

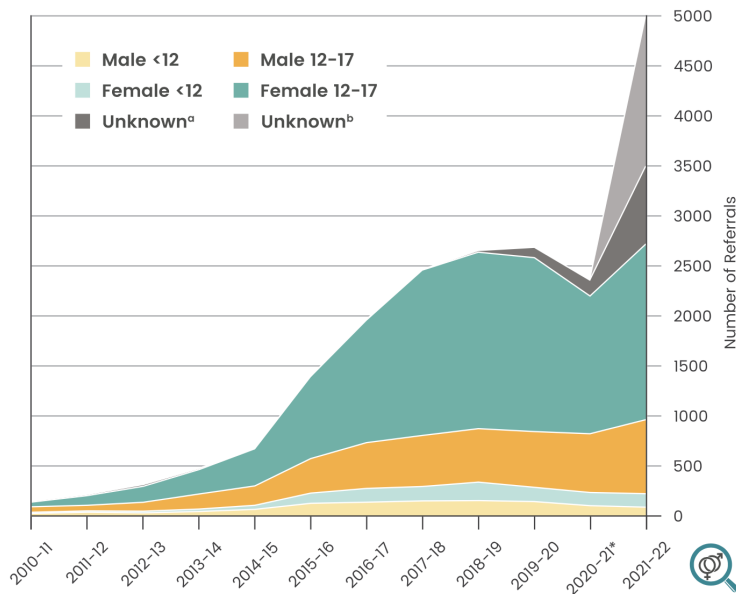
# *Parent/Educator Resource*

## **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.

<sup>a</sup>Beginning in 2018-19, increasing numbers of referrals are not reported by sex.

<sup>b</sup>Beginning 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).

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.

# 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 is also a response to 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 them 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.

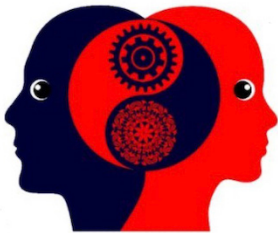
All students are created equal, and no student is born wrong. All students deserve support as they develop toward their best, healthiest future.



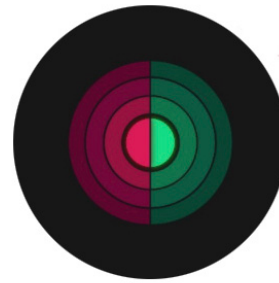
# Endorsements:

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. Page 4*

## **Myth #2**

*Medical gender transition is safe & healthy for minors. Page 7*

## **Myth #3**

*Gender identity activism doesn't negatively impact other people. Page 9*

## **Myth #4**

*"Gender-affirming" social & medical intervention for kids is a panacea because "trans kids" know who they are & medical transition is the best choice. Page 11*

## **Myth #5**

*Gender is a spectrum and biology doesn't matter. Page 13*

## **Myth #6**

*Gender identity is innate, immutable, and is not influenced by social factors. Page 14*

## **Myth #7**

*There is expert consensus that these interventions are safe and best practice. Page 16*

## **Myth #8**

*The trans community is plagued with suicides and murders. Page 18*

## **Myth #9**

*Gays, lesbians, bisexuals and trans-identified adults agree with activist-promoted gender ideology and pediatric medicalization. Page 20*

## **Myth #10**

*Parents, students, & educators have no power to oppose gender ideology in schools. Page 23*

**Read the discrediting of these myths on the following pages.**

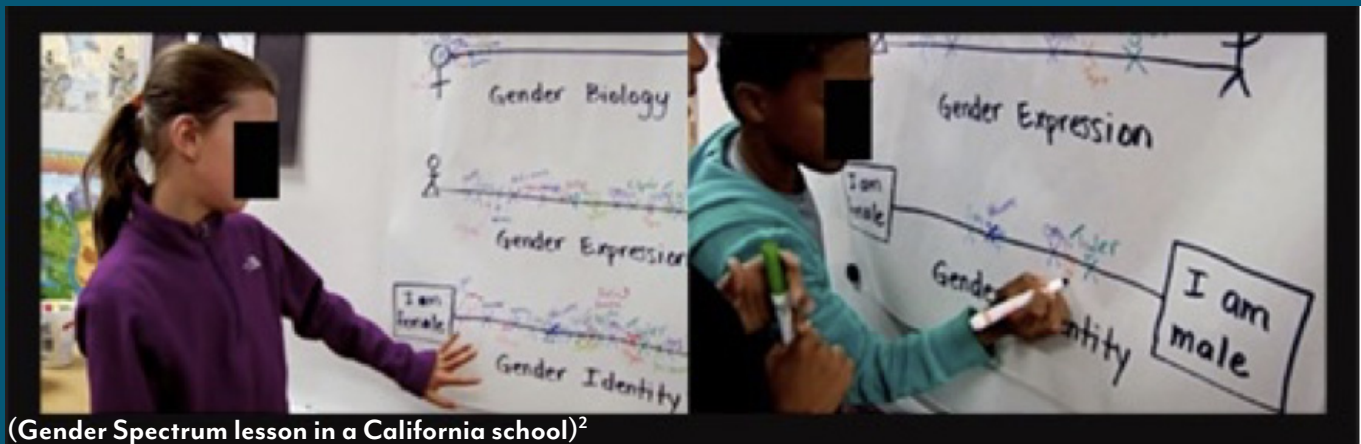


While this resource is US-based, new and influential ideologies around sex and gender are being widely adopted by Western countries and international policy makers. This is a global issue.<sup>1</sup>

