



Video 12 - Childhood Gender Dysphoria. Psychological Treatment Alternatives.

By Prof John Whitehall.

Editor's Note: This video was recorded in Australia in November 2018, prior to an impending federal election. If elected the Australian Labor Party had promised to outlaw Conversion Therapy, the purposely misnamed psychological counselling for gender confusion. The election was held in May 2019. The Australian Labor Party was not elected and so the imminent outlawing of the counselling was removed. However, this serious threat continues to hang over Australia as other countries progressively outlaw such therapy. In this video Professor Whitehall discusses the events around, and the methods used, in successful psychological counselling of gender confused patients in medical institutions around the world.

Welcome to this extra discussion on the very serious subject of Childhood Gender Dysphoria. I'm John Whitehall. I'm actually professor of Paediatrics and Child Health at Western Sydney University, but you should not in any slight way imagine that I am representing that university or my department or indeed anyone else. I'm discussing from my own point of view on the interviews that I've had with a number of parents and the literature that I have read and the feedback I've had from physiologists in this country, and in other countries, with regards to the effect of the cross-sex hormones and the puberty blockers.

Why am I doing it? Some people are saying, "Well, you don't care about these children." With that I would say that it's a bit hard for a paediatrician to somehow defend himself on paediatrics. But if I spell it out, I have been involved with children for over fifty years, and indeed, I consider that one of the enormous blessings of my life and I love it intensely. I therefore hate to see children in pain or suffering or sick. I became involved in this because it was easy to see that children and their families are suffering, and in great pain, and in danger of serious side-effects from various medicines.

So, I felt bound to speak out because I think there's an optimism in this, that most children will grow out of this problem. That's not my statistics, that's everyone else's statistics. Most children are going to grow out of it and, with the subject of this video today, we're looking back and how people managed it before the current process of the medical pathway evolved. They used behavioural therapy, psychotherapy, family therapy and so forth, to effect. Now what I'm worried about therefore, is that that earlier successful therapy has been forgotten and people are just concentrating on the medical pathway. And as we're going to talk about, even worse, how certain politicians and indeed political parties have closed their minds on the alternative to the medical pathway and will even enact laws to criminalise any other forms of involvement with that child and it's family.

This is a particularly important discussion, because soon laws may be enacted that would in fact forbid, even criminalise, if not the making of this video, certainly the issues that we will raise. Now I don't know why political parties have gotten involved in this, but it's important that we understand it because major elections are coming.

If I can begin, and I apologise in a way for having to read some of this stuff out because, I mean, no one would believe it unless it was read out. So, I'm beginning with the national platform of the Federal Labor Party of 2015. And the whole point of this, in various words, confusing words, a bit like George Orwell's 1984, "Words can trick you and often mean other things." The point of what I'm getting at is that the Labor Party at federal level and also Victorian state level, is seeking to criminalise, now that's their word, not mine. As we'll see, they want to criminalise conversion therapy.

Now we will explain what conversion therapy is, but first of all let's just look at some of their words. The national platform, as I said, in 2015 says, "Labor accepts the scientific evidence that claims by those purporting to change people's sexual orientation or gender identity are both false and harmful." I'm going to bring to you evidence, in fact, to the contrary. That there are a number of reports saying that the orientation of the children has been altered by therapy. And I'll say that at this stage there is no scientific evidence that the children have been harmed in that process.

They go on to say, "To prevent this, current laws are inadequate." So, what they want to do is, they want to make new laws. This is their intention. So, I'm reading, "Therefore Labor will," This is their national platform of 2015. "Labor will ensure that adequate laws and systems," laws and systems, punitive systems, "are put in place to ensure the protection of children, adolescents and others from the false claims and psychological harms of so-called ex-gay therapies." That means conversion therapy. But hang on a second, I'm refuting this business of false claims and psychological harms. I'm going to bring out evidence that traditional psychotherapy was beneficial.

The platform goes on that they, "wish to ensure that," they will not wish, "to ensure that child protection authorities acknowledge attempts to cure same sex attracted or gender questioning children and young people, are a serious psychological abuse." Serious psychological abuse! It will become serious psychological abuse then, for a doctor to try and re-orientate the child back to the gender with which it is born. Psychological abuse, criminalised. But there is evidence that psychotherapy works.

