



## Video 6: Psychological Effects of Hormone Blockers.

**By Prof John Whitehall.**

I'm John Whitehall, and this is another short talk on the issue of Childhood Gender Dysphoria, and last time we emphasised, I didn't emphasise, I referred to other people's literature, which emphasises the prevalence of associated mental disorder in children who are now suffering from Gender Dysphoria.

Something like three quarters of the children have been given an established diagnosis of mental disorder, anxiety, depression, even psychosis in association with their Gender Dysphoria. And we also mentioned that the family is disrupted. Usually it's a single parent, and often, according to these things, Mum is so stressed that she is caught up in this, and even a significant percentage of the mother's involved have also been diagnosed with a mental disorder.

So, this is a miserable picture, and therefore it's logical that the proponents of the medical pathway would argue, "Well, look at this and if you don't put this child on the medical pathway, it is going to commit suicide."

This is the huge, intimidating weapon that weighs on all the decisions made by vulnerable parents, not to mention those who are not so vulnerable. This is a huge weapon. "Your child, unless you do this, will commit suicide." Is there any evidence of that? Well, like all this other evidence that's not there, there is no evidence that, per se, children are more likely to commit suicide because of Gender Dysphoria.

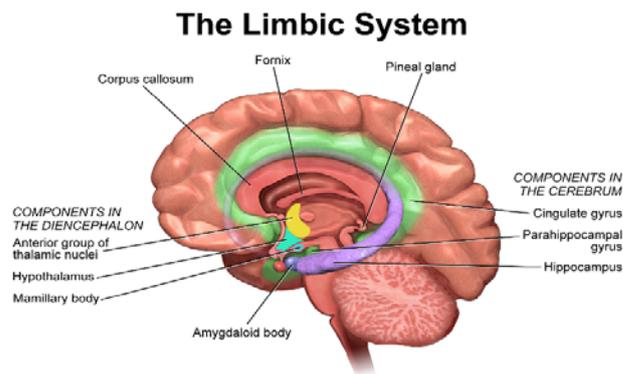
Now, we've already mentioned that depression is not uncommon. I think we said thirty or forty percent, anxiety, in a similar percent. We've looked at all the girls with Rapid Onset Gender Dysphoria. Sixty-five percent or so of them had mental disorders. Now of autism, autism also is prone to self-harm and suicide. So, it is a very vulnerable group that we have to care for and to make sure they don't commit suicide. The question is, are they more likely to do it because they have evinced a symptom of Gender Dysphoria. And the answer is, "There is no evidence!"

On the other hand, there is evidence, looking at statistics from Holland and Belgium, two of the most accepting countries, there is evidence that a suicide rate in transgendering adults is in fact twenty to thirty times higher. Now, they say they commit suicide because society doesn't accept them. But that, too, is a spurious argument. There is an inherent risk of committing suicide. Is it higher? Well, nobody knows. There

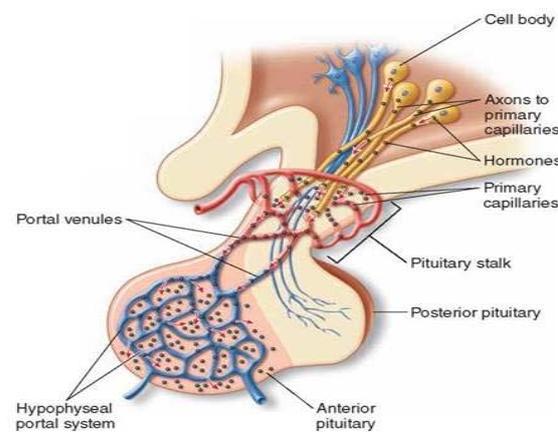
is no scientific answer. It is an intimidating thing. And what is intimidating is that it encourages people, therefore, to submit their child to the medical pathway. Now that's introductory to what we're going to say.

We should look at the physiology of this in certain detail. And I know it's difficult, but we should look at it because time and again, repeatedly, constantly, without variation, the proponents of this say that the use of childhood blockers, the hormone, the chemical, that blocks puberty, is safe and has effects that are entirely reversal. I've read something like seventy of the reports of the Family Court of Australia, and this comes out like a mantra, safe and entirely reversible, safe an entirely reversal. And then they talk about the cross-sex hormones that we know that leads to hypertension, metabolic syndrome, predisposition to thrombosis and so forth. But no-one mentions the effect on the brain.

