LGB ALLIANCE AUSTRALIA

AF4WR

AUSTRALIAN FEMINISTS FOR WOMEN'S RIGHTS

THE RIGHTS OF THE CHILD AND INCLUSIVE SOCIAL PROTECTION

SUBMISSION TO THE UNITED NATIONS OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS

by

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1. What are the social protection systems in place?

Australia has a National Framework for Protecting Australia's Children 2021 - 2031. It was developed by the Australian federal, state and territory governments, with Aboriginal and Torres Strait Islander representatives and the non-government sector, and is ostensibly informed by the principles of "access to quality universal and targeted services designed to improve outcomes for children, young people and families" and "excellence in practice and policy development, based on evidence, data and information sharing" (p. 8). One of the priority groups targeted by the Framework is "Children and families with multiple and complex needs" (p. 8).

Most legislation concerning child protection falls under state jurisdiction, with laws concerning such things as the regulation of child employment and working with children checks for adults, to prevent those with a criminal record or workplace misconduct record working with children. Unfortunately, the National Framework is not always effective in protecting children when state laws are inadequate or even harmful (see [2] below).,

Since 2020 the states of Queensland, Australian Capital Territory (ACT) and Victoria have enacted "anti-Conversion or Suppression Therapy" (CST) legislation. Three other states (Tasmania, New South Wales [NSW] and Western Australia) plan similar legislation. The positive aspect of these laws is that they prohibit biomedical interventions and psychological practices to protect same-sex-attracted children (and adults) from the many harms caused by individuals and organisations trying to change their sexual orientation. The negative aspect of these laws will be covered in Section 2 below.

2. What are the gaps and challenges?

2.1 Gender identity ideology, gender dysphoria in children and breach of children's rights

The rise of gender identity ideology promotes the false idea that children can be born in the wrong body and change sex using drugs and surgery. This poses a complex challenge to the protection of children's rights in Australia, all the more because legislation is being changed around the country at state level which erases the protected category of sex and replaces it with gender and gender identity.

Various institutional guidelines such as this glossary of terms produced by the Federal Government, along with guidelines issued in schools, sports institutions and hospitals, are increasingly erasing or minimising references to biological sex, instead privileging "gender". These new definitions and guidelines also redefine sexual orientation as attraction to people of the same or different gender rather than sex. Thus, for example, a male can now identify as "lesbian" and seek entry to female-only spaces on that basis.

Of major concern is that those same abovementioned anti-CST state laws that ostensibly protect same-sex attracted children entrench the opposite approach in relation to protecting children with gender dysphoria (GD), in that they mandate the Gender Affirmation Model (GAM) to the exclusion of all other therapeutic approaches. The legislation criminalises health professionals, parents, teachers and others who do not socially or medically affirm a child's declaration of a trans identity. The result is social, experimental drug and surgical interventions and practices on children distressed about their birth sex and body.

Yet, the prefrontal cortex in the human brain, the part of the brain that gives us the capacity to exercise good judgment, is not fully developed until around the age of 25. So how can a five year old or even 15 year old understand the long term consequences of the GAM?

The typical pattern is social transitioning (e.g. name and pronoun change), followed by a pathway first of puberty blockers (Gonadotropin releasing hormone agonists or analogues, or GnRH agonists)

and then cross-sex hormones and for many, surgery, which has multiple risks and complications (See Appendix 2 and Appendix 3). According to Australian government health advice, surgery is then available for teenagers "over the age of 16 for top surgery, or 18 for bottom surgery. Some surgeons will provide surgery to younger people in very specific situations".

However, GnRHAs are not approved by the Australian Therapeutic Goods Administration (TGA) as puberty blockers in normally developing children, and their use as part of the GAM is thus known as "off-label". This off-label use was first developed in the Netherlands, and has thus become known as the "Dutch protocol". For more on GnRHAs and cross-sex hormones, see Appendix 1.

Most of the children and adolescents presenting with gender dysphoria have complex mental health issues, often histories of trauma including sexual assault, and a large cohort are on the autism spectrum and/or have attention deficit and hyperactivity disorder. These comorbid conditions are mostly being ignored in treatment approaches.

In the last ten to fifteen years, there has been a dramatic increase, in Australia as elsewhere, in the number of children presenting at gender clinics with GD. Indicative data from five gender clinics in Australia between 2014 and 2021 show an increase of several hundred percent in children enrolled in such clinics, with an even sharper increase in those taking puberty blockers. Between 2009 and 2020, the referrals of children to the most well-known gender clinic in Australia at the Royal Children's Hospital, Melbourne rose from 8 to 473, which is an over 5,000% increase. There were 1,120 children enrolled there in 2021, including ongoing patients and new referrals. Social media and peer influence would appear to be playing a significant role in this dramatic increase. Although sex-disaggregated data are not available for Australia, research elsewhere shows that three to four times more girls than boys present with GD.

The Gender Affirmation Model has not been informed or developed through clinical studies or evidence, but rather is an experimental approach which is promoted by transgender lobby groups. The clinical unsoundness of the GAM has been well documented in the UK by the Cass Review of the Gender Identity Development Service (GIDS) at London's Tavistock and Portman Trust. This Review led to the closure of the GIDS and a thorough overhaul of care of children with gender dysphoria, leading to more holistic models of care, including "watchful waiting". This model does not steer the patient toward any predetermined outcome like the GAM but rather, explores underlying issues and recognises that developmental change is an intrinsic part of childhood and adolescence that is fluid and subject to change and variability.

Similar serious concerns are being raised in Australia by medical practitioners working in this area. Among them are a medical team at the Gender Service of the Westmead Children's Hospital, a large tertiary care hospital in the state of NSW. In a 2021 journal article and a followup report published in 2023, the team found that

> clinicians … who work in gender services are coming under increasing pressure to put aside their own holistic (biopsychosocial) model of care, and to compromise their own ethical standards, by engaging in a tick-the-box treatment process. Such an approach … puts patients at risk of adverse future outcomes and clinicians at risk of future legal action.