**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 that 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.

## Gender Ideology in the Educational System



(Gender Spectrum lesson in a California school)<sup>2</sup>

\* Gender ideology<sup>3</sup> comes from leftist academics and radical activists who have successfully infused their concocted, anti-science, anti-societal norms, theories of sex, sexuality, and gender, into Western culture.<sup>4,5</sup>

\* Out of a desire to be kind and accepting of trans-identified people, educators have incorporated these views into educational materials concerning “diversity, equity, and inclusion” (DEI<sup>6,7</sup>), “social and emotional learning” (SEL<sup>8,9</sup>), and “sex and gender education” (SOGI<sup>10,11</sup>). Despite good intentions, **they are doing harm.**

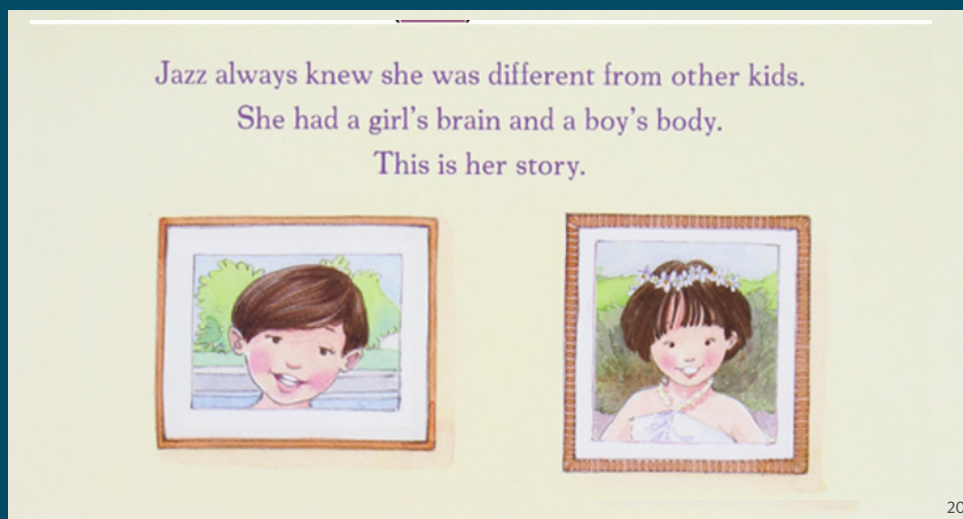


*“Most of the damage around gender ideology and young people is taking place in schools today.”<sup>12</sup>*

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

## Beyond Kindness

\* Training based on gender-ideology is not just an anti-bullying program—it’s the justification underlying **the push to remove age limits on medicalizing children<sup>13,14</sup>** (who are given puberty blockers as early as 9 and surgeries as early as 13). It’s also the justification to remove sex-based rights in law in sports, in prisons, and in rape crises centers on a global scale.<sup>15,16,17,18,19</sup>



(I am Jazz is read to elementary school kids. Jazz was socially transitioned as a small child and received puberty blockers at age 11. **Children aren’t told that many kids used to outgrow gender dysphoria, that puberty blockers caused genital stunting and likely permanent loss of sexual function, or that Jazz underwent an experimental vaginoplasty at age 17 that became pre-necrotic and collapsed, causing extreme pain and the need for multiple surgical revisions.**)

## How Widespread Are Gender Ideology Materials in Schools?

National educational organizations are now promoting gender curricula and policies.<sup>21</sup> These programs<sup>22</sup> have become widespread throughout the United States<sup>23</sup> and other Western countries.<sup>24</sup>





## Safeguarding Red Flags & Loss of Parental Rights

\* One of the most disturbing aspects of gender identity activism's influence on K-12 is that some educators proactively encourage trans-identification in children, facilitate gender marker/name/clothing changes without parental knowledge, and make accessing curricula difficult. 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 in some states.<sup>26</sup>



(poster on school grounds)

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

\* Gender activists, influencing governmental policies to remove parental rights in order to facilitate underage medicalization, are framing all failure to affirm a child's desire to transition as abuse. **We do not advocate for subjecting dysphoric kids or LGB youth to abusive home environments, which does happen.** For a list of reasons why "affirmation" and medical transition is dangerous for growing minors see here:



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

## Harm From These Actions & Policies is Not Theoretical.

\* There are increasing incidents of children being confused, a dramatic increase in youth saying they reject their bodies, and increasing accounts of regret in young adults who were medicalized as minors.

