*This is Appendix B for the **<u>Demand for Action To the Seattle School Board: Get Gender identity Ideology Out of Our Schools</u>** delivered to the School Board on Sept. 27, 2023*

APPENDIX B: BACKGROUND AND DOCUMENTATION
For Statements Made in
The Demand for Action To the Seattle School Board: Get Gender Identity Ideology Out of Our Schools.

This Appendix provides background and documentation for statements made in the Demand for Action to the Seattle School Board to Get Gender Identity Ideology Out of Our Schools. It presents information on selected topics in roughly the same order as they appear in the demand. See Appendix A to peruse Seattle Public Schools (SPS) curricula, lessons and policies that promote Gender Identity Ideology.

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I. Biological Reality versus what Seattle Schools Teach Children

The sex binary.

There are only two sexes. This is true for human beings, and it is true throughout the plant and animal kingdoms.

An organism's sex is defined by the type of gamete (sperm or ova) it has the function of producing. In humans, males are born with testicles which are associated with the production of sperm. Females are born with ovaries which are associated with the production of eggs.

There is no third gamete. There is no third gonad. Thus, there are only two sexes. By its very nature, sex is not a spectrum. Or as renowned biologist Richard Dawkins puts it: "There's tall versus short, fat versus thin, old versus young. All these things are a smooth continuum. The one thing that isn't, is sex. I mean sex really is binary. No question about it, you're either male or female, and it's absolutely clear." (Sources: Richard Dawkins, *The Poetry of Reality, Interview with Helen Joyce,* posted July 29, 2023; Minute 2:56 et seq; Colin Wright, Reality's Last Stand, May 2, 2023, *A Biologist Explains Why Sex is Binary,* https://www.realityslaststand.com/p/a-biologist-explains-why-sex-is-binary ; Zach Elliot, Reality's Last Stand, June 9, 2023, *Sex Isn't All About Chromosomes; https://www.realityslaststand.com/p/sex-isnt-all-about-chromosomes;* Richard Dawkins, Areo, 5/1/2022, *Race is a Spectrum. Sex is Pretty Damn Binary.* https://areomagazine.com/2022/01/05/race-is-a-spectrum-sex-is-pretty-damn-binary/)

Almost always the gonads, which are known as the "primary sex organs", are accompanied by consistent "secondary sex organs." These include, for example, the penis for males, and the uterus, and vagina for females. Thus, females don't just provide eggs. They also gestate the young and provide breastmilk for newborns.

It is the organization of our bodies that matters, not the functionality of our gonads and not whether we actually engage in male or female reproductive roles. People with birth defects or illnesses rendering them impotent or infertile are still either a male or a female based on their reproductive anatomy at birth. People who are too young or too old to reproduce are still males and females based on that anatomy, as are people who have no wish to procreate. People whose gonads are removed or altered for "gender affirmation" or other reasons are still the same sex as they were when they were born.

Not all women can have babies. But only women can. Not all men can provide sperm to fertilize an egg. But only men can.

Hundreds of scientists from around the world have signed a statement dubbed The Project Nettie Statement in honor of Dr. Nettie Maria Stevens, who discovered sex chromosomes and their importance in determining which sex develops: male or female. (Link:

https://projectnettie.wordpress.com) Here's what appears on their website (emphasis added):

> *Sexual reproduction, the generation of offspring by fusion of genetic material from two different individuals, evolved over 1 billion years ago. It is the reproductive strategy of all higher animals and plants, including the mammalian class to which humans belong. Humans can be differentiated into two categories by their reproductive roles. Females make eggs and gestate live young. Males generate sperm to fertilize the female egg. In accordance with their respective roles, females and males have different reproductive anatomies ("biological sex"). No other reproductive mechanism exists in humans.*
>
> ***The Project Nettie statement**: "Biological sex" is a scientific description of the reproductive anatomies that have evolved to fulfil the function of sexual reproduction. Biological sex exists independently of humans and society. In mammals, there are two types of gamete and two classes of reproductive anatomy. The male sex class produces many small motile gametes – sperm – for transfer. The female sex class produces few large immobile gametes – ova – and gestates/delivers live young. In any individual, reproductive anatomy is almost always unambiguously male or female and observed correctly at birth, regardless of ultimate sexual function or dysfunction. Male and female reproductive anatomies differ qualitatively, not quantitatively, and there are no intrinsically-ordered states between male and female reproductive anatomies. Biological sex does not meet the defining criteria for a spectrum. Although rare, some individuals have disorders of sex development (also referred to as intersex conditions). Most of these disorders are male or female specific and do not cause ambiguous biological sex. Some individuals have reproductive anatomies with both male and female features; here, biological sex classification is a complex process with input from medical professionals and parents. Not one of these individuals represents an additional sex class. Reproductive anatomies differentiate and mature under the control of genetic and hormonal signals, and measurements of these factors have strong predictive power, but do not define the sex of an individual. Biological sex is fundamentally defined by male and female reproductive anatomy. **Attempts to recast biological sex as a social construct, which then becomes a matter of chosen individual identity, are wholly ideological, scientifically inaccurate and socially irresponsible.***

By telling children that sex is a matter of feelings rather than reproductive anatomy and that it is up to them to decide which sex they are, and by indicating that there are options beyond male and female, Seattle Public Schools are being "wholly ideological, scientifically inaccurate and socially irresponsible."

The "Gender is not sex" smokescreen.

Gender Identity Ideology proponents sometimes claim that their ideology does not promote false information about *sex*, but rather true information about *gender* or *gender identity* which they claim is something else. They portray challengers of Gender Identity Ideology as misinformed and needlessly upset about attacks on sex that supposedly aren't happening.

But the attack on *sex* itself and the spreading of misinformation about biology associated with that is crystal clear.

- If "gender" and "sex" are different, why are the words for the sexes ("woman", "man", "girl", "boy", "female" and "male") used to designate so-called gender identities? When Seattle schools tell children that they can be boys, girls, neither, both, or something else, they reasonably take that to mean that there are more than two *sexes*. Afterall, the schools are using sex terminology. (A "girl" is a non-adult human female, and females are people born with ovaries. A "boy" is a non-adult human male, and males are people born with testicles.)
- If gender and sex are different, why are women's *sex*-based rights abrogated in honor of male individuals' "gender identities." Why are *sex* organs altered chemically and surgically in response to gender identity?
- Gender Ideology groups, including those linked to by Seattle schools, clearly and consistently claim that "*sex* is a spectrum."
- "Gender" is defined in a circular way, if at all. The resulting confusion further ensures that statements supposedly made about *gender* are interpreted as applying to *sex.*
- The terms "gender" and "sex" are used interchangeably at will by proponents of Gender Identity Ideology and by others.
- While some claim that the terms "female" and "male" are left intact as words related to sex, Gender Identity materials, including SPS's, regularly refer to "female" and "male" as gender identities.

