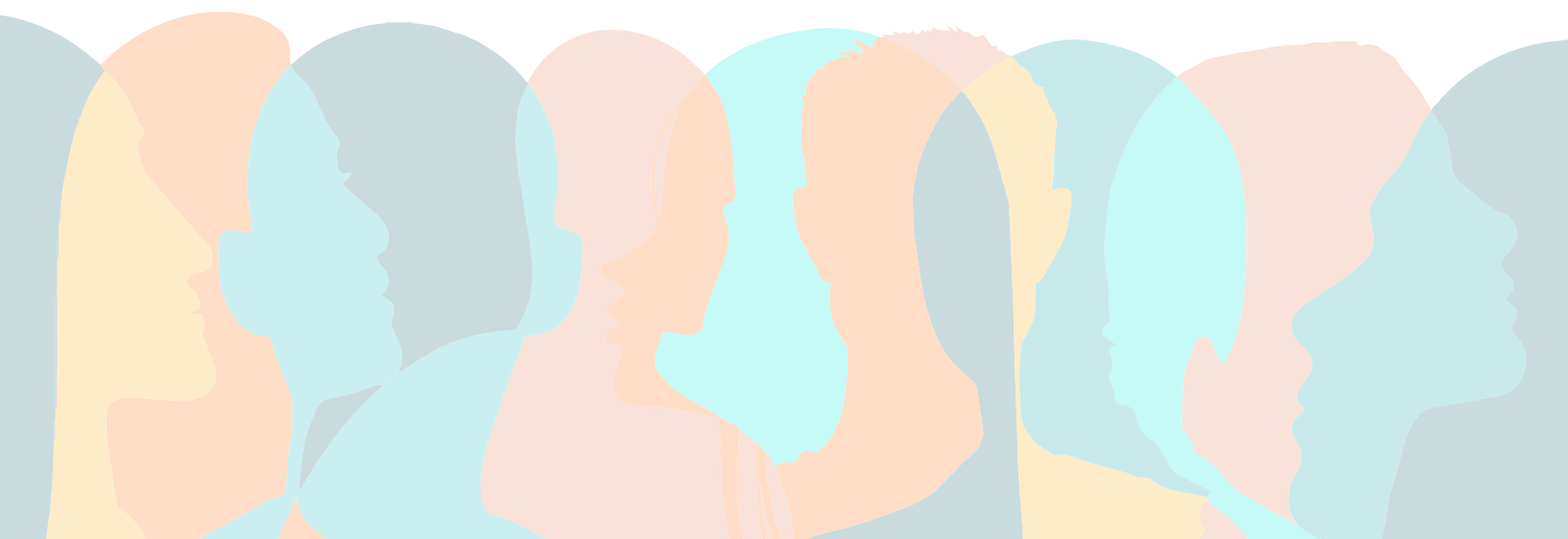
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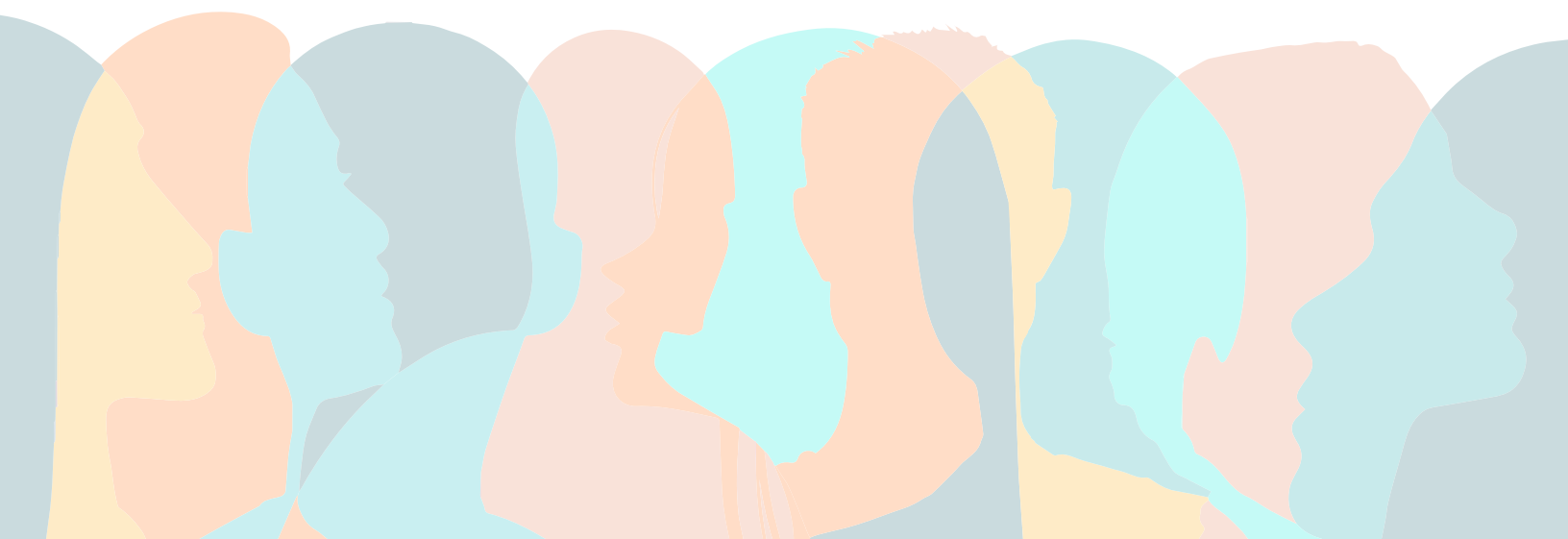
