Transgender hysteria

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Transgender population estimates

The Australian Bureau of Statistics (ABS) included a question on gender diversity for the first time in the 2016 Census. It reported that 1,260 people in Australia identified as “sex and/or gender diverse.” Of this tiny proportion of the Australian population, 35% of sex/gender diverse people indicated they were non-binary (17%) or a gender other than male or female (18%). A further 26% reported they were trans male, trans female (13%), or transgender (13%). 3.2% indicated that they were intersex or of indeterminate sex (i.e., 0.17 per 100,000) of the Australian population. The table below provides a summary. These numbers suggest that the tsunami of transgender hysteria has not yet crashed on Australian shores. Let’s erect the barriers of scientific evidence, sound reasoning, and medical ethics against the rising tide.

DESCRIPTORS FOR PERSONS REPORTING DIVERSE SEX/GENDER IDENTITY(a), 2016

	Persons(b)	**%**
Intersex/Indeterminate	40	3.2
Trans male	70	5.5
Trans female	100	7.5
Transgender not elsewhere classified	170	13.2
Non-binary	220	17.3
Another gender	230	18.1
Othernot further defined(c)	440	34.9
Persons	**1 260**	**100.0**

Source: ABS Census of Population and Housing, 2016

In the USA, the rate of self-identification as transgender doubled in 10 years from 12.5 (0.013%)(2002) to 23 (0.023%) per 100,000 (2011). The *Massachusetts Behavioral Risk Factor Surveillance Survey* found that 0.5% of the adult population aged 18 to 64 years identified as TGNC (transgender and gender nonconforming) between 2009 and 2011 (Conron, Scott, Stowell, & Landers, 2012). By 2016, the estimated rate was 0.6% of the USA population (i.e., 1.4 million people) identifying as transgender (Williams Institute, 2016, https://williamsinstitute.law.ucla.edu/wp-content/uploads/CHIS-Transgender-Teens-FINAL.pdf).

Referrals for gender dysphoria and treatment

Health services in the UK dealing with gender issues in young people under the age of 18 years have experienced dramatic increases in referrals over the past few years. Figures from Gender Identity Development Service (GIDS) which is the NHS's only facility for children with gender dysphoria, showed that 84 children between three and seven years were referred in 2017, compared with 20 in 2012/2013. Referrals of children less than 10 years of age showed a fourfold increase from 36 in 2012 to 165 in 2016. In 2016, here were 2,016 referrals for children aged between three and 18 years, a six time increase from 314 five years previously. More than twice as many girls as boys are referred to such services.

https://www.telegraph.co.uk/news/2017/07/08/number-children-referred-gender-identity-clinics-has-quadrupled/

Longitudinal data from the US covering the years from 2005 to 2015 show marked increases in prevalence of referrals for people seeking transgender treatment. As the figure shows, there was more than a three-fold increase in referrals over this timeframe.