For more information on the sex versus gender smokescreen, see Dansereau, Dec. 10, 2022, *The Anti-Science Disaster of Gender Ideology in the Schools* at https://caroldansereau.substack.com/p/the-anti-science-disaster-of-gender

How the sexes are defined.

Sex is not defined by genitals, hormones, secondary sex characteristics (like body hair and voice pitch), or chromosomes. It is defined by whether one has the male gonad (testicles) or the female one (ovaries) at birth.

Chromosomes help *determine* sex, they don't define it. They govern which pathway a fetus will go down—one that leads to testicles and therefore a male, or one that leads to ovaries and therefore a female. They don't *define* sex.

To understand the difference between determination and definition, consider non-chromosomal methods of sex determination in some animals: temperature for example. How cold it is determines whether alligators will be male or female, just as Y chromosomes determine whether a female or male pathway will be followed prenatally in humans. Neither chromosomes nor temperature define sex. They determine it.

(Note: Even when chromosomes are treated as sex-definitional, the outcome is almost always the same as it is with gonads as sex-definitional. Extremely rare individuals with female genitalia and male gonads, for example, are male based on gonads. Their Y chromosomes lead to the same conclusion if chromosomes are treated as sex-definitional. Also note that gender ideologues

make no sense when they point to the existence of unusual chromosomal configurations such as XXY, XYY, and XXX as somehow showing that one can't have objective measures of sex. Individuals with these unusual combinations are still males and females. They are not new sexes; they are variations within the two sexes. Gender ideologue campaigns to label these individuals as "intersex" undercut the needs and desires of people who have these conditions. People with Klinefelter's syndrome (XXY) are clearly male; some have expressed outrage at gender ideologues' efforts to classify them as intersex instead.)

Hormones also play a prenatal role with regard to a person's sex. They don't define sex. They help determine it. Hormones are also central in the development of secondary sex characteristics during puberty. Thus, hormones help determine sex, and then sex determines pubertal hormones and the secondary sex characteristics that flow from them.

Genitals are *secondary* sex organs. Because they are almost always consistent with the less visible *primary* sex organ, they are used as an extremely reliable surrogate at birth for observing and recording a baby's sex. They don't define sex.

Seattle schools lay out a slew of inaccuracies regarding how sex is defined. They also encourage children to trust gender ideology groups that peddle similar inaccuracies.

A Seattle high school lesson, for example, tells students that "biological sex" is "based on chromosomes, either XX (female) or XY (male)" and on "genitals, such as whether someone has a vulva and clitoris, or a penis and scrotum." This misdirects children to believe that chromosomes define sex rather than determine it, and inaccurately points them to *secondary* sex organs, while ignoring the sex-defining *primary* sex organs (the gonads) altogether.

As another example, the Gender Unicorn delivered to families by a Seattle elementary school refers to "Sex Assigned at Birth" as "[t]he assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes." This mentions "anatomy" without clarifying which anatomy (i.e. gonads) is relevant, and claims that, in any case, anatomical bases of sex are mixed with hormonal and chromosomal bases, which is not accurate. (Note also that children are falsely led to believe that there are more than two sexes.)

The Gender Unicorn materials insist that we mustn't refer to "sex" but rather to "sex assigned at birth", bemoaning the supposed "vagueness of the definition of sex" and "its place in transphobia." The actual definition of sex is not vague at all but is ignored by the Gender Unicorn creators. Inaccurate definitions are held up in its place and then criticized. "Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia)," the Unicorn materials note, conflating the reasonable use of surrogates (i.e., genitalia) to assess sex with the actual definition of sex. "Chromosomes do not always determine genitalia, sex, or gender," they add, fostering further confusion regarding what *defines* sex.

The Genderbread Person, a precursor to the Gender Unicorn, is used in schools across the U.S., and likely by some Seattle teachers. Seattle students will also come in contact with it on-line and via Gender Ideology groups they believe to be harbingers of truth as encouraged by their schools. One version of the Genderbread Person tells children to figure out their degree of "female-ness" and "male-ness" with respect to their "biological sex" based on "[t]he physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc." Note that the primary sex organs are missing from the list altogether. In addition to the more standard misdirection to secondary sex organs, chromosomes and hormones, the list even tosses in secondary sex characteristics as sex definitional. It inaccurately treats sex as quantitative, rather than qualitative.

Miseducation regarding the definition of sex sets the stage for Seattle schools telling children that sex has nothing to do with anatomy at all. This is central to Gender Identity dogma. "See how hard it is to figure out whether a person is male or female…or something else…based on all the different things that go into it, like chromosomes, genitals, hormones, voice pitch, hair on the body, and what-not?" gender ideologues declare. "Let's just leave a person's sex up to them." This is anti-science nonsense. It starts with blatant inaccuracy regarding what defines the sexes, and then leaps to a thoroughly irrational solution to the problem that inaccuracy engenders: a free-for-all in which the words male and female have no real meaning at all.

Seattle Middle School materials define "Female" as "a person who identifies as a woman." (V, WA, 73) While "woman" is not defined in that lesson, throughout the Gender Identity world, "woman" is defined as "anyone who identifies as a woman." Books read to elementary school students treat individuals as boys or girls (or as men or women) based on their self-declarations. Videos and other materials used with older children do the same.

Seattle schools teach children that *sexual* anatomy (i.e. the primary *sex* organs) is not relevant to a person's sex. But hearts and brains are. *I Am Jazz* features a boy who says he has a "girl brain" trapped in a boy body. A guide for K-5 teachers tells them how to answer questions about whether a boy can become a girl, or a girl can become a boy. Teachers are to say: "Some people may have been born with a male body, but know in their hearts and minds that they are actually female…or the other way around." The teddy bear in Meet Teddy knows in its heart it's a girl.

The teacher script for the Middle School SOGI (Sexual Orientation and Gender Identity) unit has them tell students that "a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender." *It Feels Good to Be Yourself* features Ruthie, a boy who announces that he's a girl at age 5. Ruthie is immediately accepted as a girl by his parents. The doctors who observed him as a newborn and properly recorded his actual sex are deemed to have been wrong.

These are just some examples of the blatant inaccuracies taught to children regarding how the sexes are defined.

The importance of sex-based terminology.

One would think that the irrational new definitions for sex-based words taught in Seattle schools would only be taught as the result of a major debate and decision-making process among scientists and others. But there has been no such process.

Nor would such a process likely lead to a decision to jettison anatomy-based objective useful definitions in favor of mystical circular ones that render sex-based words useless. Those words are too important to lose.

How can we have coherent discussions about biology, evolution, and related matters without words for the two sexes? And just as sex-based terminology is vital in research and education related to other animal species, it is vital with respect to our own.

