



Video 3 - Childhood Gender Dysphoria. The Medical Pathway to Sex Reassignment (Part 1).

By Prof John Whitehall.

Okay, so this talk is basically on what happens to the children. What comprises the medical pathway of treatment of children who may have been brought to the gender dysphoria clinic. They're now launched on the standard recommended treatment, known as the Dutch Protocol, because it grew out of work which was done in Holland several years ago. So, we're going to look at that. But just reviewing. In the last session on the epidemiology, we were worried that there might be four percent of children involved, but we saw how spurious was the construction of that figure. And yet, when compared with the outcome, the known incidents in adulthood, we were enormously reassured because if there's really four percent of children with gender dysphoria and the figure of 0.002 percent as written, not by me, but by the Diagnostic and Scientific Manual, that means that ninety nine percent of children are going to get better and emerge through puberty as long as we don't mess with them along the way.

So how can we mess with them? What does it involve? I'm going to go into the details of this in the next talk, but we're just on an introduction now. There's a very dangerous pathway. Could I just say at this stage that I don't for one second minimise the suffering involved by the child who is confused about what gender he is? Nor for one second, do I minimise the compassion and the worry that the parents would have. Nor do I minimise all the best will in the world of the doctors who are trying to get involved. I will allow that they're really trying to do their best with a really, really sad problem.

My issue is that this is not a biological issue, but this is a psychological issue, and we have established ways of getting involved with children with psychological issues. For example, anorexia nervosa. We sympathise with that child, we do everything we can, we counsel the parents, we look after the child because we know the risks, but we don't say to her well, and they are mostly girls, you really are fat and you really should lose weight, and we certainly don't get the scalpel out and put some gastric banding on to help that. But indeed, this is a new way of approaching a mental disorder known as the medical pathway because what the medical fraternity is doing with some of them is, they're saying, "Well, yes, I can see you were worried about whether you're a girl or a boy. Yes, you have reason to be because you are a girl, or you are a boy, and we are now going to interfere by giving you medicines, and indeed, the scalpel to help affirm you in this," in what I would say, is a delusion. This is body identity disorder.

We are actually going to not seek to dissuade you from it with all the skills and medicines that we have with psychological illnesses, but we're going to take part in this and help you transition to the gender that you think that you are. That's the issue.

So how does it begin? It begins with encouraging social identity. It is pretty straightforward, you tell him, "You think you're a girl? Fine. We'll change your name, we will change your pronouns, we will put you in a dress, you go to these toilets and so forth and we will refer to you, the school authorities will refer to you, we will even try and persuade Grandma to go along with this, so that all the authority figures in your life are affirming that you are in fact a girl, when at birth it gave every appearance that you were a boy. Or the other way round."

So, there is a social identification. How confusing can that be when all the authority figures are now saying, "Well, you're not really what you were thought you used to be." How confusing is that? Especially with children with mental illness, and we'll get to that in the next talk. We're going along here with a pantomime which is not based on reality and we are leading this child in a direction. So, what happens then if the child suddenly realises, "Well, hang on a second, I'm not a girl after all. I'm a boy!" How could she, how could this person, come back? That's the issue. And what damage has been done by this false identification along the way?

So, you could say there are psychological risks by every authority figure going ahead with the pantomime. You could say that there are also medical risks because what it will lead to then is the initiation of the next step, which is hormone blockers. We'll look at them in detail because they have to be looked at in detail, but it basically means that there are doctors who have been clever enough to engineer a chemical which is very very like the natural chemical that causes the development of puberty. You inject this and it blocks it so that the child's whole pubertal development then grinds to a halt. But indeed, much more than that.

The youngest child in Australia was ten and a half years of age. So, they're giving this at the earliest stage of puberty. Why? In order to give the child a chance to better understand his identity and his procreative future. As if any ten-and-a-half-year-old child would know what he wanted to be and how many children he wanted to have and so forth. It is being given at ten and a half and it certainly works. It stops puberty, bang, but it stops a whole lot of other things as we will talk about in the next talk. This is an introductory video.