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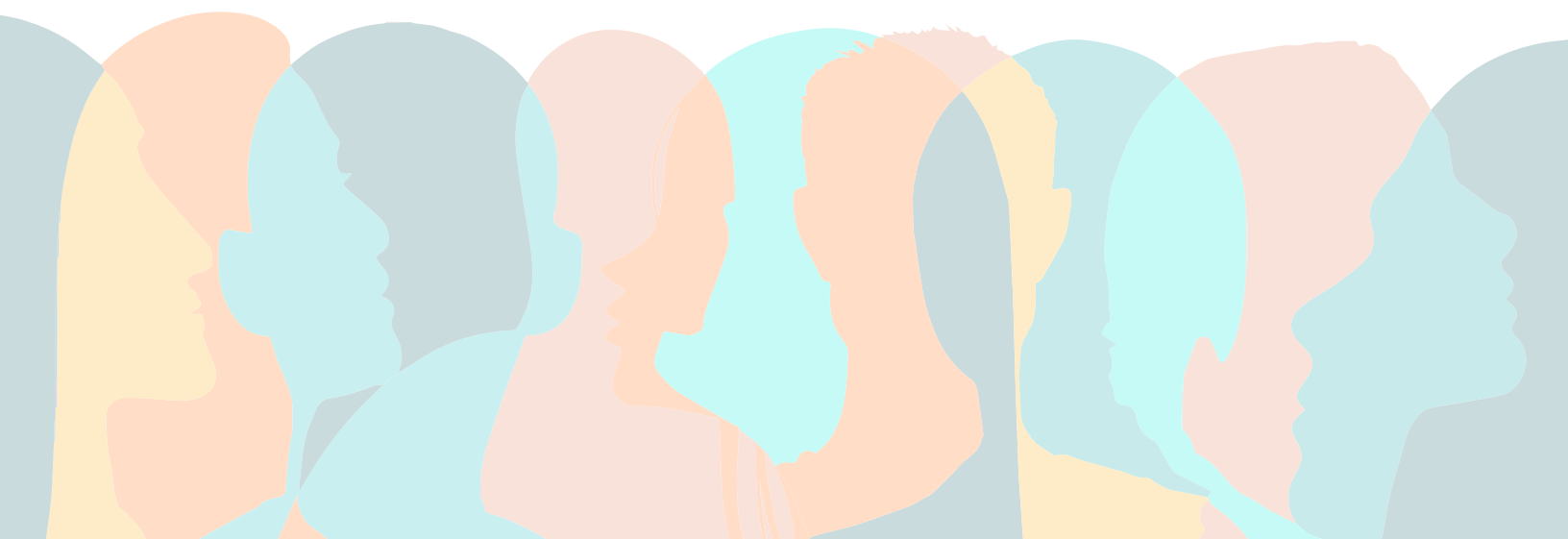
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