How can we acknowledge and track sex-based discrimination, such as disparate pay, glass ceilings, sex-based violence and other problems that plague womankind, if we don't have rational meanings for the words "woman" and "man." Moreover, women need to be able to gather as women to discuss that discrimination and how to fight it. This is not possible when the word "woman" encompasses people who are not women.

Men also need to be able to gather as men to discuss their experiences, the sexist stereotypes that repress them, and more. Defining men to include women makes male-only gatherings impossible.

Men and women need to be able to participate in sex-based support groups to discuss sex-based experiences including but not limited to medical conditions that affect only their sex. This is not possible without clear rational meanings for sex-based words. When endometriosis support groups include males and chastise women who object, as has indeed happened in the Seattle area, something is very wrong.

Coherent science-based meanings for sex-based words are vital for medicine. As Dr. Isidora Sanger puts it: [t]here is nothing more fundamental when dealing with a patient than knowing whether they are male or female." She notes that "[b]eing male or female makes certain diagnoses, complications, prognoses, effects, and side-effects of treatments more or less likely. Normal blood test values vary between the sexes and not knowing the true sex of a patient could lead to under treatment, over treatment, missing a diagnosis or making a wrong one." (Source Dr. Idisora Sanger, *Born in the Right Body,* 2022.)

These are just some examples of why gutting words like "woman", "man", "female", and "male" is not okay. SPS's role in that gutting is unacceptable.

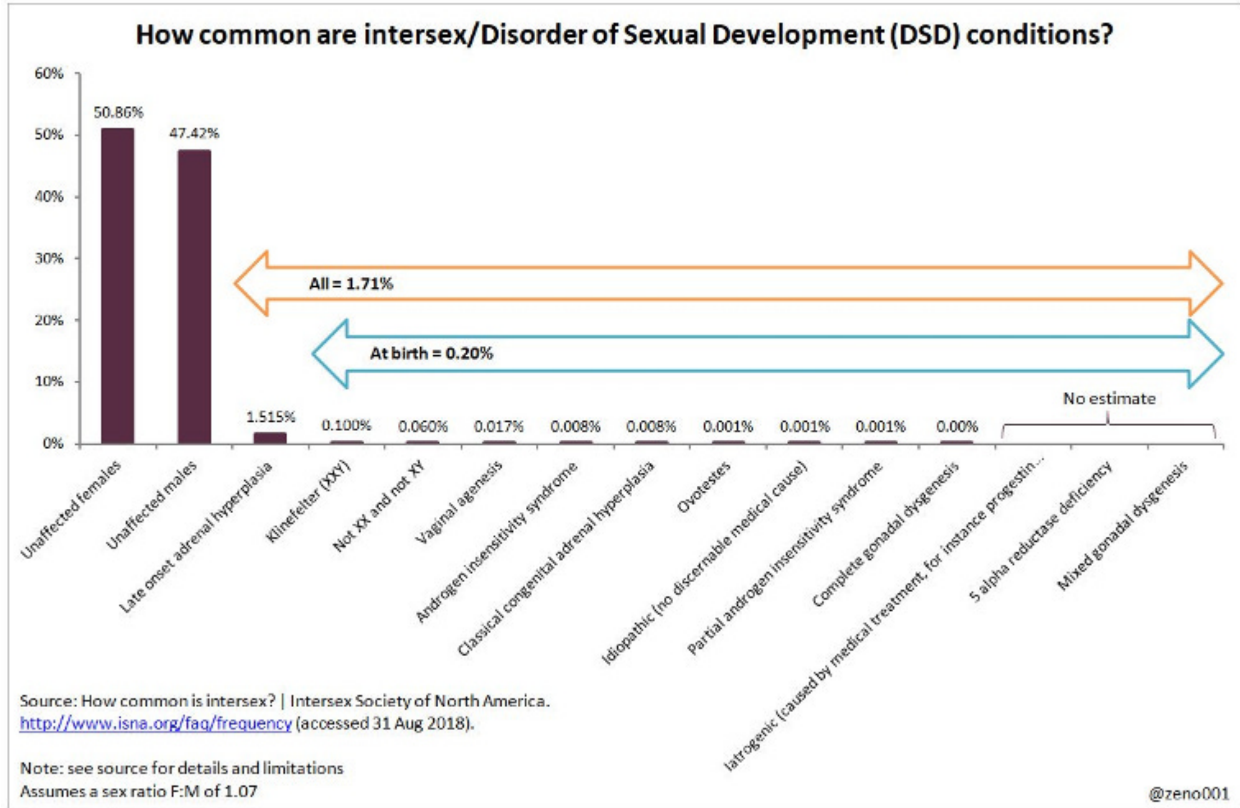
The facts about Disorders of Sexual Development/Intersex conditions.

In approximately 1.7% of live births a newborn has a Disorder (or Difference) of Sexual Development (DSD). Approximately 88% of all those DSDs—1.5% of live births—have Late Onset Congenital Adrenal Hyperplasia (LOCAH), a condition in which a person has all the primary and secondary organs for their sex, but later in life an adrenal gland disorder causes health problems. People with this condition are unambiguously male or female.

That leaves 0.2% of live births with a DSD other than LOCAH. Nearly all of these remaining DSDs also involve no ambiguity as to sex either. Klinefelter's Syndrome, hypospadias, vaginal agenesis, and most DSD conditions create no ambiguity whatsoever about whether a person is male or female.

Only approximately .018% of live births involve DSDs with ambiguous genitalia. (Source: Leonard Sax, The Journal of Sex Research, Aug. 2002, *How Common is Intersex? A Response to Anne Fausto-Sterling.)* Even this tiny subset of a tiny subset of births includes conditions where "ambiguity" is swiftly resolved with observation. For example, an atypically large clitoris on a female newborn may resemble a penis at first glance, but is a different sex organ, and the newborn is a girl. (Source: Women's Place UK, Oct 21, 2019, *Biological Sex is not a Spectrum. There are only two sexes in humans with Claire Graham: https://womansplaceuk.org/2019/10/21/biological-sex-is-not-a-spectrum-there-are-only-two-sexes-in-humans-with-claire-graham/)*

In extremely rare cases, a newborn has both ovarian and testicular tissue—a condition known as "ovotestes". Less than 0.001% of newborns have this condition. (There's no evidence of any human having been born capable of producing both sperm and eggs.)



DSD conditions are sex-specific. They represent variations within a sex. No person with any DSD is a member of a sex beyond male or female. Atypical chromosome combinations such as XXX, XYY, XXY and XO do not represent different sexes. They represent diversity within each sex.

Confusion reigns regarding terminology to use in this area. Many people use the term DSD for the full range of Disorders (or Differences) of Sexual Development (1.7% of live births), reserving the term "intersex" for the minute percentage of DSDs with sexual ambiguity (0.018%). Some, including many Gender Identity ideologues, use the term "intersex" for the full 1.7% of live births involving DSDs. Others use "intersex" for some DSDs and not others, without clarity as to what's encompassed and what's not.