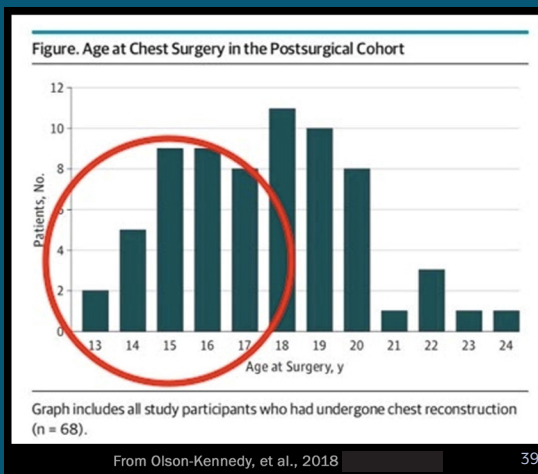
\* There are policies that prevent educators from inculcating religious beliefs in school settings. **Gender ideology is a belief system, not fact. People should not assume it is only religious conservatives who oppose it.** Some mental health professionals, liberals, LGB people, and trans-identified adults strongly reject current gender identity activism (Myth #7) (Myth #9).



## 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.

### Kids As Medical Experiments



\* Most people are not informed about how extreme gender “medicine” is. Growing numbers of minors are now medical experiments for an untested protocol, including for a myriad of new identities like “nonbinary” and “null0.”<sup>27,28,29</sup>

\* Social transitions begin as young as age 3, a controversial practice, given that previous research indicates that many gender-dysphoric children outgrow their dysphoria.<sup>30,31,32,33,34</sup>

\* Medical transition begins as young as 9 for females and 11 for males.<sup>35</sup> Advocates for this protocol claim blockers are safe and reversible. They are not. There are over 20,000 adverse event reports to the FDA regarding the puberty blocker Lupron.<sup>36</sup>

\* Doctors give cross-sex hormones in the tween years.<sup>37</sup> Surgeons perform breast amputation as early as 13 and genital surgeries on boys as early as 16 in the US.<sup>38</sup>

*“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.”<sup>40</sup>*

*- Michael Schellenberger, journalist*



# What Are the Medical Side Effects of Pediatric & Adult Transition?

## Sexual Lobotomization & Sterilization

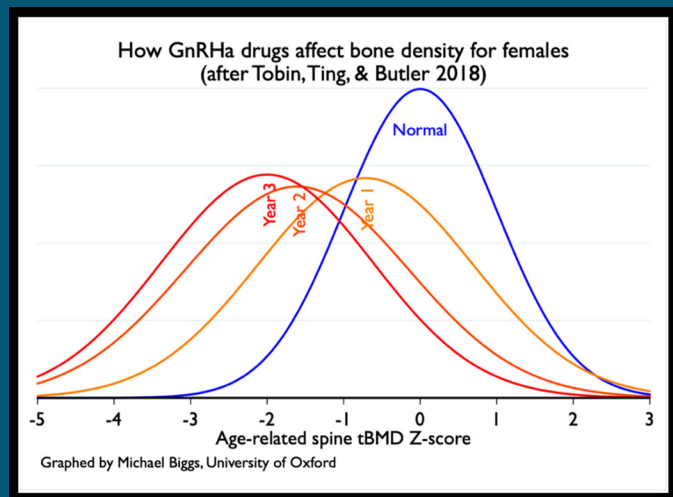
\* Puberty blockers stunt the genitalia of male children who want to be girls and they may suffer permanent anorgasmia.<sup>41,42</sup>

\* Almost all kids put on blockers go on to take cross-sex hormones.<sup>43</sup> This will sterilize them.<sup>44</sup>

\* There is concern that blockers prevent desistance from GD by subverting normal development.<sup>45</sup>

## Bone Health

We now know blockers may cause osteopenia in what should be healthy young people.<sup>46</sup>



47,48

## Possible IQ Reduction, Mood Changes & Cognitive Decline

\* Several human and animal studies indicate that adolescent puberty blocker use may permanently and negatively impact IQ and mood, and increase dementia risk.<sup>49,50</sup>

## Health Risks With Cross-Sex Hormones

\* High doses of CSHs come with cardiovascular risks for both sexes.<sup>51,52,53</sup>

\* Medical transition in females<sup>54,55,56</sup> may cause vaginal atrophy, urinary tract problems, clitoral pain, pain during intercourse, and severe cramping. In males it may cause fistulas, odor problems, need for additional surgeries, and a lifetime of dilation.<sup>57,58</sup>