And they want to go on and acknowledge these harms, when suffered within the family, as domestic violence against the child. You see, they're moving away from the doctor's surgery here, and consultation with therapists. They are moving, actually, to within the family so that if a mother or a father, worried about the gender confusion of their children, which they have probably learned from the so called Safe Schools programmes or from the Web or whatever, if those parents don't go along with that and help with the orientation to the opposite sex, this is called violence against the child. There are already very serious criminal processes for anyone who practises child abuse. What the national party, the national platform of the Labor Party, is seeking to do

is to equate a parent's concern, and a parent's effort to try and re-orientate the child to the gender with which it's born, they're trying to equate, not trying, they are promising, that they will equate that with child abuse.

Well, the Victorian Labor Party came into the act under the health minister, Jill Hennessy, it's all written up in Hansard, these are not my words, these are her words as quoted in Hansard and in other media outlets. Under the new Health Complaints Act, which was finally ratified in 2017, I quote, "This will abolish," she says, "This will provide the way that is, the means to deal with those who profit from the abhorrent practise of gay conversion therapy, which inflicts significant emotional trauma and damages the mental health of young members of our community."

This is the conversion therapy that they're trying to criminalise. And yet, if they looked back as I could look back, as you can look back, to the reports of the seventies and the eighties and up to the late nineties, psychotherapy was very, very helpful. There are reports that in fact, these children could be re-orientated to the gender with which they were born.

Now, what about today? Well, in December this year, the federal Labor Party renews its platform and its commitment and there's a huge number of references to LGBTIQ things and particularly transgender things. And here it is. "Labor opposes the practise of so-called conversion and reparative therapies on the LGBTIQ people and seeks to criminalise these practises." Criminalise! They will be criminalising doctors and others who are attempting then to re-orientate the child back to the gender with which it is born.

Let me at this stage say that I am not minimising the suffering of these children. Nor am I minimising the suffering of the family. This is a big new problem that we have and my heart goes out to the children who are involved and to their families. What I'm looking for is a way to resolve this problem and I think that there is a clue in the old-fashioned way. There are dangers, serious dangers in the so-called, new-fashioned way, which is called the Dutch Protocol and we've talked about that before.

So, what was the treatment before 1998? 1998! That was only twenty years ago. The new form of treatment, that is to say, and we've talked about this before, facilitating the social transition of the child of the opposite sex, then the institution of the puberty blockers, which they claim it's safe, but there is evidence on sheep, in fact, that it is not safe and it has a sustained damaging effect on the areas of the midbrain which coordinate with the way the child thinks and also interferes with a natural process of sexual orientation so that the child remains in a neutered state.

So, social transitioning, this is what's happening now, use of the blockers, then cross-sex hormones to evoke the external features of the opposite sex, and they say, "Yes, there are many side effects of these," but never talk about the cerebral effect.

Let's revisit what we talked about at this stage. Men who have been given estrogens to evoke the external features, their brain shrinks at a rate ten times faster than normal

ageing because of cell death. They don't talk about this. If you give a female testosterone, the male hormone, her brain enlarges, but that's not a healthy enlargement. We would call that hypertrophy, a pathological enlargement. It doesn't mean she's getting new grey cells or anything. So, there are structural effects then. This is not my evidence, this is available in the literature and if you want to check references, look at my Quadrant articles, they're all there.

There is then this powerful evidence that the cross-sex hormones affect the brain. And then of course, they would lead to surgery, we have talked about that. The removal of breasts, for example, serious alterations of the genitalia, which involves castration. This is where it's going now. Why do I say 1998? Because the first case reported using the blockers was only in 1998. The blockers were discovered in the 1970's. Their use for precocious puberty was begun in the 1980's, And, for this use, it only began in 1998. We're talking about twenty years only experience with this new form of treatment.

So, what happened before 1998? Well, that's a remarkably good question, because first of all it brings out that there were hardly any children involved in those years. People were involved trying to treat them. Why did they want to treat them? Well, they enunciate, you could read this for yourself, three reasons. They wanted to stop the cross-dressing and the adult behaviour of children. That is to say the children were mimicking, were exaggerating, what they thought or had been led to believe, were the features of the opposite sex. So, we're talking about a boy, eight or nine years of age, who would be saying he wants to become a woman. He's dressed up as a woman, he walks like a woman, he has facial features like a woman, he uses lipstick and so forth, and exaggerated. It's not just a child of eight thinking he's a girl, but this is a child of eight who has somehow or other learned, or been taught, to exaggerate the behaviour as if he was a fully sexualized adult.