Many gender ideologues misrepresent the nature, relevance, and implications of DSD conditions. For example:

- They state or imply that 1.7% of the population has a DSD involving sexual ambiguity—"as many people as have red hair"—whereas the actual percentage is a subset of 0.018%. Hearing this statistic in combination with trans activists' misleading references to intersex surgeries many people are led to believe that 1.7% of the population has had their sex surgically assigned to them.

- They use the term "assign" for all births rather than just the very rare births where it is appropriate.

- They pretend that people with DSDs are neither male nor female, and that therefore sex is a spectrum, not real, or a social construct. Even if extremely rare DSDs with sexual ambiguity were "between sexes" or created a third sex, these conclusions would be illogical. First, the number of people involved is infinitesimal compared to the number of people on the planet, which makes it absurd to use the term "spectrum." Second, borderline cases exist in most categories, without people claiming they establish a "spectrum." Some children are born with an extra thumb, but we don't talk about a digital "spectrum" for hands, for example. Third, rare intersex cases don't negate the existence and importance of the two sexes any more than the existence of dawn and dusk negate the existence of day and night, and the importance of words for those. Rare anomalies do not render entire sexes illusory or unreal.

- They declare that the existence of intersex conditions means that everyone gets to decide what sex they are, including people who don't have DSDs. Leaping from misstatements about the sex of people with rare birth conditions to a free-for-all where a person's sex is whatever they say it is, regardless of anatomy, makes no sense. Gender ideologues focus on people with rare DSDs like Caster Semenya to direct attention away from what they're doing: enabling people who are DSD-free to declare themselves a different sex and violate the sex-based rights of other individuals. Most trans- and nonbinary-identifying people do *not* have DSDs. Most people with DSDs do *not* identify as trans or nonbinary.

- They imply that people with DSDs want to be known as a third sex or to be raised as no sex, but this does not comport with what major associations of people with DSDs are saying. The Intersex Society of North America has a much different position, for example. It answers the question, "Does ISNA think children with intersex should be raised without a gender, or in a third gender?" as follows: "No, and for the record, we've never advocated this." ISNA notes that: "The truth is that the vast majority of people with intersex conditions identify as male or female rather than transgender or transsexual. Thus, where all people who identify as transgender or transsexual experience problems with their gender identity, only a small portion of intersex people experience these problems." (Source: ISNA website, Frequently Asked Questions, https://isna.org/faq/ See also *The Invention of Intersex,* listed below.)

- They use the term "intersex" to encompass all DSDs, as if people with DSDs universally embraced this approach. But many people with DSDs do *not* want the term "intersex" to be used for themselves. (For a discussion of conflicts and confusion related to terminology, see *The Invention of Intersex,* linked below.)

- Some gender ideologues encourage people who do not have intersex/DSD conditions to pretend they do. Just as they posit that being a man or a woman is an "identity" devoid of any connection to the physical reality of sexual anatomy, they claim that "intersex" is an identity devoid of any connection to anomalous sexual development. One gender identity activist has called on people to identify as intersex to "mess with the system" and has labeled intersex people who object to this idea as "transphobic." Self-identification as intersex without having any sort of intersex/DSD condition is common. In one large

survey, one third of people identifying as intersex "had decided for themselves" without seeing a doctor and getting a diagnosis. (Source: CAIS Files, Differently Normal, Oct 25, 2021, *The Invention of Intersex*, https://differently-normal.com/2021/10/25/the-invention-of-intersex/)

- Gender Identity groups divert money and attention away from families coping with actual DSD conditions, and from the reforms those families are seeking. They tack "I" onto their acronym and claim to speak on behalf of intersex people.

"An open letter to all organizations using LGBTQI+" written by a person with a DSD pointedly asks those who've added the "I" to the "LGBT" acronym to explain the realities associated with various DSDs. "Did you know that Turner syndrome can be associated with significant heart and kidney problems…" the letter asks. It points out that there are "a number of life threatening and life limiting syndromes" among the DSDs actual people are dealing with. Gender ideologues weaponize these conditions and turn them into "memes that are used to discuss issues around sex and gender, without any genuine interest in needs." (Source: CAIS Files, Differently Normal, May 17, 2922; *An open letter to all organisations using LGBTQI+,* May 17, 2022, https://differently-normal.com/2022/05/17/an-open-letter-to-all-organisations-using-lgbtqi/)

"Are you aware" that a girl with MRKH "may find her bodily difference being described as 'intersex', incredibly difficult—especially if this is done as part of 'inclusivity' training and without understanding anything about her needs," the letter asks. "It may be especially difficult for a young teen, to be faced with their bodily difference being described as neither male or female, as is frequently suggested by lessons using the GenderBread person. Is this genuinely being 'inclusive' or is this using a vulnerable group of people without considering their needs—and without engaging with expert advice as detailed here."

Here are some resources featuring data on intersex issues, and the voices of DSD activists:

- Jennifer Milligan, DSD Voices: Turners syndrome, healthcare and identity, Sept. 23, 2019: https://mrkhvoice.com/index.php/2019/09/23/dsdvoices-turners-syndrome-healthcare-and-identity/
- Differently Normal, CAISFiles, Oct. 25, 2021, *The Invention of Intersex,* https://differently-normal.com/2021/10/25/the-invention-of-intersex/
- Claire Graham, Dec. 18, 2019, *What is dignity?;* August 23, 2019, *The problem with intersex surgeries*
- Reality's Last Stand, Colin Wright, *Intersex is not as Common as Red Hair, https://www.realityslaststand.com/p/intersex-is-not-as-common-as-red*
- CAIS Files, May 17, 2022, *An open letter to all organisations using LGBTQI+", https://differently-normal.com/2022/05/17/an-open-letter-to-all-organisations-using-lgbtqi/)*

Seattle schools do not help children successfully navigate the misinformation about intersex/DSD conditions spread by Gender Identity Ideology organizations. In fact, they add to that misinformation.

They make a point of regularly mentioning “intersex” in the context of Gender Identity lessons. This reinforces the false narrative advanced by gender ideologues about intersex conditions and their connection to Gender Identity Ideology.

Seattle schools give children vague definitions of “intersex” providing no guidance as to what is actually encompassed. For example, an SPS unit on pregnancy for 4th, 5th and 6th graders refers to “intersex” as a word for “differences in genitals or chromosomes.” The term “genitals” is likely interpreted by children as referring to external genitals only, conjuring up images of rare sexual ambiguity for those. Children will be less likely to think about genital differences (external and internal) that do not involve sexual ambiguity. The term “chromosomes” is likely interpreted as referring to “sex chromosomes”, which misses other conditions mediated by genetic factors beyond those associated with sex chromosomes.