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

**FACT:** Gender ideology 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.

### Replacing Sex With Gender Identity in Law & Policy

\* A top priority in gender identity activism is to eradicate all sex-based protections in law and replace them 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.**<sup>59</sup>

#### Sports

##### Transgender athlete takes spotlight in girls' meet



Stowington'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)

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\* Boys have some advantages over girls pre-puberty, and **medical transition does not eradicate significant physical advantages that males have over females in sports.**<sup>61,62,63</sup>

#### Bathrooms/Locker Rooms/Sleeping Arrangements on Field Trips

\* 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.<sup>64,65</sup> **Data indicates that these patterns aren't erased simply because a male identifies as a female<sup>66</sup> and educators should not indoctrinate girls to believe that to be true.<sup>67</sup>** Most males who wish to be female are sexually attracted to females.<sup>68</sup>

\* These policies have already caused problems in schools and elsewhere, and open up schools to lawsuits.<sup>69,70,71</sup>

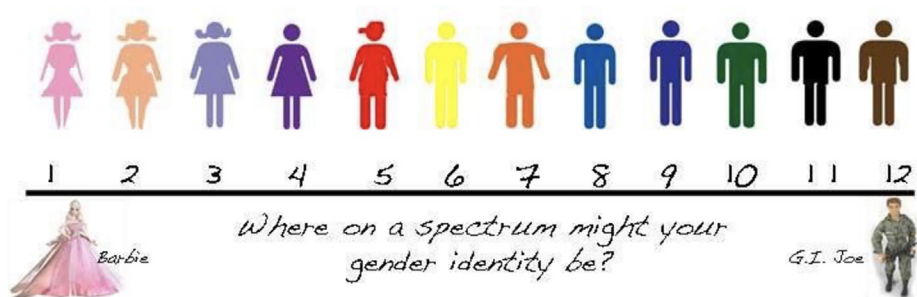
# Violation of Freedom of Speech & Thought

\* Educators are punishing students and teachers for being confused by, or not indulging, gender ideology worldviews.<sup>72,73,74,75</sup>

## Inducing Identity Confusion

### Reinforcing stereotypes

- Educators should support and protect gender-atypical kids, but teaching them that they can be born in the wrong body if they don't fit stereotypes (and that sex is a spectrum) may be confusing and harmful to them, and may induce iatrogenic mental health issues (Myth #7).



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(Mermaids [UK] has provided gender ideology training to influence schools, governments, and businesses.)

## Confusion About Sexual Orientation & “Intersex” conditions

\* Many SOGI training programs and education materials define sexual orientation as “attraction to genders,” not biological sex.<sup>77</sup> The intense opposition that many LGB and intersex people have to gender ideologues’ exploitation of them is covered in Myth #9.

## Abusive Activism

\* **Gender activists threatening people for pointing out the above realities has become the norm and not the exception.**<sup>78</sup> Activists are worsening disputes & mental health<sup>79</sup> around locker rooms and girls’ sports by making hyperbolic comments that dissenters “hate trans children,” “want trans children to die,” or that “trans children will kill themselves.”

\* **More parents and members of the public have become aware of this fact, and this, not bigotry, is often the reason they do not want “progress flags” displayed in school classrooms.**

**Myth #4: “Gender-affirming” social & medical intervention for kids is a panacea 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.*

## How Effective Are Medical Treatments on Minors?

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

\* Many articles written by reputable scientists, health professionals, and journalists analyze low-quality or misleading studies that have been promoted as solid evidence to justify extreme medical protocols on minors. To access these see here:

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



*“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.”*<sup>80</sup> – Jennifer Block, British Medical Journal







***“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.”<sup>81</sup>***

***– Keira Bell, detransitioner***

\* 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 fully mature until age 25.<sup>82,83</sup>

\* We know that children need parental love and support, and that adults need to guide children to learn how to regulate their difficult emotions.



***“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.’”<sup>84</sup>*** – 4thwavenow

## **How Effective Are Medical Treatments on Adults?**

\* 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%, for unknown reasons, over a 4 year time period.<sup>85</sup>

\* There are multiple, generally low-quality studies, that indicate improvement in mental health and dysphoria in adults.<sup>86</sup> We don’t dispute that dysphoric people who articulate a strong desire to alter their bodies, say they feel better and do not regret their medical treatments.

\* When other factors are considered, the benefits of medical transition don’t appear as strong. Studies from good data sets from Sweden’s public healthcare system<sup>87</sup> and others,<sup>88,89,90</sup> indicate suicide risk and rates of physical and mental health problems are still very high in trans-identified adults who are given access to medical treatments.

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

**FACT:** The view that “gender is a spectrum” is not a fact, rather 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.

### While the concepts of sex and gender did not used to be confusing, they are now.

**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 its usage as a way to describe expected social roles of males and females. “Sex” refers to female and male individuals in various species who produce either large or small gametes.