They concluded that the Gender Affirmation Model lacks a solid evidence base and that "the current evidence suggests the need for a much more nuanced and complex approach."

Given the growing body of research pointing to the risks the GAM presents for the welfare of children, it is increasingly evident that gender clinics in Australia need an independent review similar to the Cass Review in the UK. Yet the opposite is happening, resulting in several breaches of the Convention on the Rights of the Child.

2.2. Breaches of the CRC by Australian anti-Converson abnd Suppression Therapy legislation and clinical practices relative to GD

Articles 3: Best interests of the child; 9: Not to be separated from parents, and 14: Duty of parents to provide direction. Under the anti-CST laws, parents can be legally sanctioned by fines or imprisonment for appropriately exercising their duty of care and providing considered guidance to their children. Courts in these states now have the power to remove children from their family if parents do not agree to irreversible drugs or surgeries demanded by the child, and an increasing number of cases are now being subjected to drawn out, costly and (further) traumatising court procedures, such as in the Family Court of Australia.

Australian policy promises confidentiality to a child of any age. Schools are not required to provide parents with information about their child socially transitioning at school, e.g. with name and pronoun changes, without their knowledge. This secrecy from parents fails to safeguard very vulnerable children from harms such as online grooming. We have also received testimony from parents of girl children, including pubescent teenagers, who are now forced to share changing rooms in schools and sleeping tents at school camps with boys who decide to "identify" as girls. Parents are unwilling to document this testimony publicly for fear of reprisals at the school or in their workplaces, or doxxing (publishing online of personal details such as address, the school children attend and so on, with the aim of rendering the doxxed persons vulnerable).

Article 6: Maximising healthy development is breached by the widespread administration of off label drugs to permanently block the child's natural development through puberty and cross sex hormones which are irreversibly destructive (see Appendix 1).

Article 13: Right to seek, receive and impart information is breached by clinics denying children, including adolescents, vital information and education on their sexual and reproductive health and futures if they medically transition.

The Australian Psychological Society and Australian standards of professional practice specifically deny children the right to information about non-drug treatments options such as watchful waiting. (APS Australian Psychological Society Information Sheet https://www.psychology.org.au/getmedia/01982012-7605-4cbc-a14d-0cac47c2484b/Information-sheet-transgender-affirmation.pdf and Position statement).

Article 19: Right to be protected from all forms of physical and mental abuse. The anti-CST laws currently in force in Queensland, Victoria and the Australian Capital fail to protect from the social and other harms caused by misdiagnosis and biomedical practices based on experimental treatments. Clinicians are unable to tell (diagnose) which children will outgrow their childhood/ adolescent distress and those who will not. Yet most young children will outgrow their distress if they are not socially transitioned, and do not have any medical or surgical gender affirming treatments.

Moreover, multiple studies have correlated childhood gender nonconformity with eventual homosexuality; in these studies, a majority of those who identify as gay or lesbian self-report being gender nonconforming as children. Which means that the so-called anti-CST laws, contrary to their ostensible purpose, in fact mandate conversion therapy of children who would otherwise grow up to be homosexual or bisexual

The actual physical and mental harm to the many children who would have outgrown their dysphoria, therefore results in high levels of physical and mental abuse. The experiences of young people who have detransitioned provide ample evidence of the harms suffered because of gender affirmation treatments. (See Appendix 4.)

Overall, the Gender Affirmation Model has been shown not to resolve children's and young people's psychological distress but to increase it. A study of 8,263 people referred to the Centre of Expertise on Gender Dysphoria of the Amsterdam University Medical Centers—that is, in the very country where the puberty-blocker protocol was developed—between 1972 and 2017 showed that this group had a higher suicide risk than the general population at every stage of transition. The study's authors pointed out that they did not have access to any information concerning possible comorbidities and recommended that future research consider carefully the role of comorbidities in heightening suicide risk.

A 2011 study conducted in Sweden found that post-surgery transsexuals had a higher ongoing risk of psychiatric problems and suicide than the general population, while a 2020 German study found that psychological difficulties were not resolved by social transition.

Article 24: Right to the highest attainable standard of health. The legislated GAM clearly prevents the highest attainable standard of health for children, by medicalising psychological distress and pathologising social behaviour that is not stereotypically feminine or masculine. (See Appendix 4.)

The raft of anti-CST legislation either adopted or in train is mandating political interference in the ethics of medical practice and renders medical practitioners who act in the interest of children's physical and psychological welfare sanctionable by law, risking hefty fines and even prison. These laws are chillingly reminiscent of the philosophy of eugenics and if followed to the letter, especially given the widespread evidence of the impact of social contagion and institutional cultural pressures on children, they risk causing significant and possibly lifelong physical and psychological suffering to an increasing number of young homosexual males and most particularly young lesbians. It is noteworthy that some states, such as the US state of California, have instituted compensation to individuals who had been involuntarily sterilised under previous eugenic legislation. Yet young people are now being sterilised anew under the GAM model.

More broadly, this legislation and the GAM that it mandates further reinforce regressive sexist gender stereotypes by telling young people that if they do not fit these narrow stereotypes that there is something wrong with their bodies that must be "fixed" by invasive medicalisation and eventually surgery. In a world where sex equality and the rights of women are still being fought for in the face of often horrendously damaging misogynist practices, girls who crave something other in their lives than submission and domesticity are being told that they are not "real" girls but boys.