The lesson then states that “when a baby is intersex” doctors and parents may “assign the baby’s sex.” It notes that “[o]ne in every 2000 babies are born intersex, about twice as many as identical twins.” The source of the “one in every 2000 babies” statistic, and what is encompassed within that statistic are not clear. One in 2000 translates to .05% of births, which is 2.77 times higher than the 0.018% of births involving sexual ambiguity, of which only a small subset may actually involve “assignment” of sex. Children hearing this statistic will get an inflated understanding of how many people have ambiguous genitalia, and how common sex assignment is. They will likely falsely believe that .05% of the population are neither male nor female.

SPS reproductive anatomy lessons make a point of mentioning intersex conditions as one of the reasons penises can look different than the one shown in the diagram, leaving children to imagine rare sexual ambiguity-type intersex conditions. Nothing is said about one of the most common reasons for so-called “intersex surgeries”: hypospadias, a condition in which the urethra does not open from its usual location at the head of the penis. This DSD is common compared to conditions with sexual ambiguity. The sex of a person with hypospadias is quite clear, as is the case with most DSDs, a fact that doesn’t mesh well with the misimpressions fostered by gender ideologues seeking to persuade people that sex is a spectrum.

SPS sets the stage for children to be bowled over by misinformation from gender ideology groups regarding intersex conditions. Students emerge from Seattle schools with all sorts of major misconceptions: that those with trans identities have some sort of intersex condition, that people who actually do have intersex conditions are neither male nor female, that there are far more people with ambiguous sex organs than there are in reality, that the existence of those people makes sex a spectrum, and that gender ideologues are advancing the interests of people with intersex conditions.

In late elementary school, children are hit with the 0.05% statistic for intersex, as noted above, which they conflate with sexual ambiguity. That misunderstanding leads many to believe that there are twice as many people with sexually ambiguous anatomy as there are twins, which is way off. As bad as that is, others take home from school the false impression that 1.7% of the population—as many people as have red hair—have sexually ambiguous anatomy, which is even further off the mark.

The role SPS plays in fostering such massive confusion regarding intersex and DSD conditions is shameful.

Doctors don't "guess" and they almost never "assign" sex.

When a baby is born, a doctor or other health care provider observes and records his or her sex. The observation is based on scientific knowledge. While a person's sex is defined by whether they have the primary sex organ (gonad) of a male (testes) or a female (ovaries) at birth, doctors generally rely on children's genitals (the *secondary sex organs)* as an extremely reliable surrogate. This makes sense because inconsistency between genitals and gonads is extremely rare. A person's sex is not a matter of hormone concentrations, secondary sex characteristics such as facial hair, and other non-gonadal features. These are related to and impacted by the gonads a person has, but they are not the basis of a person's sex.

Doctors do not *guess* a baby's sex. Moreover, the accuracy rate of their observations is extraordinarily high. An error in the sex recorded for a child is extremely rare.

Seattle schools disregard biological reality and deliver false and misleading information to children. They teach children that doctors "guess" a newborn's sex, and they "assign sex" (or "gender") in all births rather than just those involving extremely rare intersex conditions. In Appendix A, see *It Feels Good to Be Yourself* . Also see materials sent to all families at a Seattle elementary school in conjunction with a "Transgender Day of Remembrance." Those materials declared that "What a baby's body looks like can be a clue to their gender – but not always!" Families were told that sometimes "the adults guess correctly" what a child's sex is.

The facts about sexual orientation.

Seattle schools are teaching children that anyone who identifies as a man truly is a man, and that anyone who identifies as a woman truly is a woman. (They use the terms "male" and "female" interchangeably with "man" and "woman.") Based on this misinformation, gender ideologues insist that a man (who identifies as a woman) is a lesbian if he is involved with an actual woman, or even with another man who identifies as a woman. If two women are in a relationship together, but one claims to be a man, gender ideologues insist that they are in a heterosexual relationship.

Driving home this miseducation of Seattle's children, grade school teachers are provided with the following answer to questions students may ask about how trans-identifying people have sex: "When people are attracted to another person, we call it their sexual orientation. This attraction (or liking someone/having a crush on someone) has nothing to do with what body parts a person has." The high school SOGI curriculum tells students that sexual orientation describes "who a person is attracted to – the same gender, another gender, or all genders."

What Seattle schools are teaching with respect to sexual orientation is blatantly wrong. It renders words like homosexuality, heterosexuality, gay, lesbian, and straight virtually

meaningless. This is unacceptable. Homosexuality is same SEX attraction. Heterosexuality is opposite SEX attraction.

Intentional vagueness about important biological matters in SPS lessons.

SPS is delivering blatantly inaccurate information about biology to children. But the problem in Seattle Schools is not simply that false information is delivered; it is also that things that are important for children to know are intentionally left vague, in the service of Gender Identity Ideology.

By steadfastly omitting words like "woman", "man", "female", and "male", from lessons on sexual anatomy, reproduction and pregnancy, schools are failing to ensure that children have even the most basic understanding of the biology of the sexes. Confusion about basic biology is literally the goal of this approach. SPS wants children to believe that women can be fathers, and men can have babies. They want them to look at the recent cover photo on Glamour Magazine (UK) showing a "pregnant man" and agree that the woman shown there is indeed a man, and that men truly can become pregnant. See the slide for teachers, in Appendix A, for confirmation that these are indeed SPS's goals in requiring teachers to use wrong sex pronouns and contorted phrases like "people with a uterus."

With regard to puberty, teachers are told that a primary goal of lessons taught to children is to emphasize the similarities between boys and girls. There are indeed lots of similarities and mentioning them makes sense. But SPS takes things well beyond pointing out similarities. It intentionally downplays important differences.

Yes, some boys have temporary breast development during puberty, and girls may get more facial hair. But it is outrageous to not make it clear to children that breast development in females is very different than what happens with some males, and that girls can grow up to lactate, something males cannot do. Failing to explain that men grow beards, while women with beards are vanishingly rare, is shockingly misleading. Children need to know what happens during puberty. Education about puberty must not be used to advance the Gender Identity belief that there are no important distinctions between males and females, and that individuals can simply declare which they want to be. There are, in fact, major distinctions between the sexes, and it is important for children to know their actual sex and what will happen to their bodies in accordance with that sex.

Puberty education is also being used to promote Gender Identity Ideology via a new reference in Sex Ed materials for 4th, 5th and 6th graders. Students are now told that: *"Some people decide, with the help of their doctor, to take medicine or hormones to change puberty on purpose to better match their gender. They might take medicine that interferes with hormones so puberty changes don't happen at all. Or, they might take medicine made of hormones so that they have specific changes."* This normalizes the idea of halting the healthy and vital process of puberty. Doctors are just administering "medicines" to help puberty better "match gender." According to the Oxford dictionary a medicine is "a compound or preparation used for the treatment or prevention of disease, especially a drug or drugs taken by mouth." Puberty is thus presented as a disease for children who identify as trans or nonbinary. Puberty blockage is treated as a

wonderful alternative to puberty itself—a healthy choice. The huge negative consequences are not mentioned at all.