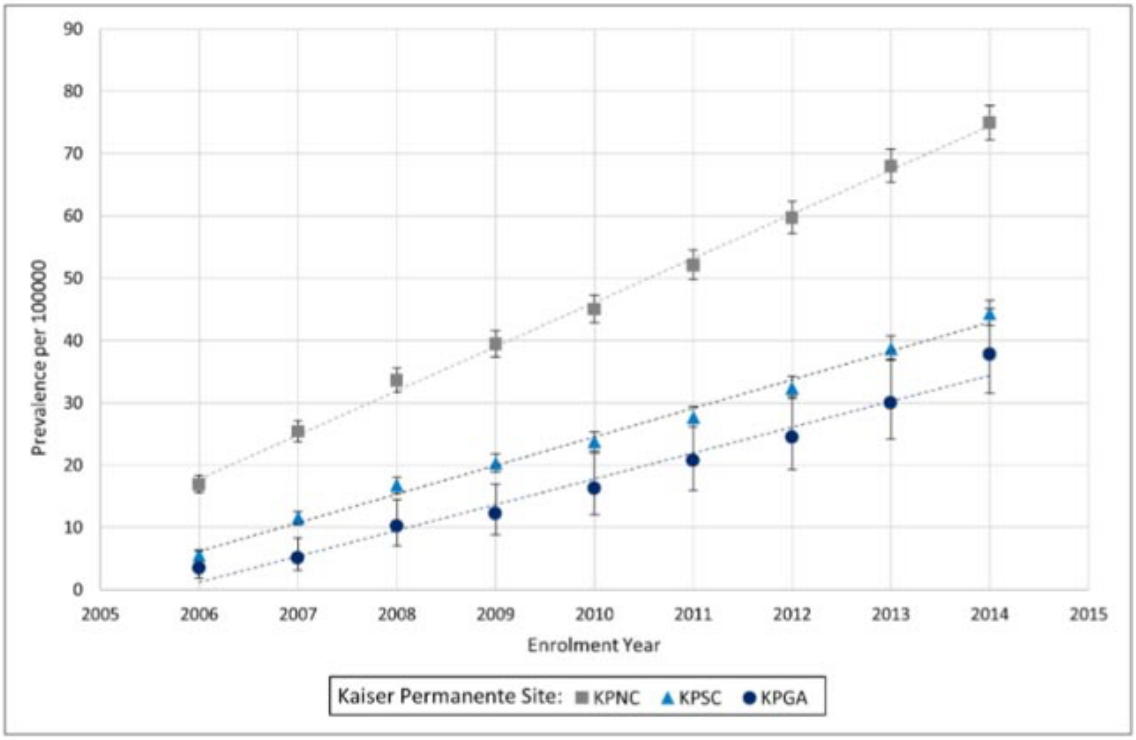

Figure 3 Prevalence of transgender status by site and year of health plan enrolment. Dotted lines represent linear trends. KPGA, Kaiser Permanente health plan located in Georgia; KPNC, Kaiser Permanente health plan located in Northern California; KPSC, Kaiser Permanente health plan located in Southern California.

Source: Quinn, Nash, Hunkeler… et al. (2017).

Although gender reassignment surgeries in the US increased by 20 percent in one year (from 2015 to 2016) with 3,000 surgeries performed in 2016 alone http://www.newsweek.com/transgender-women-transgender-men-sex-change-sex-reassignment-surgery-676777, the proportion of those self-identifying as transgender who were seeking treatment were very low compared with the total population of transgender-identified individuals in the Quinn et al study. Of those registered at the three health sites in Figure 3 (n=6,456), 55% commenced cross-sex hormone therapy, 6% had breast removal surgery, 0.8% had orchiectomy (with or without breast surgery), 4.6% had genital reconstruction surgery, and 11% had surgery to alter secondary

sexual characteristics. In all, about 23% of the transgender group underwent some form of "gender affirmation" surgery).

Cases before the Family Court of Australia seeking court authorization for cross sex hormone treatment or sex reassignment surgery have increased dramatically from 2004, which heard one case, to 18 cases in 2015, and 22 cases in 2016. In total, the court has ruled on 56 cases in this time period, including authorizing five young women for bilateral mastectomy.

What can possibly account for these alarming increases in transgenderism and other categories of gender? Here are some possible explanations:

Social contagion and groupthink

Contagion is a biological concept originating in the field of epidemiology. It describes the pattern of dissemination across networks of a disease, allowing patterns and causes of contagion to be identified and tracked. The concept has been borrowed by the social sciences to understand fads, politics, financial behaviour, and the popularity of new theories. A related concept is groupthink. Groupthink, a term coined by social psychologist Irving Janis (1972), is an extreme form of conformity in which people are prepared to keep the peace at all costs. It tends to occur more in homogenous groups, when a powerful and charismatic group leader is insistent on the preferred course of action, when the group is under severe stress, where significant moral dilemmas are part of the decision matrix and where objective outside experts are not called upon. The consequences of group think include the illusion of invulnerability, collective rationalization, stereotyping of out-groups, self-censorship, belief in the inherent morality of the group, poor information search, incomplete survey of alternatives, failure to appraise the risks of the preferred solution, selective information processing, and conflation of ethics and expedience (Kenny, 2015; Turner & Pratkanis, 1998).