3. What are the good practices initiated by the Government?

There are none when it comes to gender non-conforming children and young people: due to the mandating of the Gender Affirmation Model. Normal childhood gender non-conformity is medicalised and pathologised, and other factors which may contribute to identity confusion (such as same-sex attraction, trauma due to having experienced sexual abuse or comorbid conditions such as autism or anxiety) are not even considered. The GAM puts children on the path of irreversible changes to their bodies, often including sterility and sexual dysfunction, that they will have to live with for the rest of their lives.

There is a large and growing population of detransitioners, people who regret their medical transition and revert to living as their birth sex. Many are same-sex attracted and say they were looking for a way out of being homosexual or bisexual. Detransitioners are now forming a global support movement and raise consciousness about the issue, and 12 March is now Detrans Awareness Day. (See Appendix 4.)

4. Examples of measures to alleviate poverty through social protection systems

This is not relevant to our organisations.

5. How can States deliver more effectively to ensure the effective implementation of universal social protection for children?

Countries such as some Nordic countries and the UK are now reverting to a watch and wait model when it comes to gender dysphoric children. Sweden, for example, has officially ended the practice of prescribing puberty blockers and cross-sex hormones for minors under age 18.

More countries are beginning to follow Sweden's and the UK's lead because they are coming to the realisation that medical transition of minors is not evidence-based, it is ideologically and socially based, with harmful consequences for the long term health of children.

Those who do not desist or detransition are becoming long-term, lifelong patients because of the experimental nature of transgender medicine, which will put another burden on already overwhelmed health services around the world. These health services have in particular been severely challenged by the COVID-19 pandemic and many have not coped well at all, in Australia as elsewhere. Placing these vital health services under added strain as a result of diverting resources to medically unnecessary and indeed harmful interventions on children and young people is detrimental to the capacity of our health systems to respond to the health needs of children and adults alike.

Race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status are all protected characteristics under the Convention on the Rights of the Child. Any legislation concerning approaches to GD must therefore include sex-based protections, including for homosexual and bisexual youth.

Replacing sex based protections with gender based protections effectively erases protections for both girl children and for homosexual and bisexual youth, and returns us to the traditionalist and homophobic societies that we had thought to be a thing of the inegalitarian past.

It is thus urgent that Australia, at both federal and state levels:

- Repeal any legislation mandating the Gender Affirmation Model;
- Commence a thorough review of gender clinics and gender medicine involving all stakeholders; and
- Ensure that all laws protecting children on the basis of gender identity also protect them meaningfully on the basis of both sex and sexual orientation.

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Appendix 4: First hand stories of young women who suffered from gender dysphoria.

Appendix 1: Background on adverse health effects of puberty blockers and cross-sex hormones and on longer term psychological outcomes for children and young people treated using the Dutch protocol

GnrH agonists or GnRHAs are sex hormone suppressants, and go by a variety of brand names, one of the most common of which is Lupron. They are approved in many countries to treat some cancers such as prostate or breast cancer, or in some cases to slow down extremely precocious puberty in very young children. They are not approved as puberty blockers for the treatment of children with GD.

There is a growing body of evidence that the use of these drugs to block puberty in otherwise normally developing children has harmful side effects that include but are not limited to:

- reduction in bone growth, decrease in bone density and premature osteoporosis;
- decrease in mental acuity including lowering of IQ by up to 10 points;
- fatigue, insomnia, headaches and muscle aches;
- liver damage;
- abnormalities in breast tissue;
- idiopathic intracranial hypertension, resulting in loss of vision. The US Food and Drug Administration now requires GnRH agonists to carry a warning against this last side effect.

As Dr Michael Biggs explains, in discussing the Dutch protocol:

> Puberty blockers followed by opposite sex hormones cannot create "opposite sex puberty", only secondary sex characteristics of the opposite sex. However, normal sexual or reproductive development will not occur. Girls will not begin menstruation and so will be infertile. Boys testes will not grow and develop and will impact on fertility. The change therefore is only cosmetic. A boy's penis will remain immature and remain the size of a child's into adulthood. This will cause problems sexually if the penis is retained, both functionally and in terms of sexual arousal. It is also problematic if gender reassignment surgery is later chosen since there is too little material to use from the penis and testicles.
>
> When a child's natural puberty is blocked we can expect to see effects not only on the body but on the developing brain. It is the surge of sex hormones at puberty which triggers the important changes in the adolescent brain which only reach completion in the mid-twenties. Hormonal changes at puberty are thought to influence the development of both brain structure and function.

Cross-sex hormones have serious lifelong effects which cannot be reversed if treatment is discontinued. If a child takes puberty blockers at Tanner stage 2 of puberty followed by cross-sex hormones at age 16 she or he will be sterilised as gametes have not developed. As these children have not been able to develop sexually, they will also not be able to orgasm and will be rendered unable to function sexually.

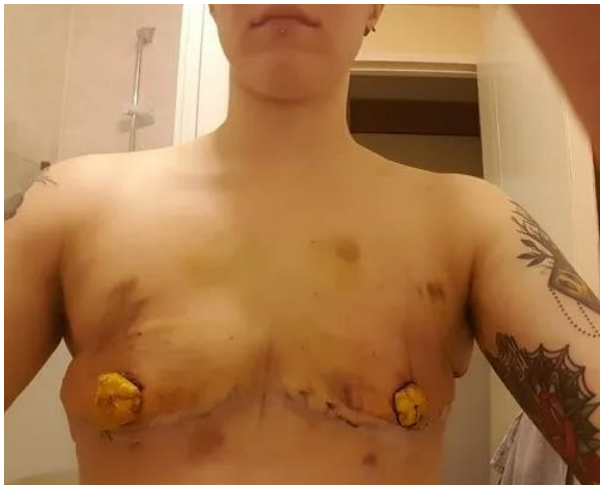
Long term effects of cross sex hormones amplify the impact of puberty blockers on bone and joint development, with higher risk for osteoporosis and joint issues. There is an increased risk of cardiovascular events including heart attacks and strokes for individuals who are on long term cross sex hormone therapy, and a significant increase of body mass index and systolic and diastolic blood pressure in females who take cross sex hormones. They also have a higher risk of uterine atrophy,, most often leading to pain and hysterectomy. Blood clots, heart issues, high levels of triglycerides, potassium and prolactin, as well as high blood pressure, type 2 diabetes and weight gain are possible for males who take cross sex hormones.

