



STUDY GUIDE

Why Girls Become Boys

KEY TERMS:

transgender
gender transition

gender dysphoria
gender ideology

influence
gender identity

Detail Focus: Complete this section <u>during</u> the video.	Main Summary Focus: Complete this section <u>after</u> the video.
<ol style="list-style-type: none">1. What percentage of the population was afflicted by the underlying condition causing transgenderism a decade ago?2. Prior to 2012, how much scientific or medical literature discussing adolescent girls who wanted to transition to the opposite sex existed?3. In California, when does gender identity education begin?	<ol style="list-style-type: none">1. Why are so many females claiming to suffer from gender dysphoria?2. What can be done to protect young women from believing that gender transitioning will alleviate their perceived and/or actual gender dysphoria and to protect them from taking drastic action that could have negative, long-term consequences?

Discussion & Review Questions

1. Towards the beginning of the video, Ms. Shrier points out that, “The latest statistics indicate that 2% of American high school students now identify as transgender- and the overwhelming majority of them are teenage girls. Between 2016 and 2017 alone, the number of females seeking gender surgery in America quadrupled.” Why do you think that this is the case? Do you view these facts as a problem? Why or why not?
2. Later in the video, Ms. Shrier shares with us that, “In 2016, Brown University public health researcher Lisa Littman began studying the sudden spike in trans identification of teenage girls. She concluded that peer influence and social media influence had a lot to do with this trans teen phenomenon. ...YouTube, Reddit, Tumblr, TikTok, and Instagram all host popular social media influencers... who insist that if you feel uncomfortable in your body, you’re probably trans. Many promise that if you start a course of testosterone, all of your problems will go away. There’s every reason to believe that these girls are experiencing real psychological pain- rates of anxiety, depression and instances of self-harm are all at record levels for this generation. A quick fix becomes very tempting. So, it doesn’t take much, a YouTube video, a friend’s suggestion, to get a troubled girl to buy into the fantasy that gender transition is the answer.” Why do you think that some social media figures present such potentially dangerous nonsense? Do you think that messages presented by social media figures regarding hormone treatments and gender transitioning should be covered and protected by the First Amendment? Why or why not? Do you think that social media influencers and other social media figures are at least partly to blame for some cases of females choosing to harm themselves in some way? Why or why not?
3. Towards the middle of the video, Ms. Shrier notes that, “Unfortunately, for these girls, who do not have typical gender dysphoria, gender transition rarely offers relief. And it’s a catastrophic mistake for psychologists, educators, and the medical establishment to rush these teens toward ‘a solution’ that will almost certainly harm rather than heal. Because here’s what’s not in dispute: unnecessary medical gender transition causes irreversible damage— high risk of infertility, sexual dysfunction, and the creation of a permanent medical patient. Tragically, we’ve made it far too easy for kids to take this path- long before they’re ready psychologically or emotionally to make such a life-altering decision.” What is so bad about psychologists, educators, and the medical establishment rushing teens towards a ‘solution’ to any problem, real or perceived? At what age is a person ‘ready psychologically or emotionally to make such a life-altering decision [such as gender transition],’ and who or what should determine if the person is ready to make such a decision? Explain.
4. In order to ‘protect your daughter from being drawn into this dangerous and growing trend’ of choosing to gender transition, one of Ms. Shrier’s suggestions for parents is to, “ ... oppose the teaching of gender ideology in your kids’ school. In California, gender identity education begins in kindergarten and proceeds through high school. The theme is that kids’ gender identity is totally independent of their physical sex and something that only they can know. Schools can and should insist that every child be treated respectfully without sowing gender confusion in an entire student population.” Do you think that schools should be teaching gender ideology and gender identity to students before junior high or high school? Why or why not? At any stage, what do you think schools should be teaching about gender? Explain.

5. At the end of the video, Ms. Shrier concludes that, “... most importantly, remember that a teenager is still just a teenager. You don’t have to agree with every identity proclamation your daughter comes up with. Knowledge of her identity will develop over time. Until then, being the adult in the relationship is the most loving thing you can do.” What do you think Ms. Shrier means by ‘being the adult in the relationship?’ Explain. Do you agree with her point here? Why or why not?

Extend the Learning:

Case Study GIDS (Gender Identity Development Service)

INSTRUCTIONS: Read the articles “It’s time to ban puberty blockers for children,” “Hundreds of trans people regret changing their gender, says trans activist,” and “Puberty blockers do not alleviate negative thoughts in children with gender dysphoria, finds study,” then answer the questions that follow.