Transgenderism is primarily a sociocultural and political phenomenon, not a psychological or medical phenomenon, that has been fuelled by both social contagion and groupthink social processes. You will observe all the features described above in the conduct of transgender advocacy individuals and groups.

Normalization and demedicalization of transgenderism

The notion that people are born transgender and that it is a normal variant of sexual development has taken hold within the transgender community and its advocates but is not supported by scientific evidence. The idea that gender identity is an innate characteristic independent of biological sex — that is, that an individual can be "a man trapped in a woman's body" or "a woman trapped in a man's body" — is also not supported by scientific evidence.

The American College of Paediatricians issued a statement in March 2016 stating that the transgender agenda harms children. They stated: "Educators and legislators should reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts — not ideology — determine reality." The College further states that "Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse" http://www.acpeds.org/the-college-speaks/position-statements/gender-ideology-harms-children.

Transgender advocacy

Activism of the kind being witnessed in transgender advocacy groups hinders accurate diagnosis and optimal care for children presenting to treatment centres with gender dysphoria or beliefs that they are "in the wrong body." This faulty notion forecloses on exploration of environmental, family, and psychological factors that are associated with the development of such orientations, the most important of which are the experience of child sexual abuse, growing up in a dysfunctional family (e.g., domestic violence, substance abuse in parents etc), and the experience of interpersonal violence before age 18 http://dx.doi.org/10.2105/AJPH.2009.168971. Youth aged 3 to 17 years now constitute more than 20 percent of the transgender population (Quinn et al., 2017).

Ignoring science in favour of ideology

The infamous and thoroughly discredited John Money Introduced the term 'gender' as a psychological construct in the 1950s and argued, without evidence, that gender could be socially manipulated. He was responsible for the suicides of twin boys, one of whom suffered a catastrophic amputation of his penis during circumcision.

Based on the erroneous belief that gender is socially determined, Money advised his parents to raise the boy as a girl and to socialize him into a female gender. The child rebelled at age 14, insisting that he was male, and his parents finally disclosed his medical history and allowed him to return to his natal sex. However, he had suffered so much trauma in the intervening years that suicide felt like his only option to stop his agony of mind.

Five areas of debate that have been either ignored or minimized by the transgender lobby are discussed below:
(i) *The role of personal and familial psychopathologies in the development of gender dysphoria*

In the 56 children before the Family Court in Australia, discussed above, 25 of 39 cases in which family constellation could be discerned lived in single parent families or foster care, with only 14 from two parent families. In this same group of 56 children, 50% had a diagnosed psychological disorder, including six with Autism Spectrum Disorder (ASD), major depression, anxiety, oppositional defiance disorder, ADHD, and intellectual disability. A recent study has shown a higher prevalence of gender dysphoria in those with ASD (van der Miesen, Hurley, Bal, & de Vries, 2018).

In a sample of 105 gender dysphoric adolescents and using the Diagnostic Interview Schedule for Children (DISC), anxiety disorders were found in 21%, mood disorders in 12.4%, and disruptive disorders in 11.4% of the adolescents. Males had greater psychopathology compared with females, including comorbid diagnoses (de Vries et al. 2011).

(ii) Desistance

Up to 90% of children presenting with gender dysphoria may desist by adolescence https://quadrant.org.au/magazine/2017/05/childhood-gender-dysphoria-responsibility-courts/; de Vries & Cohen (2012). According to DSM 5 (APA, 2013), 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.
(iii) *Adverse effects of long term cross-sex hormones on health*

Surgical castration of male animals, leading to a loss of testosterone, results in marked decreases in synaptic density in the hippocampus and reductions in the capacity for learning and memory. Female to male cross hormone results in loss of bone mineral density (van Kesteren, Lips, Gooren, Asscheman, & Megens, 2001). Venous thrombo-embolism (Asscheman, et al. 2014) and osteoporosis (Wierckx, 2012) have been identified as complications of cross-sex hormone treatment of male-to-female transsexual patients. A significantly higher prevalence of venous thrombosis, myocardial infarction, CVD, and type 2 diabetes was found in trans females (TF) than in a control population (Wierckx et al., 2013). Cross sex hormone treatment may also be associated with hormone-related cancer, a risk that increases with duration of exposure and the aging of the transgender population (Mueller & Gooren, 2008).