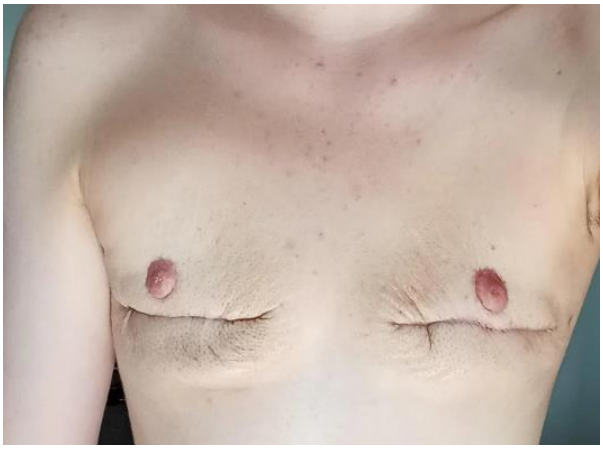
Overall, the Gender Affirmation Model has been shown not to resolve children's and young people's **psychological distress** but to increase it. A study of 8,263 people referred to the Centre of Expertise on Gender Dysphoria of the Amsterdam University Medical Centers—that is, in the very country where the puberty-blocker protocol was developed—between 1972 and 2017 showed that this group had a higher suicide risk than the general population at every stage of transition. The study's authors pointed out that they did not have access to any information concerning possible comorbidities and recommended that future research consider carefully the role of comorbidities in heightening suicide risk. A 2011 study conducted in Sweden found that post-surgery transsexuals had a higher ongoing risk of psychiatric problems and suicide than the general population, while a 2020 German study found that psychological difficulties were not resolved by social transition.

Appendix 2: End results of the GAM involving top surgery for girls

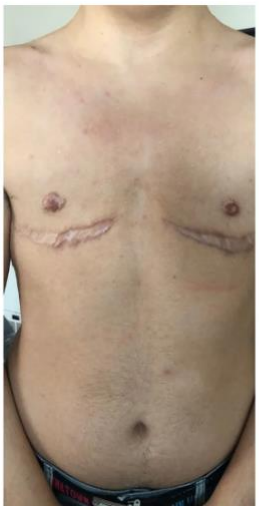
Women who have a bilateral mastectomy, also known as top surgery, and then go on to have children will not be able to breastfeed.

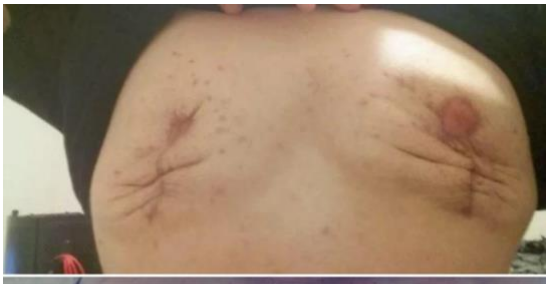
They will also carry lifelong scarring, severe in many cases as seen below.

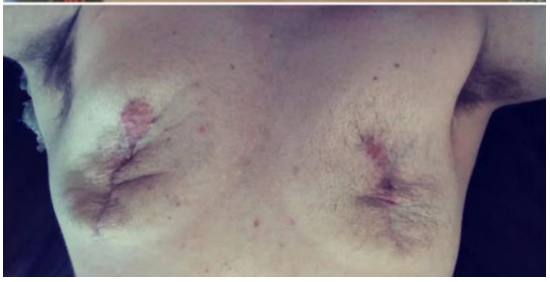




Sources: https://www.huffingtonpost.co.uk/lj-ferris/exposed-the-truth-about-t_b_14704126.html; https://www.reddit.com/r/TopSurgery/comments/wecmfa/im_2months_postop_i_have_too_much_skin_and_a_mini/