1. What is the ground-breaking case in the High Court deciding? Who is Keira Bell, and what happened to her? What is she hoping her case will do? What similar story do many young lesbians share with the author of the article? What made the feelings of dysphoria and self-hatred disappear for the author? What percentage of children who start taking hormone blockers will later begin taking irreversible and potentially harmful cross-sex hormones? Who is Claudia, and what does she want? What does the author think Keira’s case is really about? Who is Charlie Evans, and what did she do? What has been the response to what she did? What characteristics do people who contact her share with her? Who is Ruby, and what did she say about her situation? What is the The Detransition Advocacy Network, and what does it aim to do? NHS facilities are offering guidance on gender transition to children that are how young? The rate for girls participating in the NHS program has gone up by what percentage in the last decade? According to the third article, what has a study found regarding puberty blockers? What facility were the 44 children in the study treated at? Who is David Bell, and what did he tell the High Court that he had investigated? What was the central conclusion of his report? What was the reasoning for the conclusion?
2. In the first article, Ms. Bell states, “Transition was a very temporary, superficial fix for a very complex identity issue.” Do you think that is true for most cases? Why or why not? The author of the first article writes, “Putting kids on drugs and a possible path to unnecessary surgery because they are experiencing psychological distress caused by external factors is a human rights violation.” Do you agree? Why or why not? In the second article, a woman identified as Ruby stated that she ‘felt shunned by the LGBT community for being a traitor.’ Why do you think that the LGBT community treated her that way instead of supporting her? Do you think the LGBT community are hypocritical for preaching inclusion and then ‘othering’ people who decide to detransition? Why or why not?
3. In addition to Ms. Shrier’s suggestions in the video, what else do you think could and should be done to help young women who are struggling? Explain.

It's time to ban puberty blockers for children

9 October 2020, 12:37am



Keira Bell

A ground-breaking case in the High Court will decide this week whether the UK's only gender identity development service (GIDS) for under-18s will be allowed to continue to prescribe puberty blockers for children as young as 10-years-old. The case against the Tavistock and Portman NHS trust, which runs GIDs, is currently conducting its own internal review as a response to the growing controversy surrounding its practice.

Keira Bell, now 23, was prescribed puberty blockers by GIDS when she was 16. Keira went on to use testosterone, before having a double mastectomy when she was 20. She now regrets transitioning, but may well be infertile as a side effect of the drugs she has taken.

Keira is hoping that her case will prevent further medical experimentation on children. 'Transition was a very temporary, superficial fix for a very complex identity issue,' she says.

I have interviewed a number of young lesbians who have de-transitioned back to being female during the last couple of years. All have a similar story. These women often experienced serious abuse and harassment and developed feelings of self-hatred as a result of anti-lesbian bullying.

As Keira said: 'I made a brash decision as a teenager, as a lot of teenagers do, trying to find confidence and happiness, except now the rest of my life will be negatively affected.'

I have some idea of how Keira came to decide she wanted to change sex. Growing up in a male-dominated environment and attending a school where I was bullied for rejecting boys, I was confused to say the least. I hated wearing a skirt and had zero interest in experimenting with make-up. I had a crush on my best friend, and convinced myself that because I didn't fancy boys, there was something seriously wrong with me.

This was the 1970s when, particularly in working-class communities, girls were confined in the straitjacket of gender roles. As a tomboyish lesbian, I was treated like a freak pariah and felt like one. I would go to sleep wishing I was a boy which would have meant I was 'normal'. If I could have waved a magic wand and changed sex I would have done so.

Finding feminism and meeting other lesbians who were proud of their sexuality gave me a totally different perspective, and those feelings of dysphoria and self-hatred soon disappeared.

Some supporters of medical intervention for gender dysphoria have argued that Keira Bell's case is not just about trans-identified youth but a much wider issue about whether we believe children and young people have a right to treat their bodies as their own.

As a feminist of course I support the right for young people to maintain bodily autonomy, particularly when female bodies seem to be public property, with abortion restricted or even criminalised in a number of countries around the world, and sexual assault being so endemic.

But is a 10-year-old child asking to go on puberty blockers really the same as girls having the right to be prescribed the contraceptive pill? Do we think it's okay for a 12-year-old to have extensive tattoos and piercings, or to spend their pocket money on porn? Of course not. So why then do the supporters of this medicalised approach think children can take irreversible and potentially damaging medication on a pathway to full sex reassignment surgery?

As the court heard, 'nearly 100 per cent' of all children who start taking hormone blockers will later begin taking irreversible and potentially harmful cross-sex hormones.

In 2003 I wrote about the increasing normalisation of transsexuality. 'A growing phenomenon is that of female-to-male transsexualism, with several operations conducted every year, which can include double mastectomy, hysterectomy and phalloplasty (the construction of a penis using skin grafts from the arms or stomach). Testosterone enables beard growth, muscle development and lowering of the voice,' I wrote.