**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 will fall on the end points of a spectrum.**<sup>91</sup>

**Sex as a spectrum-** Gender identity activism has led to extremist statements that sex is a spectrum. It is not. Humans are a sexually dimorphic species, and “intersexed” individuals (Disorders of Sexual Development/DSD) are rare and not a third sex, but still fall under a male or female category.<sup>92,93,94</sup>

\* Gender activists wish to inculcate youth into a subjectivity-based worldview.

**The Gender Unicorn**  
Graphic by: **TSER**  
Trans Student Educational Resources

Gender Identity: Female/Woman/Girl, Male/Man/Boy, Other Gender(s)

Gender Expression: Feminine, Masculine, Other

Sex Assigned at Birth: Female, Male, Other/Intersex

Physically Attracted to: Women, Men, Other Gender(s)

Emotionally Attracted to: Women, Men, Other Gender(s)

To learn more, go to: [www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

\* Many gender-atypical people reject this ideological poster and feel it will confuse youth (see Myth #9). It is purely designed to frame the world through the eyes of the tiny percent of the population who reject their body and material reality.

# 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 ideology training in schools that promote “innate gender” as universal, makes schools complicit in harming young people.

## What Are Social Influences That Contribute to GD?

### Social Contagion

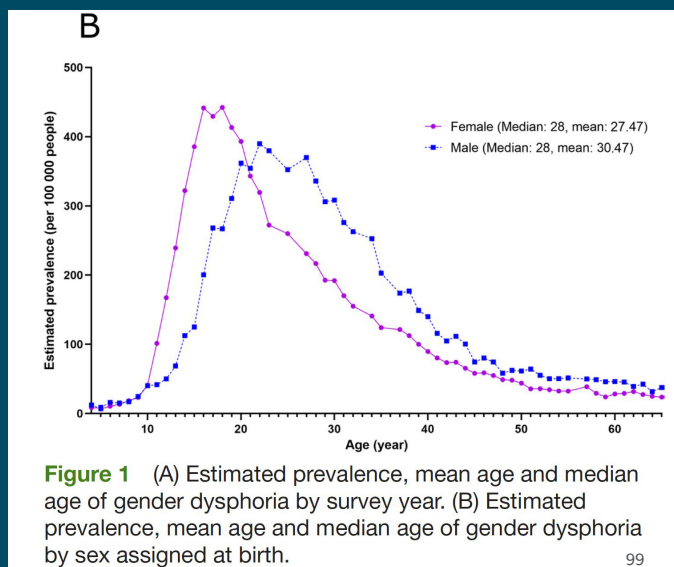


“Oh my gosh, all of the sudden we are having all of these transgender kids here? Is this a fad?”<sup>96</sup>

– School Employee, Bay Area, CA

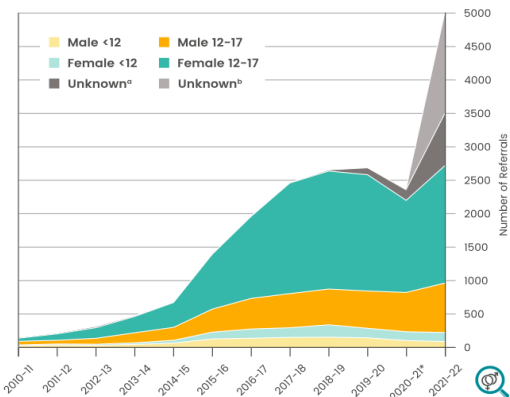
\* Society’s current focus on transgenderism has caused an explosion in what once was a very rare condition. The percentage of young people in the USA identifying as trans is as high as 1.8%,<sup>97</sup> with one urban school district reporting the “gender diverse” population at 9.2%.<sup>98</sup>

\* More males than females used to seek medical transition. This has reversed,<sup>100</sup> indicating that social trends can influence dysmorphia and dysphoria, as females are more prone than males to body dysmorphias.<sup>101 102</sup>



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### 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.  
 \*Beginning in 2018–19, increasing numbers of referrals are not reported by sex.  
 \*Beginning 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).

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## 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.



*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.”<sup>104</sup>*

– Sarah R., desisted lesbian teen

## Identity Politics

\* In more liberal circles, 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 indicates that many increasing LGBTQ+ identifications are fake and related to poor mental health and political motivations.**<sup>105</sup>



*“One said to me, ‘Dr Steve ... I want to be transgender, it’s the new black’, he said.”<sup>106</sup>*

– Dr Stephen Stathis, gender clinic psychiatrist, Brisbane

## Parental Environments, Attitudes & Mental Health

\* Many parents are dealing with children who are expressing genuine distress around their gender, and the parents have done nothing wrong. But parental behavior — including personality disorders, creating unstable homes, and homophobia — **can affect gender dysphoria in children.**<sup>107,108,109,110,111,112,113</sup>

## Mental Health Factors That Contribute to GD

\* **The claim is that trans youth have mental health issues due to lack of validation and transphobia,<sup>114</sup> but mental health issues may cause the dysphoria.** 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.<sup>115,116,117,118,119</sup>

\* Mental health problems persist in many trans-identified adults post-transition<sup>120,121,122</sup> and may not all be due to “minority stress” (Myth #4, Myth #8).