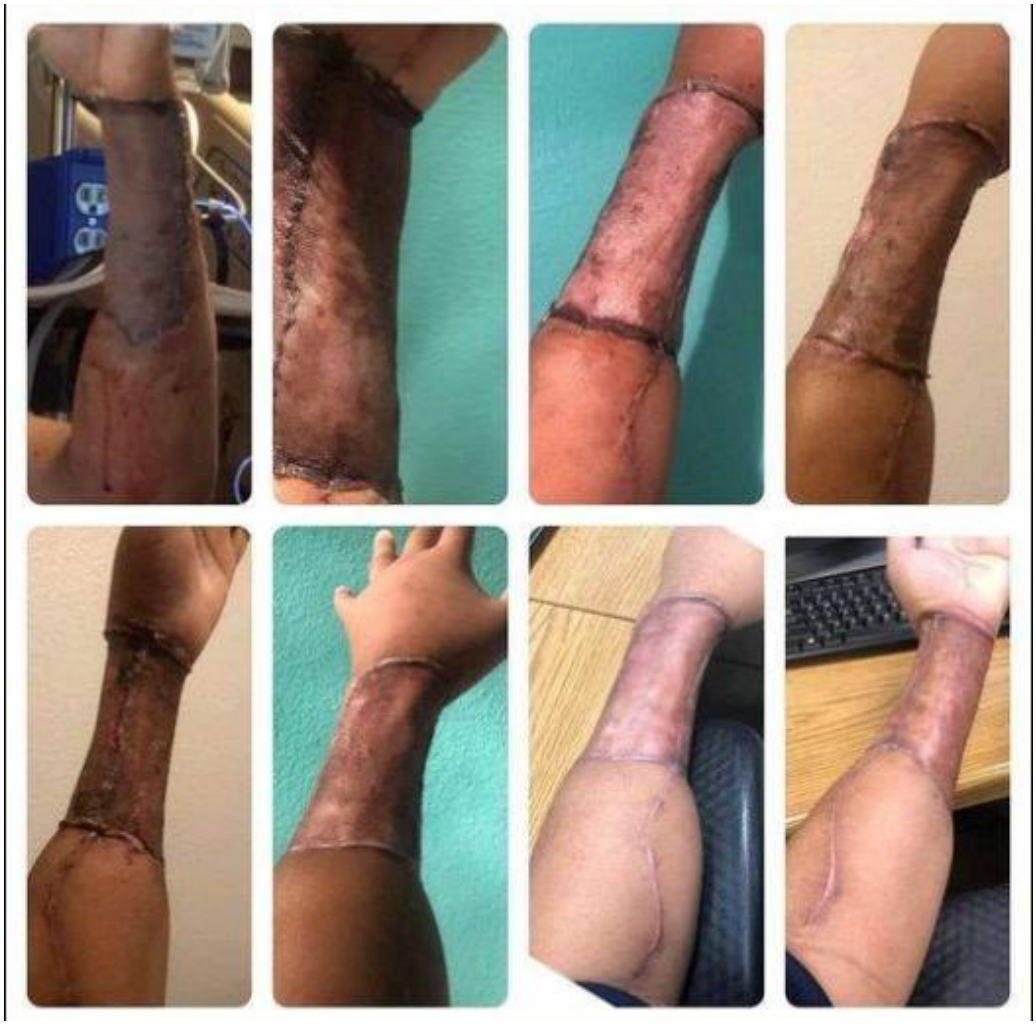




Sources: https://www.reddit.com/r/ftm/comments/ffi3kz/was_my_top_surgery_botched/; https://www.reddit.com/r/Botchedsurgeries/comments/e4z8nq/nsfw_transgender_mans_chest_after_botched_top/

Appendix 3: End results of bottom surgery involving risks and complications for both girls and boys

3.1 Phalloplasty (females)

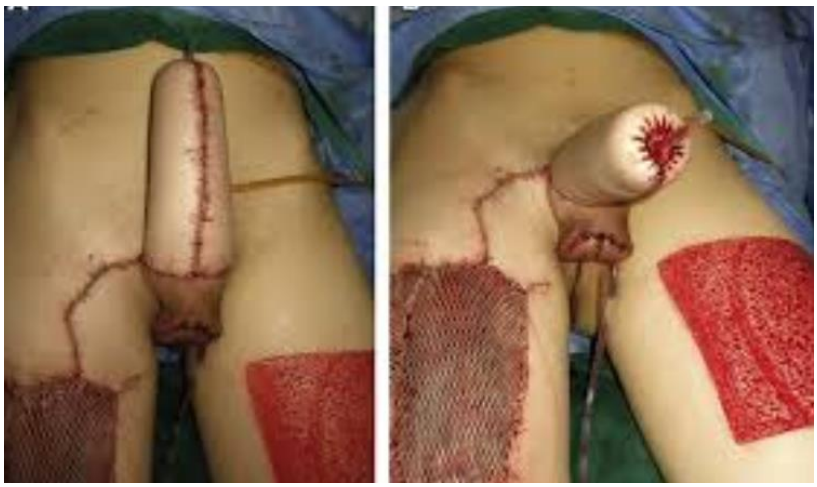


Arms ruined to harvest skin to create fake penis. These will forever be scarred.

Complications of forearm flap phalloplasties include:

- skin graft failure;
- swelling of the hand;
- stiffness of joints;
- reduced strength and sensation;
- cold-induced symptoms;
- fractures of the radius; and
- restricted function of donor arm including grip strength, pinch strength, and wrist movement.

Sources: https://pubmed.ncbi.nlm.nih.gov/3516287/; https://pubmed.ncbi.nlm.nih.gov/8982193/



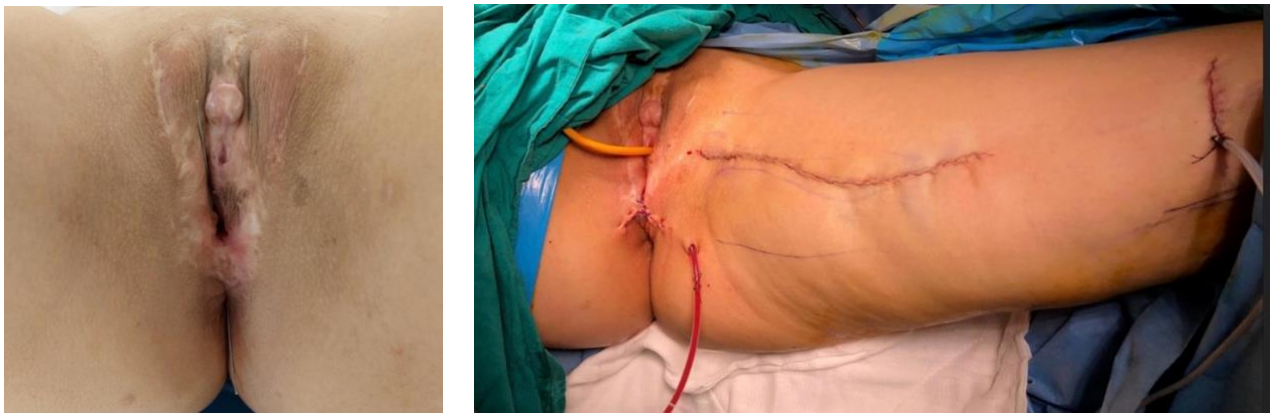
Phalloplasty using skin harvested from the thigh. Complication rates are very high for this procedure (see below).
https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=phalloplasty+transgender&oq=phalloplasty+#d=gs_qabs&t=1678758097116&u=%23p%3DyhuvGs9p_rMJ

Possible risks of phalloplasty include, but are not limited to:

- bleeding;
- infection;
- poor healing of incisions;
- haematoma;
- nerve injury;
- failure of the transplanted tissues to survive (i.e. tissue necrosis);
- unsightly scars;
- exposure of the prosthesis;
- injury to the urinary tract;
- abnormal connections between the urethra and the skin;
- painful intercourse;
- fistula;
- diverticula;
- anesthesia.