Notice also that the wording implies that children make decisions about puberty blockers themselves, and that this is reasonable. "Some people decide….to take medicine or hormones…to change puberty…to better match their gender." Children, including preteens, are placed firmly in the driver's seat by SPS with regard to major medical decisions with massive consequences for their health. There is no reference to parents.

The teaching of evolution.

It is difficult to understand and talk about evolution without understanding and talking about the sex binary. By spreading misinformation about the sexes and preventing the sharing of accurate information, gender ideologues undermine the teaching of evolution as well.

In Germany, a presentation on evolution by biologist Marie Vollbrecht was called off, after students protested that it was transphobic. The basis of that charge was that Vollbrecht states that there are two human sexes, and she discusses binary sex as central to evolution. To see a youtube video of the talk she intended to give on campus, click here. Why are Seattle Schools aligning with anti-science authoritarian New Creationist forces by misleading children to believe that sex is a spectrum?

Endless additional anti-science materials are available for use in Seattle schools, and some are likely already in use.

We have access to only part of the picture of what is being taught in Seattle schools. Given SPS's obvious misguided commitment to promoting Gender Identity Ideology, we have every reason to fear that materials used to miseducate students elsewhere are also used here in Seattle or will be soon. For examples, see Appendix A and items linked there such as the article entitled *The Anti-Science Disaster of Gender Identity Ideology in the Schools,* and the Women's Declaration International USA archive of Gender Ideology materials used in schools across the U.S.

II. Gender Identity, Ideology, and Universal Values.

The lack of a biological basis for "gender identity."

The concept of "gender identity" is not empirically supported. The term appears to have been coined in 1964 by psychiatry professor Robert J. Stoller. It was popularized by the infamous John Money, a professor of medical psychology who believed that a person's concept of themselves as male or female was a social construct disconnected from anatomy, and manipulatable. Money's research with twin brothers has been revealed as highly abusive of them. While Money claimed that this research proved his theories, it actually disproved them. The brother who was raised as a girl rejected that label and committed suicide at 38. The brother raised as a boy died of a drug overdose at 36.

There are no objective measures that can be used to ascertain the "gender identities" of particular individuals. It is instead the subjective self-declaration of an individual that determines his or her "gender identity."

Key to the concept of gender identity is its separateness from the body. Gender identity is a gendered soul, which inexplicably sometimes ends up in the "wrong" body. These ideas of identities disconnected from bodies, and of bodies being "wrong" or "right" for someone's gendered soul—these ideas are the stuff of ideology and religion, not science.

Further, undermining the claim that gender identity is based in science is the lack of clear definitions for this term. Gender identity is defined in a circular manner. It's "how a person identifies their gender" or it's "a person's internal sense of being" a particular gender. "Gender" itself is usually not included in the lists of definitions children are given to learn. A third grade SPS lesson does define it: Gender is said to be a person's feeling about being a boy, girl or other gender. This, of course, is also circular . And it is barely distinguishable from the definitions of "gender identity." The amorphous circular nature of what gender identity is supposed to be amplifies that its basis is ideological rather than scientific.

Gender ideologues insist that everyone has one of these vaguely-defined "gender identities" Many people, however, attest that they don't, including signers of the Demand to the Seattle School Board that accompanies this document. They do not believe in gendered souls, and recognize that the very concept of such a thing, and of a body being "wrong" for a separate floating "identity", are matters of ideology and belief, not of science.

In this context of extreme definitional imprecision and resulting confusion, gender ideologues claim that brain research establishes transgender identities as biologically based. This claim is absurd. There is virtually no clear and reliable difference between male and female brains structurally, let along evidence that trans-identifying people have brains that line up with the brains of their target sex rather than their natal sex, or that trans-identifying people have special brains different from either sex in some way. As with all of the much-hyped narratives of Gender Identity Ideology, when you look beneath the surface, there is no there, there.

A look at some of the studies underlying gender ideologues' claims about brains reveals the almost comically inadequate bases for those claims. One study touted as helping to establish gender identity as biologically based, for example, entails examination of 6 brains of deceased transsexual men and comparisons to the brains of 36 deceased individuals who they believe (but couldn't confirm) were not trans-identified. Right from the get-go, the sample size is obviously far too low to establish statistical significance. In addition, the transsexual men in the study had been on cross-sex hormones, so any differences in their brains were likely due to that. There were no controls for homosexuality, which may be affect brain anatomy. Moreover, the results of this study don't even show what gender ideologues say they show. Yes, the size of "stria terminalis" in the central part of the hypothalamus was within the average range for female brains. But the same was true for some men who were not trans-identified. And some of the women had sizes in the middle of the male range. (Source: Zhou et al, Nature, 1995, *A sex difference in the human brain and its relation to transsexuality.)*

Even if brain studies did find clear consistent evidence of differences in some structure in the brains of trans-identified individuals, this would not establish an innate biological basis for trans identification. Leaping from tiny differences in some brain structure to gender identity being biologically set in a newborn would not be rational. Differences could bear on a person's propensity to have distorted perceptions of reality, for example. They could be related to personality traits that are deemed to be in the domain of the other sex as the result of sexist stereotyping.

Differences could mean that by virtue of engaging in various gender nonconforming behaviors, relevant portions of the brain have developed accordingly. Brains have plasticity. They are shaped by our interactions with the world around us. This plasticity is why studies have found that taxicab drivers have larger than average memory centers.

Most importantly, a person's sex is defined by their primary sex organ at birth, not by brain anatomy. Sex is a function of the role one has the potential to play in sexual reproduction.

For more on the matter of brains and gender identity see

- *"The 'Pink and Blue Brain' Myth"* (Transgender Trend, https://www.transgendertrend.com/brain-research/)
- *Debunked: The Transgender 'Brain Sex' Argument* (Christina Buttons, buttonslives, April 6, 2023; *https://www.buttonslives.news/p/debunked-the-transgender-brain-sex.*
- *Gender Ideology's Shaky Twin Pillars,* Colin Wright, Reality's Last Stand, May 29, 2023, https://www.realityslaststand.com/p/gender-ideologys-shaky-twin-pillars?utm_source=profile&utm_medium=reader2

The claim that "gender identities" are immutable and must therefore never be questioned is directly contradicted by empirical data. Studies document that 60 to 90% of trans- and nonbinary-identifying children, desist from those identifications if they don't transition. [Sources: Dr. James M. Cantor: *Do trans-kids stay trans- when they grow up?* Sexology Today!, Jan. 11, 2016. http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html; SEGM, *False Assumptions Behind Youth Gender Transitions*, Dec. 2022: https://segm.org/false-assumptions-gender-affirmation-minors) The majority of research shows

desistance rates above 70% and reaching 90% during puberty. (Source: Miriam Grossman, 2023, *Lost in Trans Nation*.)