## Myth #7: There is expert consensus that these interventions are safe & 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.”*

\* 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 currently, there is a lack of quality and long-term studies.



*“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.”<sup>125</sup> – Kamran Abbasid, editor in chief, BMJ*

### 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.





## Is Affirmation the Only Approach to Support Youth With GD?

\* No. There are other models, such as the **“watchful waiting model,”** which doesn’t recommend early social transition, and the **“exploratory model,”** which advocates therapeutic exploration as something healthy and should not be conflated with “conversion therapy.”

\* Proponents of the affirmative model believe that mental health issues in gender-atypical children result from transphobia.<sup>124</sup> This appears overly optimistic, as mental issues often persist, even in affirming environments (Myth #4). **The affirmative model is what is influencing the gender policies causing conflicts in schools.**

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

*“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”<sup>125</sup>*



\* The world’s pioneers in childhood gender dysphoria research have mounting concerns about the ethics of puberty suppression.<sup>126,127</sup> **Given the lack of quality evidence and rising acknowledgment of harm, several countries,<sup>128</sup> considered pro “LGBTQ+” by world standards, are scrutinizing or curtailing pediatric medical transition.** These include Sweden,<sup>129</sup> the UK,<sup>130</sup> Finland,<sup>131</sup> Norway,<sup>132</sup> Denmark,<sup>133</sup> and Belgium.<sup>134</sup> And professionals with grave ethics concerns in the United States are beginning to blow the whistle.<sup>135</sup>



## 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.*

### Suicide Risk & Contagion

\* Suicide risk should be taken very 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.**

\* Overall, suicide attempts in prepubescents are still extremely unlikely, and in teens, attempts are often a cry for help and rarely successful.<sup>136</sup>

\* **Suicide is socially contagious.** Exposure to suicide narratives influences teens and psychologically at-risk groups to commit or attempt suicide.<sup>137,138,139,140,141</sup>

\* 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.<sup>142</sup> **This common behavior is extremely unethical.**

\* 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.**<sup>143,144,145</sup>

\* 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 transition medically.<sup>146</sup>

\* There also may be increased suicide ideation among the growing number of young people with transition regret who must deal with the permanent consequences of the medical procedures they have undergone.<sup>147</sup>

## What Does the Research Say?

\* **For adults**, some studies indicate a reduction in suicide ideation, enabling transition to be promoted as “lifesaving.” **The truth is that the data on medical transition reducing the likelihood of suicide in adults is mixed.** <sup>148,149,150</sup> Several studies indicate that transition, and perhaps cross-sex hormones, fail to reduce suicide risk. <sup>151,152,153,154,155</sup>

\* **For minors**, many studies touted as proving medical transition is best practice are low quality, or (**intentionally or unintentionally**) **contain significant errors** (see QR code above). <sup>156,157</sup>

\* Clinic data indicates that youth with GD have similar levels of suicide risk to other youth with anxiety and depression, and suicides in youth have been very rare and appear unrelated to lack of medical access.

## There Is No Evidence of a Transphobic Murder Epidemic

*“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.’”* <sup>158</sup> – Wilfred Reilly, Kentucky State University associate professor



\* A review of UK crime statistics indicates <sup>159</sup> that trans-identified people may be **less at risk for murder than the average person.**

## Love, Support, Hope & Strength, not Manipulation

\* **It’s far better to support gender dysphoric youths by telling them that they are loved, that they can be strong, that their physical health is essential, and that they can learn to regulate difficult emotions, than to create false narratives of suicide and murder panic to manipulate the general population. Weaponizing these false narratives only damages the mental health of dysphoric youths.**



## 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), which claim that “gender is a spectrum” and “sex is assigned at birth.”

\* Current gender ideology promotes concepts that many “LGBT” people strongly disagree with, find contemptible, and rally against.



## Gender/“LGBTQ+” 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 site<sup>160</sup>

\* After LGB people received the right to same-sex marriage, organizations became radicalized gender activist “LGBTQ+” organizations.<sup>161</sup> School officials should not be confident that any group that calls itself “LGBTQ+” can be trusted as truthful, responsible, or representative.

\* Liberal women/LGB people, even professed “trans allies,” have **received graphic threats of rape, violence, and death, and have lost careers over slight disagreements with radical gender activism.**

*“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.”<sup>162</sup> – The London Times, regarding Kathleen Stock, lesbian academic forced out of her career for stating the relevancy of biological sex in a few settings*



\* 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 gender activists commonly engage in.<sup>163,164,165,166</sup>

## Conflicting LGB & Gender Activist Interests

### Pediatric Transition Endangers Same-Sex Attracted Youth

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

(Whistleblowers at the Tavistock gender clinic in the UK, ordered to close due to ethics concerns)<sup>167</sup>

\* Gender dysphoria experts fear that socially transitioning and medically 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,<sup>168</sup> and that parental homophobia may be a contributing factor in transitioning kids.