Source: https://www.plasticsurgery.org/reconstructive-procedures/transmasculine-bottom-surgery/safety

3.2 "Neo-vagina" construction (males)



Photographs of a transitioned male with neo-vagina showing a fistula and then the result of corrective surgery to repair the fistula. Source: https://www.cureus.com/articles/62212-the-repairing-of-the-recto-neovaginal-fistula-in-a-male-to-female-transgender-through-perineal-graciloplasty#!/

The possible risks of neovaginal surgery include, but are not limited to:

- bleeding;
- infection;
- poor healing of incisions;
- haematoma;
- nerve injury;
- stenosis of the vagina;
- inadequate depth of the vagina;
- injury to the urinary tract;
- abnormal connections between the urethra and the skin;
- fistula;
- painful intercourse; and
- anaesthesia.

Source: https://www.plasticsurgery.org/reconstructive-procedures/transfeminine-bottom-surgery

Other risks are unwanted hair growth and faecal odour in the neovagina. Source: https://transcare.ucsf.edu/guidelines/vaginoplasty.

Appendix 4. First hand stories of young women who suffered from Gender Dysphoria

4.1 Sydney's Story - 2019

https://www.dailysignal.com/2019/10/07/i-spent-a-year-as-a-trans-man-doctors-failed-me-at-every-turn/

I can't wrap my head around all that I've done to myself in the last two years, much less the "help" that some health care professionals have done to me. Two years ago, I was a healthy, beautiful girl heading toward high school graduation. Before long, I turned into an overweight, pre-diabetic nightmare of a transgender man.

I won't place the full blame on health care providers, because I should have known better. But they sure helped me do a lot of harm to myself—and they made a hefty buck doing it.

Here's my story.

From my earliest years, I was always different from the other girls. I wore boy clothes, and I played with boy toys. I was a classic tomboy. As I got older, I became romantically interested in other girls. In fact, with the exception of one guy I dated in high school, I exclusively dated girls.

At the time, you wouldn't have been able to tell I was gay just from looking at me. I had long, blond hair, wore makeup, and carried myself rather femininely. But in my head, I knew I was gay—though I was more of a self-loathing gay.

The truth is, I didn't like gays, and didn't want to be associated with them. Yet there I was, dating only other girls. By the time I was 17, my parents had long divorced and I was living with my dad. That's when he found out I was dating girls. He promptly kicked me out of the house, saying it was his way or the highway.

With little choice, I moved in with my mom. Soon after that, I cut my hair—a decision that grieved both my parents. But what happened next grieved them far more.

At age 18, I started seeing a bunch of transgender men's "success stories" on Instagram. The trans men talked about how something had always "felt off" with them, and they said people couldn't tell

they had been the opposite sex after their transition. Their stories all seemed to have a happy ending—and it made me rather jealous.

Here I was getting frowned upon for holding hands with my girlfriend in public, feeling like I'm constantly being judged by everyone, while transgenders could date their same-sex significant other while looking like the opposite sex. I resented that and began to envy the transgenders. I looked into it for myself.

Everything I read was in favor of transitioning.

They only mentioned how brave the transition would make you, and how good it would be for you.

Regrettably, I couldn't find any articles about transgender regret or the huge health issues that would come from making the transition. They only mentioned how brave the transition would make you, and how good it would be for you.

I tried my best to find books that discussed the issue critically and offered opposing views, but all I found were pro-transgender authors. That left me with the obvious conclusion: If all the "experts" were in favour of transition, why not do it?

Every passing day, I saw myself as this awful "dyke," this unnatural lesbian. I hated that image and would much rather have been a guy dating girls. So I Googled how to make the transition to male.

The first step was to find a therapist who would write me a letter to start me on male hormones. I soon found a therapist who said she would help me, and I told her I wanted to start the hormones on my 19th birthday, which was only five weeks off. She required only a one-hour appointment each week.

That's hardly enough time to get to know someone. Yet those five hours got me an official letter that unlocked the doors for me to get hormone therapy and become a "man." It also helped me change my "sex" on my driver's license from female to male. *Not once did she tap the brakes to keep me from gender transition.*

I now see a huge problem with how easy this was. If the therapist had gone slower and been more careful, she would have seen that I wasn't actually trans. But by this time, I'd seen the promotional videos. I was convinced that my gender is what was "off," and the therapist guided me along and made me feel like a sex change is what I needed.

By this point, my friends were also encouraging me to transition. "You're a hot girl," they said. "You'll be a hot guy, too!" Others were too afraid to say anything against it, because after all, it was 2017. I never got pushback from anyone. In reality, of course, I was not a boy, and hearing otherwise was the last thing I needed. I was simply insecure about being tomboyish and a lesbian in public.

My therapist never once tried to sit down with me and figure that out. Instead, she asked me questions like: "When did you start feeling this way?" "Why do you feel you're this way?" Not once did she tap the brakes to keep me from gender transition.