I quoted Claudia at the time, a trans woman who feels she was rushed through hormone treatment and surgery in the 1980s and has since regretted transitioning.

'I want psychiatrists and surgeons to provide a more realistic explanation of what you will be left with, physically and emotionally, after the operation,' Claudia told me. 'If by speaking out I can prevent another confused, messed up individual going through this, it will have been worth it'. Why, 17 years after I wrote about sex change regret, and two years after the launch of the campaign group Detransitioned Advocacy Network, are we only just seeing our first legal challenge?

Keira's case is not, as some claim, about 'the healthcare of trans children' but rather about girls so distressed by the levels of hatred and misogyny they encounter they look for an escape from their female bodies. I felt like Keira did when I was her age, as did many of my lesbian friends.

Putting kids on drugs and a possible path to unnecessary surgery because they are experiencing psychological distress caused by external factors is a human rights violation. It is high time that we see it for what it is. Let's hope the court does, and this practice of medicating and carving up healthy young bodies will be replaced by appropriate care and support for these vulnerable young women. That I write this as a happy lesbian as opposed to a regretful transman is only because when I felt as Keira did, the GIDs clinic did not exist.

Written by Julie Bindel

Journalist, author, broadcaster, feminist campaigner against sexual violence.

Hundreds of trans people regret changing their gender, says trans activist



By Sally Robertson, B.Sc. Oct 7 2019

A trans activist woman who detransitioned in 2018 has sparked controversy by claiming that many people who have gender reassignment regret the decision and want to return to their original sex.



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Charlie Evans, aged 28 years, from Newcastle, UK, says hundreds of people who want to return to their original gender have contacted her since she announced her detransition and stopped taking her hormone therapy.

Evans was born female but decided to live as a male for almost ten years before detransitioning. She says she has received a huge response since announcing that she would no longer be identifying as a male or taking her testosterone therapy. Hundreds of people – just 30 in the

Newcastle area alone – have contacted her seeking help, she says, either asking her to speak out or to help them find support over their decision to detransition.

"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. They don't know what their options are now."

Charlie Evans

There is a lack of information about how many people regret transitioning

The number of young people seeking gender transition is at the highest it has ever been, but little is reported about how many of them regret the decision later, finding they are unhappy with their new gender.

Evans, who made her story public last year, says she is shocked by the number of people who have contacted her saying they have found themselves in a similar position to her.

The people who contact her share similar characteristics:

"They tend to be around their mid-20s, they're mostly female and mostly same-sex attracted, and often autistic as well."

Charlie Evans

"I felt I had to do something"

One 21-year-old woman who reached out to Evans said gender reassignment did not help her gender dysphoria and that she has therefore also detransitioned.

"She said she felt shunned by the LGBT community for being a traitor. So I felt I had to do something," Evans said.

The woman had identified as male since the age of 13. After taking testosterone therapy, her voice deepened, she grew facial hair and her body started to change. She was due to undergo breast-removal surgery this summer, but started to change her mind in May and decided to stop taking her hormones and to identify as female again.

The woman, who asked to be called Ruby says:

"I didn't think any change was going to be enough in the end and I thought it was better to work on changing how I felt about myself, than changing my body. I've seen similarities in the way I experience gender dysphoria, in the way I experience other body image issues."

For example, Ruby says she has also had an eating disorder, but that she does not think the problem was explored properly in the therapy sessions she attended through gender identity services.

"When I was at my gender clinic to get referred for hormones, we had a session where I went over my mental health issues and I told them about my eating disorder and they didn't suggest that that could maybe connected with my gender dysphoria," she says.

"For everyone who has gender dysphoria, whether they are trans or not, I want there to be more options for us because I think there is a system of saying, 'okay here's your hormones, here's your surgery, off you go'. I don't think that's helpful for anyone."

The Detransition Advocacy Network

Evans is now setting up a charity called The Detransition Advocacy Network, which will hold its first meeting in Manchester at the end of this month. The non-profit organization aims to provide guidance to trans people who have undergone gender reassignment, but now want to change back to their original gender.

Evans, who is a freelance science journalist, has previously tweeted: *"We know that there is no such thing as a boy brain or a girl brain or that you can be born with the wrong one. We know hormone blockers are unsafe because we need testosterone and oestrogen for development. We need to #BeBrave, and stand together."*

Gender transition offered to children as young as 3 or 4

NHS facilities in the UK have started to offer guidance on gender transition to children as young as 3 or 4 years old and participation in gender transition programs has skyrocketed.

One center, called the Tavistock and Portman NHS Trust, says that compared with ten years ago, participation has skyrocketed, by 3,200%, with the rate for girls up by 5,337%.