## 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.

\* The influences of queer theory/gender ideology (Myth #1) have led 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,<sup>169</sup> causing much conflict.<sup>170,171</sup> This is particularly true of lesbians who receive the bulk of the guilt tripping and harassment.<sup>172</sup>





**Julian Vigo** @lubelluledotcom · May 7

For those interested to read up on the "cotton ceiling," I covered this six years ago for CounterPunch for which my editor and I received over 100 death and rape threats (to include those directed at our children). This is real.

(“The cotton ceiling,” a play on the term “the glass ceiling,” refers to lesbians’ underwear to describe the lack of sexual/emotional access trans-identified men [“trans women”] have to homosexual females.)

\* Given that many same-sex attracted people fall outside gender norms, **some do not wish to be targeted for pronoun questioning**, as they consider this an annoyance, unhealthy identity obsession, virtue-signaling, and thought-policing.<sup>173</sup>

## Disagreement Among Trans-Identified People



**Corinna Cohn** @corinna\_cohn · Mar 31

#TransDayOfVisibility

- \* I oppose transing children
- \* I believe biological sex is immutable
- \* I believe transgender activism conflicts with women's rights
- \* I've been stalked, threatened, and made invisible by trans activists (and "allies") for voicing these beliefs

1 7 37

Trans-identified activist who runs the trans-healthcare advocacy group GCCAN<sup>174</sup>

\* Some trans-identified people are very alarmed about current gender identity activism.<sup>175, 176</sup> They see the explosion in young people identifying as trans or nonbinary as dangerous, faddish, and trivializing a psychological condition. They’re often targeted, threatened, and suspended from social media due to complaints by gender activists.<sup>177</sup>

\* Studies and news stories indicate that sexual function and fertility is very important to trans-identified people.<sup>178</sup> Pediatric transition damages both, and transition causes many other side-effects, explaining why gender dysphoric adults oppose it.<sup>179</sup>



## **Myth #10: I know this is bad, but gender ideology 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 ideology 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.*

\* Here are some suggestions for individuals and communities who want to address how current gender activism is risking social harmony and young people's health.

### **Avoid the Politicization of Youth & the Needless Demonization of Others**

#### **Recognize Most People Are Decent Human Beings.**

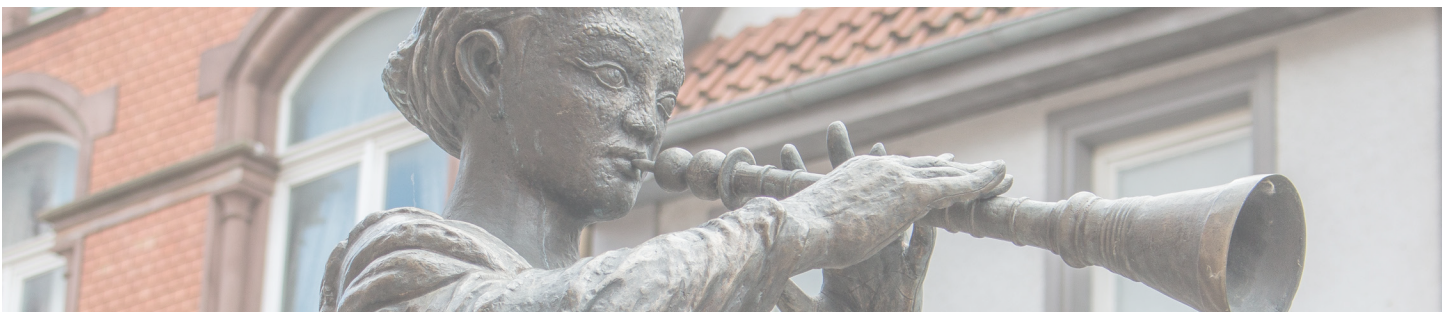
\* Some parents seem very willing to “affirm” and medicalize their child. Others are horrified and afraid for their child's long-term health. Both kinds of parents can truly love their children.