Once I got my letter, I went to a doctor in Atlanta in what turned out to be the worst treatment of my life. *I was not a boy, and hearing otherwise was the last thing I needed.*

The doctor came in and asked if I had any questions. I told him, "I'm just a little nervous." He asked, "Do you not want to do this?" I said, "I do," and he replied, "All right. Where's your letter?"

I gave him my letter, but he didn't open it—not even to check if it was real.He said, "I'll call in your prescription for testosterone." That surprised me—I thought he was going to administer it himself. I asked, "Are you not going to give me the shot yourself?" He then sarcastically suggested I could drive all the way back to Rome, Georgia, (four hours) to get my prescription, and then come back to his office to get the shot.

That wasn't realistic, and he knew it."But I don't know how to give myself a shot," I said. He replied, "There's no wrong way to give it." He told me to go home and figure it out. He suggested watching a YouTube video. That honestly scared me. It should have been red flag No. 1 that the doctor didn't care, that this was just a money scam. His hands-off approach showed he was confident he wouldn't be held accountable for this treatment.

But at this point, I was still caught in the delusion. I thought gender transition could make me "normal." Unfortunately, that's not the reality that awaited me. The injections of male hormones started to have their effect, but not in the way I expected. I started gaining more and more weight. My skin started to get more and more puffy and discolored. My blood started to thicken.

The doctor's office was running bloodwork for me every three months, and it actually said I was now pre-diabetic—something that was totally new for me. My gender-transition doctor said not to worry, but I decided to see another doctor for a second opinion. He said my thickening blood put me at risk for a heart attack or stroke.

I did this to myself for almost a year. During that time, I gained 50 pounds and was miserable. None of my problems that I thought this would solve were being solved, and I came to have even less self-confidence than before.

I started feeling regret.

Unfortunately, I was stuck: I had already declared to everyone that this was who I was. I had changed my gender, and I had forced people to play along with it and call me by a new name: Jaxson. At work, men had to be OK with their former female co-worker now using the same restroom as them.

Everyone was walking on eggshells around me—and people fell in line for fear of what might happen if they objected. (Employers are already being sued over this kind of thing, after all.) Nobody could tell me what I was doing was wrong, or "Hey, wake up!" A few brave souls at work did quietly try to say, "Are you sure?" Or, "Why don't you think about it a little while?"

Meanwhile, my mom was crying daily about why I was doing this to myself, all the while blaming herself. Finally, one day, my grandfather sat me down to talk about it. He was, and will remain the only person whose opinion I will ever care about. With tears in his eyes, he asked me to stop.

Everything in me wanted to keep going—not even because I wanted it anymore, but because of pride. "What will people think?" I thought. I had made everyone play along. If I suddenly stopped, what would I tell people?

Those questions ate at me. And yet, there was my grandpa, the man I respect most, pleading with me through tears. I just couldn't tell him no. That was a saving grace. I would have let this treatment kill me before admitting I'd screwed up. His intervention may have saved my life.

So I decided to quit—and I quit cold turkey without seeing my doctor again. Unfortunately, it wasn't that simple.

Not even two weeks after stopping hormone treatment, the withdrawals kicked in with a vengeance. I was soon on the floor groaning, crying, throwing up, not able to keep anything down, and not able to eat at all.

Getting sick every single day was exhausting. I went to the emergency room three times and had to have two procedures to figure out what was happening to me. My hormone balance was way off, and I was miserable.

Before the ER gave me medicine to sedate me, I begged my mom to make them admit me to the hospital. “I will die if I go back home or leave here,” I said. She and I both sat crying before I passed out from all the sedatives they gave me. I thought I wasn’t going to make it.

I’m now more stable, but my body bears the scars of gender therapy. My voice is still deep, and I look very masculine. I’m now $1,000 poorer due to the cost, though that’s a fraction of what insurance paid.

And, because of that doctor’s letter that said I’m irreversibly a male, my driver’s license is now stuck with a “male” label. I’ll have to appear in court to prove I’m a female again. Nevertheless, I’m just thankful to have gotten off this horrible path alive, and before I had any body parts mutilated.

It’s insane to me that our society is letting this to happen to young people. At age 18, I wasn’t even legal to buy alcohol, but I was old enough to go to a therapist and get hormones to change my gender.

This is happening to vulnerable kids much younger than I was, and the adults are AWOL. When you walk into these clinics, you won’t really see older people around. It’s boys and girls playing dress-up, brought there by clueless parents, waiting for the appointment that could likely ruin their lives.

I hope I’m not the only one who sees a major problem with this. Our culture has set up a fast-track to gender transition that will only result in scarred bodies and ruined lives—and the medical community is complicit. I met with these doctors in person and gave them my own cash. I can tell you they did not care.

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This is a public health crisis that our media and politicians are completely ignoring. More young people are being deceived every day, being told that the solution to their insecurity and identity problems is to get a sex change.

That’s just about the worst path you can put a young person on.

Until we do something, until the medical community puts up serious guardrails and begins to do its due diligence—and until politicians grow a spine and step in—expect to see more young people scarred for life.

If anything, I hope my story can serve as a warning bell and save some other young teenager the misery and grief I’ve been through.

4.2 Charlie Evans (story tweeted 25 August 2019: see also this 2020 interview)

Charlie says there were a series of epiphanies that led to her not so much coming out, but going back in. It was around the age of six that she convinced herself she was actually a boy. "I liked football, I liked trucks, I liked girls," she says, "therefore I was a boy."

"How could I remove my healthy breasts when I'd seen my mother lose one of hers to cancer?" asks Charlie Evans. Until recently, the science writer from Margate, England identified as transgender, convinced, along with increasing numbers of young women, that she had been born in the wrong body.

After undergoing a "social transition", for which she changed her name from Charlotte, as well as her pronouns, her passport and driving licence, she refused to go through with the gender reassignment operation that would give her the sexual characteristics she thought she wanted.