In the Quinn et al. (2017) study, myocardial infarction occurred at twice the rate in TF (1.8%) compared with reference females (RF) (0.9%). Peripheral artery disease (3.1% vs 1.9%) and unstable angina (1.8% vs 1.0%) were also elevated in TF compared with RF. Of the cancers surveyed (colorectal, lung, lymphatic and haematopoietic, and melanoma), none had higher numbers of cases in the TF population compared with the RF group. However, HIV was significantly more prevalent in the TF (5.4%) compared with RF (0%).

(iv) *Long term adverse health effects associated with sex reassignment surgery*
Although further robust longitudinal studies are needed, current evidence http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0016885&type=printable indicates that those having undergone sex reassignment have significantly higher risk for mortality (3 times more likely), suicidality (5 times more likely), death by suicide (19 times more likely), and psychiatric morbidity (3 times more likely) than matched controls in the general population. Figure 1 shows the trends over a 30-year follow-up period. Negative outcomes were greater for MTF compared with FTM individuals.

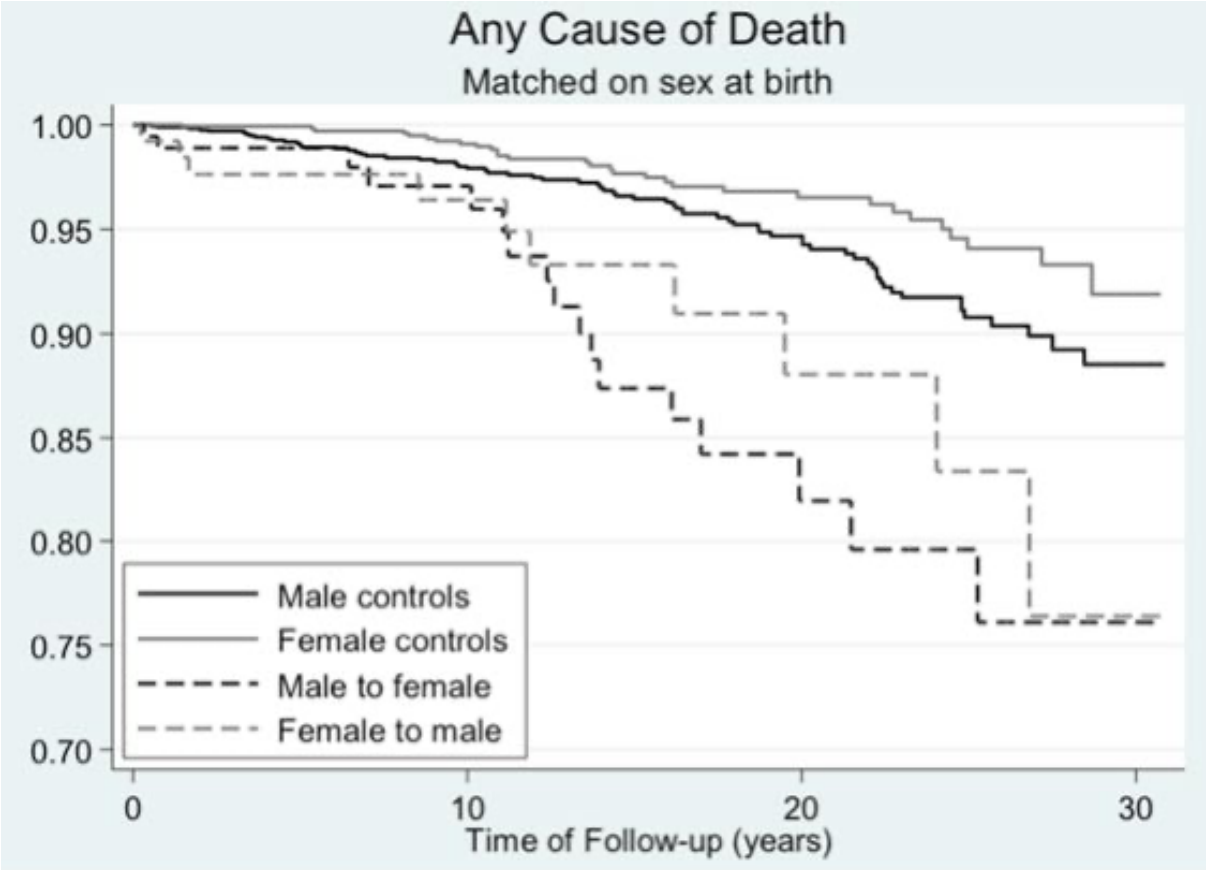

Figure 1: Death from any cause as a function of time after sex reassignment among 324 transsexual persons in Sweden (male-to-female: N=191, female-to-male: N=133), and population controls matched on birth year [Source: Dhejne, Lichtenstein, Boman, Johansson, Långstrom, et al. (2011)].

Mental health was considerably more impaired in the transgender population compared with male and female reference groups (Quinn et al., 2017). For example, anxiety was diagnosed in 38% of trans females (TF) compared with 22% of reference females (RF). Depression was diagnosed in 49% (TF) vs 25% (RF); suicidal ideation in 5% (TF) compared with 0.6% (RF); and substance abuse disorder in 15% TF compared with 5% RF. In trans males (TM) mental health was significantly worse compared with reference males (RM). For example, 46% TM were diagnosed with anxiety compared with 13% RM. Similarly, for depression (55% vs13%), self-inflicted injury (4.2% vs 0.4%), suicidal ideation (6.7% vs 0.6%), and substance abuse disorder (14% vs 8.4%), TM were significantly more disadvantaged than RM.

(v) *Gender re-assignment regret and "reversal" surgeries*

Although there are no reliable statistics on regret, a number of gender reassignment surgeons are reporting increases in requests for reversal surgeries [e.g., http://www.newsweek.com/transgender-women-transgender-men-sex-change-sex-reassignment-surgery-676777]. A poignant BBC documentary *One life: Make me a man again*, was televised in 2004.