So, what we're going to now look at is the physiology of this. It's a bit complicated so I'm going to go slow because it proves these statements to be wrong, to be reassuring someone that there are no side effects, when in fact there is evidence that there is.

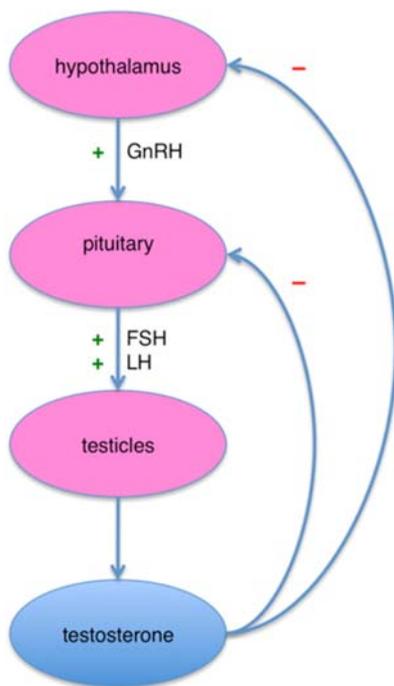


To understand this we need to look more closely at parts of the brain. Deep inside the brain, in the midbrain area, there's an area called the hypothalamus.



And there are special cells in that, that produce a hormone that run down the body of the cells, and then they come to a complex of blood vessels, and they release the hormone into the complex of blood vessels. From there that hormone then comes to the pituitary gland, which is just beneath it and initiates the secretion by that organ of other hormones. Those hormones travel all around in the body and come to the testes and the ovaries, and they cause those organs to produce oestrogen and testosterone. So there's a series here.

Puberty is basically the beginning of the secretion of the top one, and is it expressed by the development of secondary sex characteristics because of the influence of the last ones, which are testosterone and oestrogen. Now going back, you have got the hypothalamus here, and you've got the pituitary gland here. The hormone that travels from here to here is called gonadotropin releasing hormone Gonad, all the way down to the gonads, the testes. Releasing hormone is easy to understand. So, gonadotropin releasing hormone.



It causes the pituitary gland to release hormones that cause the testes and the ovary to mature and produce. From the Greek, and I'm not a Greek scholar, tropism has got something about causing to grow and mature.

So, this hormone here, which doesn't travel very far, comes just to the pituitary and it's called gonadotropin releasing hormone because it causes the release of the hormones that come down and have a trophic effect on the sex organs, the testes and ovaries. That's the first thing.

Now, that gonadotropin releasing hormone, and we might just call it GnRH, because otherwise we're going to get all tangled up with it and is going to be impossible for anyone to understand. The GnRH has got ten components to it, and very cleverly, the medical profession was able to alter the last one, so that if you give it by injection, it comes around and competes with the natural one for the docking at the receptor. There

are receptors in the pituitary gland, and the GnRH comes out and it docks. From there, the docked receptor travels down to the nucleus and the hormone comes off and the receptor comes back ready for the next lot.

Now, the manufactured one, which you give by injection, it comes around, docks, takes in but won't let go. So, the receptor is, internalised is the word, and doesn't come back. And if you keep giving the injections every three months, then you have blocked the whole process. Therefore, you don't get any stimulating effect on the testes and ovary. Therefore, you don't get secondary sex characteristics. Therefore, if you give it at ten and a half years of age, as has been done, at the very earliest signs of puberty, that's all finished. So, growth and sexual maturation stops for as long as you inject it.

They say that this process is safe and entirely reversible. Well, that is not true. It is not for a number of reasons. They say that it should be given in order to let the child think about, cogitate upon, consider, come to a conclusion about what gender it really wants to be and whether it wants to make children later on. They're buying time. This is one of the major arguments.

They also say well, if the child doesn't like the appearance of breasts, and that's going to upset her, we will give the blocker and she won't develop breasts. It's all part of this. But essentially you are buying time to let the child think about its identity. Now, I know that's complex.

What they are saying is if the GnRH was only produced by the hypothalamus and acted on the pituitary gland, then maybe it is safe and reversible because there are certain physical conditions where that has been shown necessary. But the issue is that the GnRH is not confined to that particular access. But has axes in other directions. It does other things. Receptors to it have been found, indeed, throughout the brain. They've especially being found in the limbic system, which is in the midbrain area. The limbic system coordinates memory and behaviour and emotion and all these things, and that leads to executive function. That's what you're going to be. Your identity, in other words, in how you are going to behave

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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.**

<https://quadrant.org.au/magazine/2016/12/gender-dysphoria-child-surgical-abuse/>

**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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