With its records showing that referrals are more common than ever, the center suggests that cases of destransition will also rise.

In a statement, one trust spokesperson disputed Evan's description saying:

"Decisions about physical interventions made in our care are arrived at after a thorough exploration process. While some of our patients may decide not to pursue physical treatment or drop out of treatment, the experience of regret described here is rarely seen."

However, some people think further research and more discussions are needed surrounding the topic of gender dysphoria, as well as potential alternatives to gender transition.

Puberty blockers do not alleviate negative thoughts in children with gender dysphoria, finds study

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n356> (Published 08 February 2021) Cite this as: BMJ 2021;372:n356

Puberty blockers used to treat children aged 12 to 15 who have severe and persistent gender dysphoria had no significant effect on their psychological function, thoughts of self-harm, or body image, a study has found.¹

However, as expected, the children experienced reduced growth in height and bone strength by the time they finished their treatment at age 16.

The findings, from a study of 44 children treated by the Gender Identity Development Service (GIDS) run by the Tavistock and Portman NHS Foundation Trust in London, have emerged as the trust prepares to appeal against a High Court ruling that led NHS England to pause referrals of under 16s for puberty blockers.²

The appeal, expected to be heard on a date between May and July, will challenge the ruling by three senior judges that children aged under 16 are unlikely to be able to fully understand the consequences of the treatment and give informed consent.³

The study followed 44 children who began treatment between June 2011 and April 2015 until they finished treatment at 16. One of the criteria for inclusion in the study was the ability to give informed consent.

The High Court case was brought by Keira Bell, a former patient who regrets having cross hormone treatment and has retransitioned back to the sex assigned at birth, and Mrs A, the mother of a patient on the waiting list. University College London Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust, whose endocrinology services provide the puberty blockers, intervened in the case to provide their own submissions to the court, as did Transgender Trends, which calls for evidence based treatment for gender dysphoria.

The appeal court has also agreed to hear from new interveners, including David Bell, a former staff governor of the Tavistock and Portman trust who was approached with serious concerns by 10 clinicians who were working or had worked in the GIDS. Bell, an adult psychiatrist who worked at the Tavistock for 24 years, did not appear in the original case but told *The BMJ* that he was able to speak more freely since his retirement from the trust on 15 January.

In his application to intervene in the appeal, he told the court that in August 2018 he had investigated the clinicians' concerns about, among other matters, children's ability to consent to puberty blockers and practitioners' ability to judge that consent.

The central conclusion of his report was, "The GIDS service as it now functions [is] not fit for purpose and children's needs are being met in a woeful inadequate manner, and some will live on with the damaging consequences." Reasons given for that conclusion included "very serious ethical concerns as regards the modes of practice and the inadequacy of consent."

He told the appeal court that the concerns included a worry that the service was focused on consent for puberty blockers only, whereas the treatment pathway tended to lead to opposite sex hormones. Of the 44 children in the study, only one did not go on to take cross sex hormones.

Other interventions allowed by the appeal court are from the Association of Lawyers for Children and a joint submission from Gendered Intelligence, the Endocrine Society, and Brook.

The BMA is considering making an application for permission to intervene in the appeal. In a letter to *The BMJ*, John Chisholm, chair of the BMA's medical ethics committee, wrote, "We would be doing a disservice to our members if we did not consider carefully the full impact of this judgment both for children and young people themselves, and for our members."⁴

References

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4. Chisholm J. BMA response to Dr Bowen, Dr Clyde, Dr Wright et al. Rapid response to: Dyer C. Gender dysphoria service rated inadequate after waiting list of 4600 raises concerns. *BMJ* 2021. <https://www.bmj.com/content/372/bmj.n205/rr-3>.



QUIZ

Why Girls Become Boys

1. The latest statistics indicate that _____ of American high school students now identify as transgender.
 - a. .002%
 - b. .02%
 - c. .20%
 - d. 2%

2. Between 2016 and 2017 alone, _____ in America quadrupled.
 - a. the number of males seeking gender surgery
 - b. the number of females seeking gender surgery
 - c. the number of males seeking breast enhancement surgery
 - d. the number of females seeking breast enhancement surgery

3. A decade ago, the condition underlying transgenderism afflicted how many people?
 - a. 1 in 100 people
 - b. 1 in 1,000 people
 - c. 1 in 10,000 people
 - d. 1 in 100,000 people

4. Gender Dysphoria has been studied for nearly one hundred years.
 - a. True
 - b. False

5. At what level is gender identity education presented in California schools?
 - a. high school through college
 - b. junior high through college
 - c. third grade through college
 - d. kindergarten through high school



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