Solipsism

Transgender advocates state that in transgenderism - the belief/assumption that one has been born in the wrong body - the body must be aligned to one's gender belief, not one's belief to one's biological body. They assume that the mind is "correct" in its perceptions and beliefs and the body is diseased and must be treated. Transgenderism is a disorder of assumption and like other disorders of assumption, is solipsistic. Solipsism is the belief that ideas that arise in the mind are true and cannot be questioned. For example, those with anorexia nervosa believe that they are a fat when in fact they are emaciated. People with body image dysphoria engage in endless plastic surgery to correct their perceived ugliness, when their appearance falls well within the 'norms' for their culture. Those with body integrity identity disorder (BIID) perceive one or more of their limbs or organs as alien to the rest of their body and wish to have it amputated or paralysed. If refused surgery, they may self-mutilate. Can we, as a society, condone the amputation or paralysis of healthy limbs in people with BIID? In the same vein, is the amputation of a healthy penis and healthy breasts ethically justifiable? Disorders of

assumption are disorders of perception. Disorders of perception belong in the domains of psychology, psychiatry, and psychotherapy, not endocrinology or mutilating surgery.

In the Middles Ages, the belief that some women were “witches” resulted in the murder of thousands during the Inquisition. More recently, families were torn apart from the “recovered memories” epidemic. Innocent teachers spent many years in jail after false accusations of “ritual sexual abuse” at preschools (Kenny, 2015). If transgender hysteria is not stemmed, it will result in the devastation of the lives of young people who get swept up in the cause of gender affirmation. Many may change their minds, but sex reassignment surgery and sterility as a result of cross-sex hormone treatment are irreversible. McHugh (2008; 2014) argued, “Sex change is biologically impossible. People who undergo sex-reassignment surgery do not change from men to women or women to men. Rather, they become feminized men or masculinized women” https://www.lifesitenews.com/news/former-johns-hopkins-head-psychiatrist-transgender-surgery-isnt-the-solutio

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