So, they wanted to, why did they want to intervene in this? It seemed so abnormal to them that they felt it was an ethical, (I am quoting) and a moral obligation to try to reduce this. Why?

1) Because they felt that when the child goes to school, he gets ostracised and therefore this adds to the anxiety and depression that was already there, making it worse.

2) The second thing is that they wanted to explore all this anxiety and depression that it had brought the child, and was associated with this affectation of the opposite sex. They wanted to explore that in the child and in the context of the family, because issues with the parents, and I might add particularly with the mother, because this was mostly a problem that affected boys, they were very interested in looking at what they came to describe as a symbiotic relationship of pathology between the boy and his mother. And the mother was in psychological need, so they wanted to look at the child and the parents and to bring comfort and wisdom and all the other things that psychotherapy hopefully brings.

3) And then lastly, they made no bones about this twenty or thirty years ago, they wanted to prevent the progress of the child to transgenering as an adult with all the attendant medical and psychological problems. We know now that there is a much greater suicide rate, for example, in transgendered people. So, they were quite open about it. We want to stop this so that the child can relate to his or her peers and therefore grow up with the effective fellowship and feedback and relationships with children of its own age, which are going to be impaired if everyone thinks that the child is acting as a girl when he's really a boy. And they believed that this process of relationship was fundamental to the child's development. Secondly, they wanted to look at why the child was so emotionally distressed and look at the interaction with the parents and help the parents as well. And then lastly, they wanted to stop the transgenering.

Well, having explained why they wanted to do it, what did they do? Well, there are reports of behaviour therapy, psychotherapy, parent counselling, family therapy and group therapy. These are traditional ways that are still employed for other psychological problems, but now the government wants to criminalise them in the context of a child who is confused about his gender. The government is weighing in here with criminal charges for use of standard psychotherapy for a disturbed child and its parents.

Well, the question is then, "Did it work in those old days? Was it helpful? And what were the result?" Well, when you look back and read you can see that there are problems with the analysis of the results, which are very similar to the problems of the analysis of those who are using the medical pathway of transitioning, blockers, cross-sex hormones and maybe surgery. There are the same flaws in scientific analysis. The Labor Party says its scientific analysis. It's not scientific analysis. Why? Because both the early and the late studies are weakened by low numbers of children. No controls. In other words, you trying to affect a group, then you control it with a normal group, and you're using the same treatment. There are no controls in this, as there are no controls today.

Limited time of observation. Now that particularly affects the results, the alleged results, from the gender dysphoria clinics throughout the world because it only began in 1998. That's at the most, on that child that began, twenty years. They have not yet looked at the cold and lonely, difficult years of adulthood and beyond. There's not a factoring when they say it works. Nebulous outcomes. How do you measure happiness? Many people who are proposing this new way of serious medical intervention talk of increasing happiness. How do you measure happiness? How do you look at confounding influences? Is the treatment or all the attention that is being given the whole process, is that making the child happier? I would say that when they're looking at the outcome of the gender dysphoria clinics today, here's an unhappy child, a miserable child. By all measurements these children are psychologically vulnerable and suddenly they become the full attention of a number of adults, doctors and therapists and everybody and the media and so forth, and this encourages them. Now this is a confounding issue, and in any case it's a short lived one because as we mentioned, what happens in the cold and lonely years of adulthood.

The next problem, with both these things, is descriptive results. I mean, people were saying they seem to be more stable. How do you measure that?

And, lastly, observer error where the researcher is judging his or her own work? Now this is what's happening in government funded, so called research projects, on the outcome of gender dysphoria treatment of children here in Australia and also in America. So, you've got the researchers, the people who are doing the treatment are evaluating the treatment. I'm not casting any particular aspersions. I am crediting to them the deep desire, the deep compassion, to solve this problem.

Okay, so let's go to look at some of the results. First of all we should say that these therapies in the past ultimately culminated in a biopsychosocial consideration of the cause. They were approaching it from three ways.

Biological way, a psychotherapy way, and they were looking at things in the society of the child, the social setup that was in fact going to make things worse. In the end, it evolved that people were considering the cause of childhood gender dysphoria under the heading of a biopsychosocial phenomenon.