Earlier this year, at 28, she faced coming out for a third time in her life: having announced in her youth that she was a lesbian, then trans - now, finally, she is a "detransitioner". It's a phenomenon that's almost as new as transgenderism itself - but one that the movement rather you didn't talk about.

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Transgender YouTuber Hannah Phillips has bravely vowed to keep helping other people who are considering transitioning, by posting videos documenting her own experience - despite receiving daily death threats from trans-phobic internet trolls.

This was no mere childhood phase, one that would fade faster than an obsession with One Direction. Charlie now realises, after extensive therapy, that the feelings of gender dysphoria that developed were the result of what she is only willing to describe as "abuse" outside the family.

It began when she was eight and cemented within her a loathing of her female body. "The trauma exacerbated and accelerated feelings that were natural for a child who didn't conform, that I now see I would have outgrown," she says.

After appearing on television to talk about her experience of detransitioning, Charlie began to talk more generally about her gradual realisation that "you can't be born in the wrong body - it's our minds that need treatment, not our sex".

She has since been contacted by several hundred others who are undergoing a similar recalibration. They come from across the UK, as well as mainland Europe, Canada and Mexico, are generally under the age of 25 and conform to a transgender "trend" reported across several western countries.

It sees more adolescent girls than boys identifying as trans for the first time, and in ever-expanding numbers; over the past decade, the UK has experienced a 4,400 per cent increase in girls being referred for transitioning treatment.

Having identified since her teenage years as trans, Charlie, who is about to embark on a PhD at Newcastle, now lives as a bisexual woman. She decided to detransition this year after the scars left by her mother's mastectomy prompted her to question why she would want to have her own healthy body parts removed…….

And then someone said something that changed my life. "Could you be a boy born in the wrong body?"

Yes. Yes! This was it - it's exactly that. I have a boy brain! That's why I love science, and guns, and mud, and trucks, and mechanics, and cars, and girls. I am a boy.

That is why I hate my body! I was meant to be a boy. I had the answer. Everything fell into place, and I knew shaving my head, tightly binding my chest, and changing my pronouns was how I could find peace at last. I just needed to pass as the man I knew I was.

This realisation was backed up by a trip to Ghana where insisting her pronouns were respected seemed like such a first world problem.

Key to her realisation was also undertaking long-term counselling with therapists who weren't gender specialists. "Unpicking what happened to me as a child was enough to take the edge off me feeling so uncomfortable with the body I wanted to be chopped apart," Charlie says. "I wouldn't have got that if I'd gone to a gender identity clinic, because they have to affirm your belief."

Others who have contacted her since she became the poster girl for this band of brothers, who are now sisters once more, have embarked on hormone treatment, leading to beard growth in females and permanent lowering of the voice. In males, there is a softening of features and breast growth.

"So many of these women describe a mental state where I do not believe they could have consented to these surgeries," Charlie says.

Most, according to Charlie, report remarkably similar characteristics and experiences: eating disorders, autism and social awkwardness, childhood trauma, sometimes as the result of sexual abuse, mental health problems. All, she claims, were "sold this idea that transitioning was magically going to solve their problems".

"I'm in communication with 19- and 20-year-olds who have had full gender reassignment surgery who wish they hadn't, and their dysphoria hasn't been relieved. They don't feel better for it."

While there is no doubt there are growing numbers of people suffering gender dysphoria, whose feelings of incongruence with their birth sex are improved by reassignment, according to those making contact with Charlie there are a significant number who have been left desperately disappointed, with nowhere to turn.

"I feel like a young woman who got lost along the way," says Keira, a 22-year-old from the south-east who contacted Charlie's newly formed charity, the Detransition Advocacy Network (Twitter: @DetransAdNet), having undergone a mastectomy in 2017. It was part of her search for an identity she now realises never existed.

4.3 . Runner's story from https://post-trans.com/Detransition-37

I'm a 24 year old detransitioned female.

I was a tomboy growing up and aware of my attraction to other girls at an early age. My mom remarried and I began living a nightmare of physical and sexual abuse from her new husband. I didn't know how to tell anyone and almost thought maybe it was normal. My mom was very distant emotionally and I couldn't ever go to her without feeling annoying so I kept everything to myself. She was also very controlling, wanted me to look a certain way that felt wrong to me and be her presentable daughter. I wasn't allowed to go anywhere apart from family and anywhere else she had to be there.

I was also bullied at school for being a freak and too boyish. I was very isolated. Spent most of my time alone and in my own head. I started having terrible anxiety and dissociation from my body, developed identity disorder, an eating disorder, and eventually abused drugs. I didn't realize why I was trying so desperately to escape myself. I just *needed* to create a new me.

I came out as a lesbian and started getting into androgynous fashion that I was seeing online. That was cool, except that I hated my chest. I moved and met a kid who told me I was trans. I looked it up and was like OH makes sense! I socially identified as male starting around age 15 or 16. I started hormones at 18 and had top surgery about a year and a half after. I thought I looked better as a guy, liked that I got treated better, got attention from girls, and it was like the old me has never existed.

I got really delusional and paranoid from drug use, experienced more trauma, stopped doing drugs because they were causing terrible delusions, paranoia and panic attacks. I was living a nightmare sobering up and one night while being intimate with my girlfriend I dissociated really hard and realized I didn't want to be male. I wanted to not feel taken control of, I wanted to not feel wrong the way everyone made my existence feel.

I stopped hormones in June of 2019 after nearly 4 years on T. All of my mental health problems, trauma and drug related flashbacks have come to the surface and I'm having a really hard time dealing with them. I spent so long running from something I wasn't even sure what it was, so much time in mentally altered states, it's like it's all catching up with me.

I'm trying to deal with a lot right now but at least I didn't continue becoming more and more of a man that would've done even more damage. I'm trying to accept myself as a queer woman.

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