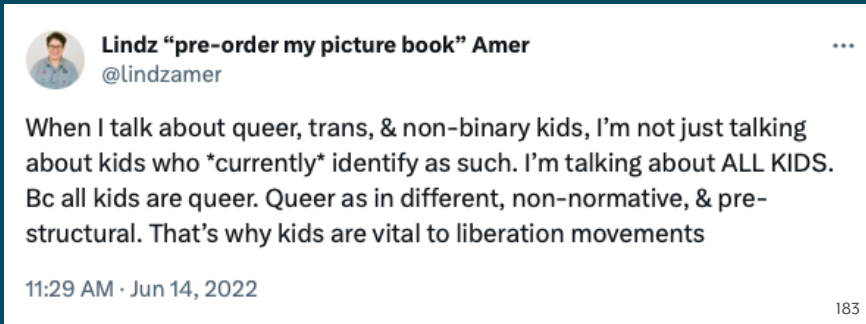
\* To the detriment of youth, this issue has become highly politicized in a right/left dichotomy, when most people aren't extremists. People who have opposed gender activist extremism for the longest period are liberal women,<sup>180</sup> LGB people (Myth #9), and pro-science skeptics, despite the lack of media coverage. And conservatives who oppose gender ideology are often framed as bigots even when they are not.<sup>181,182</sup>

#### **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.**

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. **We can recognize this and say no to indoctrinating children.**





(Lindz Amer, “Queer Kids” creator who IDs as nonbinary & has amputated her breasts, influences Nickelodeon cartoons to show chest scars. Kids should be helped to love their healthy bodies & are too young to be labeled “queer” and understand the complex issues discussed here)

\* There is an alliance between gender ideology activists and far-left agenda-driven worldviews,<sup>185</sup> and it is inappropriate to push these ideas and activism in schools.

## Culpable Educators

**Educators must wake up & admit that there are serious issues, or lose credibility** if they continue to act as ideologues and to be hostile toward parental rights, girls’ rights, and the rights of others not to believe in subjective gender identities.

## 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. Some alternatives:

1. Create a culture where children understand that wide variations in expression and behaviors among men and women overlap and are normal.
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.
3. There is no reason why boys cannot learn to be accepting of gender-atypical boys, some of whom have gender dysphoria. Below are examples of males who have decided to compete in the male category for sports, or to create their own categories, so they do not negatively impact girls and women.







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

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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.

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4. Gender identity is best treated like a personal religious belief in legal framing.<sup>188</sup>
5. Bathrooms should not be used as identity validators. That is not their purpose. Provide any bullied child with a safe, alternative bathroom if needed.
6. Create a culture that prioritizes physical health, brain health, sexual health, and fertility, by supporting youth through a healthy puberty.
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.

## 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 more culturally neutral alternatives that support all children.<sup>189</sup>





**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.

\* Create alternatives to left-wing, social justice ideology, “diversity, equity, inclusion” policies, like the “The Fairness Pledge,” emphasizing rationality, constitutional values, and respect for all.<sup>190</sup>

## Stay Invested in Your Child.

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

*“They want to indoctrinate your children into an ideology. If you do not offer up a counterpoint do not be surprised when your children follow their lead.”<sup>191</sup>*

*– Alex Chrostowsky, gay/lesbian human rights activist, WA state Gays Against Groomers member*

\* Don't assume your child can't become gender dysphoric despite showing no signs of it.

\* Note being confronted with belief systems within education (and the wider world) that are not scientifically based, and that rely on children accepting ideas as truth simply because someone told them it was true.

\* Consider teaching your children that diversity also means diversity of opinion, why it's necessary to tolerate diversity in a democracy, and how the U.S. Constitution protects against compelled speech.<sup>192, 193</sup>

\* Understand that you will have no power in some states to stop medical transition of your child<sup>194</sup> until higher courts overturn these laws, if they ever do (Myth #1).



## Engage With Your School or Run for School Board

\* Get to know teachers, school board members, and principals. Ask questions about curricula. Join PTAs, run for local offices, and join school boards if time and motivation permit.

## Escalate Pressure When Things Go Wrong

\* In the current climate, engaging in activism has become necessary.

**Document and expose-** Many people from diverse backgrounds do not like extremist gender activism, and most are uninformed. Expose inappropriate materials and engage in public speaking *if you are prepared for the consequences.*

**Work to create contracts and opt-out forms-** Some conservative groups, such as Parents Defending Education,<sup>195</sup> create these forms with different options to select, like sex education or surveys that ask intrusive questions, but these documents don't have to be partisan.

**Join or work with other parent groups or activist groups-** See resource list with a QR code and link below for contacts that may help.

**Demand transparency and to be heard-** See resource list with a QR code and link below for contacts that may help.

## 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 for both you and your child, there are other parents and health professional groups to turn to for support. See resource list with a QR code and link below for contacts that may help.

## Resources

We have created a resource list of groups run by caring parents, child specialists, health professionals, LGB people, trans-identified people, free speech groups, and legal groups you can contact that address medical ethics and policies, and attempt to explore different ways to help a dysphoric child or teen.

<https://thehomoarchy.com/school-guide-resources-trans-activism>



## *Endnotes:*

*In order to reduce printed pages, our  
extensive citations are provided  
in the link below*

<https://thehomoarchy.com/gender-health-query-citations-parent-educator-resource-summary>