Now bio, are there biological influences? People are very, very, very keen to prove that there is a biological cause. But there is no substantial evidence that these children are confused about their gender because they've got something wrong with their biology. There is no evidence for that.

Psycho. Well as then, before 1998 so as now, the children were recognised to be psychologically disturbed. We've looked at this in previous issues. I mean, seventy five percent of children in a recent article from the Paediatrics Amman Journal from the United States, seventy five percent had been given coincidental diagnoses of psychiatric importance. Fifteen percent of them had in fact, been in a psychiatric institution. So, as before, now it's recognised that these children are very vulnerable, psychologically disturbed children and they need our compassion. There is no question of that. So were many of their parents, when they look back, and in particular this symbiotic relationship in those days between the boy and the mother. Now why do I say, "those days"? Because in those days it was mostly boys who were affected. It's different phenomenon now when it is mostly young teenage girls who are affected. And in my experience of talking to the parents, it doesn't seem to be a symbiotic relationship with the mother. The mothers are horrified by this, but it's some kind of symbiotic, pathological, symbiotic relationship with the Internet, as encouraged I would add, by so called Safe Schools programmes and so forth. All right, so the psycho business, the children were disturbed, the parents were disturbed and there was this unhappy, pathological, unhelpful, destructive relationship unfortunately between the mother and that boy in many of these cases.

So, the social business? Well as then, so now there was often a great deal of family stress with an absent father or a distant father. I think in the last twenty years more marriages are broken down than they were in the seventies and the eighties. So, family

breakdown and the absence of a role model of a father, or the influence of a father and so forth is even more important. And then there are other adverse life events, like poverty and so forth. So, they were looking at these things and they instituted various forms of therapy. Well, let's just take one of them. We can't deal with them all. But they were really not many because the problem was, in fact, quite rare.

Behavioural therapy was encouraging greater identification in the confused boy with what were thought to be masculine things, with rewards so that, if he was cross-dressing to a less degree, there would be some kind of a reward. Now people have argued that this can become coercive and you can punish the child by giving him a smack if he wanted to wear a dress. In none of these things, and I have looked at it closely because the Labor Party are saying that these are coercive and destructive and punitive measures. In none of these ones that I have found since the 1970's, going back, none of them have mentioned this concept that you would physically punish the child. You would positively encourage the masculine side of it and they left the female side, the feminine side, unpunished.

Well, Rekers for example, who was a psychotherapist in America, published very widely on this. One of his articles was in 1985 and they followed fifty children. Although given the difficulties of descriptive analysis and the scientific statistical analysis, which was not there and pertains with the analysis of these children today, Rekers was saying that, and I quote, "Fifty children were comprehensively treated with results suggesting," and I quote again, "permanent changes in gender identity back to the one with which they were born." And he went on to say that the longer the psychotherapy, the longer the behaviour therapy, the better were the results.

Another person, and I'm quoting now, looked at psychotherapy involving the whole family and quotes, "A sizable number of children and their families achieved a great deal of change." But there was a certain element of restriction in this, because although the child was allowed to cross-dress, restrictions were set on the cross-dressing behaviour. In other words, "You can wear a dress around the house if you want to, but we won't wear it to the mall or we won't wear it to Grandma's and so forth." So, if there were no restrictions, and indeed if the parent was compliant with the whole business, and worse encouraging the whole business, then there wasn't a transformation in orientation. So, this work was mostly done in America. It's all there for you people to read and it would appear that this was effective. The numbers were small but a positive effect and I could see no evidence that it did any harm. Now why the Labor Party should go out on a limb and say this is harmful. There is no evidence in the literature.

Now this what I am talking about now really surprised me. I came across an article written in 1987 by a fellow named Robert Kosky. I don't know him, but he was the Chief Child Psychiatrist at the Princess Margaret Hospital in Perth at the time and also the Chief Child and Adolescent Psychiatrist for the state of Western Australia and he wrote a report in 1987, published in the medical Journal of Australia. The first interesting thing is that they only had eight children. Eight children were presented between the years of 1975 and 1980. Eight in five years! Now, if you look up the website, as I have done, the

same institution renamed in Perth has two or three cases a week with a waiting list of something like one hundred and fifty.