Soon after that, the child maybe given cross-sex hormones which are the hormones of the male given to a female to evoke the secondary characteristics And, the other way around. It used to be, and there still is in fact, international recommendations that these only be given at the age of sixteen. But they're being given now at younger and younger age. According to this logic, okay, you want to be a girl or you want to be a boy, fine, we're going to block your puberty. Now this child is not going to grow and will remain in an immature state, but everyone else around them is growing. So, hang on, he thinks

he's a girl, mom and dad think he is a girl, the school, everyone, thinks he's a girl so it's cruel to not let him start to become a girl, as all the peers are. So, there is according to this logic a need therefore, a compassionate need, to give the cross-sex hormones at a younger and younger age. There are complications with this as we will talk about. This is just the introduction.

What happens next? There is surgery. Now, international recommendations are that no irreversible surgery is done under the age of eighteen years. However, and this is sophistry, five girls that we know of in Australia in recent years, have had bilateral mastectomies. Two at fifteen, one at sixteen and two at seventeen. And they argue, well, this is just top surgery. This is not irreversible surgery. As if the whole concept of breast feeding was something minimised because, well, we're going always get silastic implants and make him look like a girl if they really want to change their mind. So, under this sophistry that top surgery, this euphemism, this double mastectomy, is allegedly not irreversible, the top surgery is occurring.

The bottom surgery, we will look at a bit in more details, basically, means castrating. In a male creating a vagina, redirecting the urine flow. In a female it is closing the vagina, attempting to create a penis out of graft tissue and so forth. It is a really massive, monumental, ersatz attempt, to create the external appearance, the appearance of the external genitalia and all kinds of surgical persisting problems. But that, I don't think is being done in Australia under the age of eighteen. Certainly, in America I understand has been done younger, and anyone can go to Thailand, where you can get it done, presumably at any age.

Then the last stage of this is a lifetime of medical care. Now, if you're giving a child cross-sex hormone, for example, there are all kinds of hormonal complications with it. Hypertension, thickened blood, thrombosis, all kinds of complications. And the medicines have to be given for the rest of their life. As long as that child wants to be a girl or a boy, he's got to take the medicines, the hormones, and they've got their ordinary side effect. So, the doctor has to be involved for the rest of that kid's life.

Similarly, if there has been surgery then the concept that you could create a hole like a vagina and not have it want to close up is a spurious concept because if you create holes, the body doesn't like artificial holes and does its best to close them up. So, that there is routine, often, routine surgical repairs to the surgery. It's not one surgery and that is it, you go away and now you are a girl or now or you are a boy. The whole thing is that this medical pathway has got major complications, and it leads to a lifetime of medical care.

So, why do it? There must be evidence. There must be a reason for this. This must all be underpinned, surely, by extensive laboratory and animal and surgical and medical scientific method. Surely, when we go to such extraordinary attempts to work out whether a new antibiotic is safe or not safe, we give it to animals, we analyse it, we theorise about it and ultimately, we have trials. We have blinded trials, crossover trials,

all sorts of things. Does it work? Is it necessary? And ultimately, we get the approval. Yes, this has got a medical, scientific, underpinning.

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Published articles:-

Experimenting on Gender Dysphoric Kids – Quadrant Online.

<https://quadrant.org.au/magazine/2018/07/experimenting-children-gender-dysphoria/>

Gender Dysphoria and Surgical Abuse – Quadrant Online.

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Childhood Gender Dysphoria and the Law – Quadrant Online.

<https://quadrant.org.au/magazine/2017/05/childhood-gender-dysphoria-responsibility-courts/>

The Family Court Fails ‘Trans’ Children – Quadrant Online.

<https://www.stopsafeschools.com/quadrant-article-the-family-court-must-protect-gender-dysphoric-children/>

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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