There are also large and growing numbers of people who have gone through medicalized transitions only to detransition later, deeply regretting having changed their bodies. This also calls into question the claim that gender identity is immutable.

In addition, Gender Ideology posits that some people are "gender fluid." This is entirely inconsistent with the claim that gender identity is immutable.

Why treating gender affirmation as a universal value makes no sense.

Seattle schools do promote some ideological positions when they reflect values deemed to be "universal"—i.e., ones that "are shared by the vast majority of our society." Examples of such values include "Forcing someone to have sex with you is wrong; Adults should not touch kids sexually or have any kind of sexual contact with them; and taking care of your reproductive health is important." (Source: Implementation Toolkits for Seattle teachers regarding sex ed curricula: Grades 4-6, Middle School, High School.)

This differs from the School District's posture with regard to other value-laden topics where universal agreement does *not* exist. Teachers are directed to be careful to not promote one side over another on those issues. They are given "masturbation, abortion, and when it's okay to start having sex" as examples of these issue lacking universal agreement.

The District treats affirmation of identities as a universal value, and lists "gender identity" alongside race, ethnicity, religion, sexual orientation, national origin, and disability status. The rationale for requiring teachers to take a position, affirming identities is that "[p]ositive identity development is an important part of healthy adolescent development." Furthermore, the school system is dedicated to ensuring that "all students have the right to an education free of discrimination and harassment."

SPS is engaging in a sleight of hand here. When the District refers to affirmation with respect to the other identities on its list, it means acknowledging each child as a valued member of the school community regardless of those identities. It means making sure children are not bullied for their identities, and that they are given the same opportunities and respect as other children. When SPS refers to *gender* identity, however, it means agreeing with the core tenets of Gender Identity Ideology, i.e., that sex has nothing to do with anatomy, that a child is literally whatever sex they claim to be, and that everyone else must alter their language and forfeit sex-based rights accordingly. The schools classify failure to actively agree with and participate in Gender Identity Ideology as "discrimination" and "harassment."

Those signing this Demand agree that trans- and nonbinary-identifying children must be treated with utmost compassion. They must be included in school activities and protected from bullying. But we do not agree that failing to call a male "she" or a female "he" or objecting to someone of the opposite sex in the locker room constitutes discrimination or harassment. Nor do we agree that any child or teacher should be required to affirm someone as a different sex.

If the gender identity version of "affirmation" were to be applied to a child with a religious identity—say Christianity—the schools would tell children that they should believe in Jesus and require them to memorize the Ten Commandments. With respect to a Flat Earther child, teachers would be required to agree that the Earth is flat, and teach all students that scientific untruth.

It should also be noted that if a boy who is not Native American were to declare himself to be a member of the local tribe, schools would *not* affirm that identity. To do so would be an obvious affront to actual tribal members. It would also treat a falsehood as the truth.

Similarly, if a girl with anorexia were to declare anorexia as an identity, teachers would not join in affirming that identity. At least we hope they wouldn't. While being compassionate and inclusive of the child, they would not refer to her as overweight, affirming her delusional self-perception, and confusing other children about reality and health.

Gender Affirmation clearly is *not* a universal value. In fact, Americans overwhelmingly oppose policies based on it. Commenters on a Title IX rule change that requires admission of trans-identifying men in women's sports were overwhelmingly opposed. Of 1000 randomly selected comments, 829 (82.9%) said the rule goes too far in accommodating trans athletes. Only 16.8% supported it or said it's not accommodating enough (0.3%.) (Source: https://twitter.com/4th_WaveNow/status/1658545464520630282?cxt=HBwWlICziYGUq4QuAAAA&cn=ZmxleGlibGVfcmVjcw%3D%3D&refsrc=email)

Support for trans-identifying men in women's sports has always been low and has been getting lower the more visible the intrusion has become. In 2023, 69% of respondents in a Gallup Poll indicated that trans-identifying athletes should only be allowed to play on sports teams for their actual sex, as opposed to their gender identities. This was an increase from 2021, when the percent was already 62%. Only 26% of those surveyed supported the idea of athletes playing on teams based on their gender identity. In other words, only 26% of Americans would give a thumbs up to the man who now goes as Lia Thomas being allowed to compete in women's swimming races.

The Gallup poll also asked about American's general views on being transgender. A majority of 55% consider "changing one's gender" to be "morally wrong", up from 51% in 2021. 43% say it's "morally acceptable", down from 46% in 2021. As Americans see what happens with Gender Identity Ideology, opposition is growing. (Sources: Matt Osborne, The Distance, June 13, 2023, *The Lia Thomas Effect: Americans Reject Men Cheating At Sports More Than Ever, Now,* https://www.thedistancemag.com/p/the-lia-thomas-effect-americans-reject?utm_source=post-email-title&publication_id=945289&post_id=127857902&isFreemail=true&utm_medium=email And Jeffrey Jones, Gallup, June 12, 2023, *More Sa Birth Gender Should Dictate Sports Participation:* https://news.gallup.com/poll/507023/say-birth-gender-dictate-sports-participation.aspx)

These Gallup polls are consistent with other polls that have been conducted over the years.

Opposition to key "values" of Gender Identity Ideology is particularly strong among people of color. A United Families survey in July of 2021 found that voters of color in the political "swing states" of Georgia, Virginia, and North Carolina, were deeply opposed to specific implications of the so-called Equality Act which seeks to elevate "gender identity" at the expense of sex-based rights. Respondents indicated "strong disapproval" of policies that "would create a situation where males compete against women in sports (67% vs. 19%.)" (Source: The Lia Thomas Effect, cited above.)

A June 2023 Harvard-Harris Poll of American voters found that:

- 78% feel that puberty blockers and gender surgeries should only be allowed for people over 18. Only 22% felt that these should be allowed for people under 18.
- 77% oppose a law in their state that would allow gender-changing surgery and puberty blockers for minors without parental permission. Only 23% favor such a law.
- 74% think that the schools are encroaching on their rights as a parent, while only 26% felt schools are respecting those rights.
- 70% feel that schools should NOT explain to kids under 10 that gender is something kids can declare. Only 30% felt they should explain this to kids under 10.
- 80% said that minors under 18 should NOT be able to get gender-related drugs and surgeries without parental approval. Only 20% said minors under 18 should be able to get those without parental approval. (SOURCE: Harvard CAPS Harris Poll, June 14-15, 2023 Field Dates: https://harvardharrispoll.com/wp-content/uploads/2023/06/HHP_June2023_KeyResults.pdf)

In short, the tenets and agenda of Gender Identity Ideology are clearly *not* universal values. They are not shared by the vast majority of people in our society. They are opposed. All of us signing this Demand disagree with Gender Identity Ideology.