Okay, so what was wrong with these children, why were they presented? Because they were cross-dressing and they were affecting the behaviour of adults of the opposite sex. That was what I was saying before. "This child is affecting a female gait, affecting female behaviour, wearing lipstick and fingernail polish, by all these things he is mimicking an adult. Now, he is certainly saying these ones, according to Kosky, that they didn't like their genitalia and they wanted to be the opposite sex. But somehow or other, these kids learned to behave, and their average age is eight, they learned to behave like a sexualised, hyper-sexualised adult females.

So, what did they find with psychotherapy? They found, and I quote, "That cross-gender behaviour was not the only, or indeed, the central problem for most of the children. Unhappiness, anxiety, suicidal thoughts, aggressiveness and failure to learn at school were features in most. And the features of the cross-gender behaviour appeared to be secondary and indeed the unhappiness of the child, secondary to the pathological parent-child relationships which emerged in their weeks of psychotherapy.

How did the psychotherapy come about? We should explain that the children were put into a hospital, in fact, where they spent an average of twelve or fourteen weeks in hospital and their parents received psychotherapy on a weekly basis as well.

The parents had full access to the children, full access to the interactions and the social programmes that were occurring in the hospital. Now, they were not punishing the child for being a girl when he was a boy. They were treating the child as normal, as if there were no gender dysphoria with only two stipulations. First of all, if the child wanted to cross-dress, then he must, in the business of dressing, respect the modesty of all the other children. None of this sharing of bathrooms, toilets and so forth that we got ourselves into these days. They insisted that there was a respect for the modesty of the opposite sex and there was no stealing of other people's underwear. They could dress if they wanted to dress. In the end what Kosky writes is that the essential disturbance in this situation, was the inability of the parent of the opposite sex to accept the child except on the conditional basis that the child met certain of the parent's needs. Psychological needs. The parent denied the child's biological sex, "He's not a boy, he's a girl." and encouraged their notions of the opposite sex behaviours. This is where the child was learning to affect the behaviour of an adult.

Now, when the child adopted these behaviours, according to Kosky, the parent changed from a cold, mechanical interaction, to warmth and affection. Well, so he went on to explain that the mother was vulnerable, she was sad, she had been hurt, probably by the distant father or the absent father. So, she was not all that kindly disposed to the male sex. Somehow or other, she found that dressing the kid in female clothes from early ages, even two or three, somehow or other this was a positive experience which then continued and the mother found that she could relate more easily to the little girl. And the little girl, so to speak, could see, as kids are very smart in this, that this

behaviour lit up mom's face. So, a symbiotic, pathological relationship developed between the two, gradually getting worse and worse with the passage of years.

Okay, so what happened? They put the kids in hospital. What happened? This is astonishing. I quote. "Cross-dressing ceased very quickly." Quote. "Many of the other cross-gender behaviours, which had been present for years, vanished after several weeks. Such dramatic changes in the child children's behaviour, however, produced anxiety for all of their parents. One mother and a grandmother actually sabotaged the programme by bringing in dresses for the child." Such was the challenge to the symbiotic relationship. And one of the mothers actually discharged the child, and they never heard from it again.

So, what happened then? They followed these kids along. What happened to them? The hospital stay, as I mentioned, was an average of eighteen weeks. Or I might have said fourteen before. I'm reading it now, its eighteen weeks. Hospital stay ranged from ten to twenty-three weeks, with an average of eighteen weeks. And the parents received psychiatric care, psychotherapy care, once a week.

One year later, they found that one mother was sabotaging the relationship by providing cross-dressing clothes. The rest of the children were no longer cross-dressing or seeking to behave as sexualised adults. An average of ten years later, one boy was perhaps homosexual. He was a bit confused. But, and I quote, "None of the other children, now adolescents, expressed homosexual feelings, were transvestite or transsexual."

So, might I just add that the other reports from America showed that there was in fact effeminate boys, as they described them, quite a high outcome of homosexuality and this is in fact what people are saying these days. Not me, the people who have studied this for years, saying that most children, seventy or eighty percent, will in fact revert to the gender and orientation of the gender with which they were born. In other words, go back to the gender they were born and be heterosexual. Of a remaining minority, many of them end up homosexual but still identifying as their natal sex. Only a tiny minority end up with a cross-gender, transgender, insistence.

Okay, so what did Kosky in summarising this astonishing paper, which ought to be read by politicians, perhaps especially by those from Western Australia because this work came from their state, but by the Federal Labor Party who is seeking to criminalise such psychiatric, psychotherapy intervention. What did Kosky learn?

1) Quote. "An overemphasis on a biological model may lead to therapeutic pessimism." What's he saying here? This concept that this is the way the child is, the child was born in the wrong body, you can't change it, and therefore we must change things for him. He said this, he didn't agree with that. And he said that this over-emphasis on this biological, causative, irrevocable, unchanging sexual identity business just lead to no hope. Now, worse, now it leads to entrance into the medical pathway, with all its

attendant complications and its lifetime of medical care. That's where no hope in the impossibility of change leads to these days.

2) What else did he learn? "Emphasis on the familial and social context should counteract undue emphasis on the aberrant behaviours themselves." What's he saying here? He's saying, ok, the child says he's a girl and he is not. And he's dressing like this. He was saying, these are secondary things that have been caused by underlying disturbance in the child and in its biopsychosocial involvement. And if you get involved with the biopsychosocial involvement, these secondary things can be expected to get better. As indeed, Kosky found.

3) Right, what else? The third thing, "The cross-gender behaviours seemed," just what I was saying, "relatively superficial manifestations of disordered personal interactions and an inadequate repertoire of social skills on the part of the parents and the child." The parents we can understand. She might be a deserted, harmed, vulnerable, suffering mother. But what about the child? What are you talking about here? The child, when you go on with this social affirmation here, "you really are a girl," he misses out on the fundamental directive maturing influences of social skills with the children of his natural gender.

Okay, so where is this all leading? Well, this is all leading that the politicians here, and we've already quoted from the "A Fair Go For Australia." This is the current national platform, and they're seeking to criminalise what was an apparently effective therapy in those earlier years. And what they will do now is make it irrevocable that a child is directed towards the medical pathway. I, as a paediatrician, would be criminalised if I didn't push the child or refer the child to the pressures that we're going to medicalize it. If I did nothing, I would be still committing child abuse. There's no way around it.

I have, under criminal punishment by these laws, to direct a child in any way that child gender confusion, and you look at the Web, you look at all these other Safe School stuff where you can become this kind of gender, that kind of gender, this kind of gender, whatever you want, as frequently as you want. Legally I would be only able to send the child in that direction. I would be committing a criminal act if I sought to use psychotherapy in order to bring the child back to the gender with which he is born.

What's the cost? The cost is sending these children then on a medical pathway of medical dependence for the rest of their lives with hormone treatment, that we know is going to affect their brain. Normally we think that if you are able to prevent a child from entering a lifetime of drugs and medical supervision with inherent castration and probable, possible surgery, normally we would think that would be a wonderful thing. But for trying to prevent that by revisiting these old reports of the effectiveness of psychotherapy, behavioural therapy and so forth, I would be criminalised.

It's time that the politicians really began to become freer of the constraints of the ideology that says there's no such thing as a boy and a girl. And they should go back and visit the therapies that were used before. They should free up and increase the

concept of psychotherapy for example, behavioural therapy, family therapy, not pass laws that will intimidate the practitioners into silence so that the only alternative is the medical pathway.

Ref: Dr. Robert Kosky article. Gender Disordered Children. Does Inpatient Treatment Help.

<https://www.stopsafeschools.com/gender-disordered-children-does-inpatient-treatment-help-robert-j-kosky/>

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CAUSE(Coalition Against Unsafe Sexual Education.) Australia.

CAUSE extends its utmost gratitude to Professor Whitehall for providing his time and expertise in these videos.

CAUSE was formed as a result of parents becoming increasingly alarmed about the sexualizing content and gender ideologies they discovered that their children were being taught at school.

These videos address the concepts taught in the Safe Schools, Resilience, Rights and Respectful Relationships, and a number of other Sex Ed programs, taught in our Victorian State Schools.

We at CAUSE affirm that all people are equal in value.

We affirm that, within Australian law, all people have the right to live their lives as they want.

Further, we believe that children should be raised within the morality as taught by their parents.

This video and the other eleven on Childhood Gender Dysphoria and a great deal more information can be found on our website.

CAUSE Website URL: <https://www.stopsafeschools.com/>

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