By treating Gender Affirmation as a universal value to be promoted and never questioned, Seattle schools are undermining actual universal values they claim to espouse. For example, teachers tell children that taking care of reproductive health is important while concurrently steering them towards medical transitions that result in infertility and sexual dysfunction. Teachers affirm the identities of gay and lesbian adolescents, while also teaching lessons that lead directly to pressure on them if they refuse to be in relationships with members of the opposite sex who are trans-identifying.

III. Gender Affirmation: Massively Harmful and Lacking a Basis in Sound Science

Superintendent Procedure 3211SP and other school policies require teachers to automatically and unquestioningly affirm children's trans or nonbinary identities, even in the absence of parental knowledge and permission. Other sections of this Appendix discuss the harm done to other children in our schools when they do. This section focuses on the harm this does to the trans- and nonbinary-identifying children themselves. With or without parental support, schools should not engage in Gender Affirmation.

Gender Affirmation rests on two very shaky premises. The first is the mystical belief that every child has an immutable "gender identity"—a soul that may not "align" with the body, and that this becomes known to them early on in life. Elsewhere we have shown that this has no basis in science, and that it is inappropriate for schools to impose this sort of ideological belief.

The second premise is that children who identify as trans or nonbinary will not be able to be happy in the absence of affirmation, and that many will even try to kill themselves if not affirmed. This premise is also not grounded in sound science. The supposed benefits of gender medicalization are not established by existing scientific data and are even contradicted by it. Meanwhile, the adverse consequences, i.e., the horrific harm done to children by so-called affirmation, are amply documented.

Affirmation is an active psychological intervention with huge consequences that school personnel have no business implementing.

When teachers engage in Gender Affirmation, they are implementing a major intervention in children's lives—something they are not qualified to do.

When children are *not* affirmed, most become comfortable with their bodies. In contrast, affirmation—referring to children as if they were a different sex, allowing them in the private spaces and sports of the other sex, and more—locks children into trans and nonbinary identities. This puts them on a path to medicalization, including puberty blockers, "cross sex" hormones, and surgeries. (Each year large numbers of girls as young as at least 13, have their healthy breasts amputated. And yes, genital surgeries are done on minors as well.)

As a matter of common sense, one should expect that affirmation will lock a child into a trans or nonbinary identity. When everyone around a child says he or she is a different sex, that idea is reinforced. Moreover, reversing course becomes more difficult if it includes having to tell everyone you were wrong and that the concessions they made weren't needed after all. Silencing those who would challenge a child's gender identity also helps to push children's doubts to the side.

The lock-in effect of social transitioning is well documented. One study found that an average of 5 years after initial social transition, 97.5 % of youth still identified as trans (94%) or nonbinary (3.5%). Compare this to the 60 to 90% of children who are not socially transitioned who desist from those identities. (Source: Kristina R. Olson, PhD, Gender Identity 5 Years After Social

Transition, July 13, 2022, Pediatrics, Vol 150, Issue 2, https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition?autologincheck=redirected); Dr. James M. Cantor: *Do trans-kids stay trans- when they grow up?* Sexology Today!, Jan. 11, 2016. http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html; SEGM, *False Assumptions Behind Youth Gender Transitions*, Dec. 2022: https://segm.org/false-assumptions-gender-affirmation-minors)

Once children get on the medical conveyor belt, one sort of "treatment" leads to another. While puberty blockers are described by Gender Identity proponents as a "pause" button that gives children time to think, they nearly always lead to cross-sex hormones and/or surgeries. A study reviewing outcomes of medical transitions for youth at Netherland's largest pediatric gender clinic in Amsterdam, notes that there was a high rate of progression from puberty blockers to cross sex hormones: 93%-98%. The study's authors "concede that puberty blockers may not serve as a diagnostic tool as previously thought, but rather represent the first step in medical gender transition." They also hypothesize that "it might be possible that 'starting GnRHa [puberty blockers] in itself makes adolescents more likely to continue medical transition." Source: SEGM, Feb. 8, 2023, *Puberty Blockers Fast-Track Children Toward Full Gender Transition,* posted on Reality's Last Stand: https://www.realityslaststand.com/p/puberty-blockers-fast-track-children)

When teachers reinforce children's dissociation from their bodies by affirming them as the other sex, both sexes, or no sex at all, this prevents children from getting help addressing the root causes of that dissociation. It puts children on a pathway to medical harm.

The physical harm from affirmation is huge, horrific, and largely irreversible.

Girls who bind their breasts as part of "social transitions" do damage to their bodies. Musculoskeletal damage, rib bruising and fractures, numbness in the limbs, shortness of breath, and dizziness are among the problems associated with severe compression of the chest area with binders. (Sources: see for example: Amy Sohn, *Chest Binding Helps Smooth the Way for Transgender Teens, but There May Be Risks*", New York Times, May 31, 2019. Even those who promote breast binders acknowledge their harms: https://www.prideinpractice.org/articles/chest-binding-physician-guide/) Binders also cause girls to sideline themselves from sports and other activities where being able to breathe rapidly and deeply is important. That SPS teachers are enlisted in encouraging this self-harm is an outrage.

But these harms pale in the face of what *medical* transitioning does to children. The Seattle Public Schools are playing a lead role in one of the most horrifying medical scandals of all time. They are feeding children to Big Pharma and gender affirmation doctors who inflict unspeakable damage on their previously healthy bodies and ensnare them in life-long medical dependency.

For a fuller discussion of health problems caused by medical gender affirmation, see:

- *Hitchhiker's Guide to the Transgender Galaxy Part III*, by Carol Dansereau, May 3, 2022, https://caroldansereau.substack.com/p/hitchhikers-guide-part-iii-hitchhiking

- *Transing kids: Medical Help or Medical Harm?,* by Lucinda Stoan, Redline July 11, 2021, https://rdln.wordpress.com/2021/07/11/transing-kidsmedical-help-or-medical-harm/
- *Current Concerns About Gender-Affirming Therapy in Adolescents,* Levine & Abbruzzese, April 14, 2023, Current Sexual Health Reports (2023) 15:113-123 at https://link.springer.com/article/10.1007/s11930-023-00358-x

A partial list of known harms associated with hormonal and surgical interventions includes:

- **Infertility.** It is widely acknowledged that puberty blockers in combination with wrong sex hormones will sterilize children, and that they cannot fathom the implications of this in their lives. Children have a human right to not be sterilized, but that right is ignored in the context of Gender Identity Ideology. Infertility also results, of course, from the removal of sexual organs. (Source: 4th Wave Now, TMI: *Genderqueer 11-year-olds can't handle too much info about sterilizing treatments-but do get on with those treatments,*https://4thwavenow.com/2021/04/13/tmi-genderqueer-11-year-olds-cant-handle-too-much-info-about-sterilizing-treatments-but-do-get-on-with-those-treatments/) The book *I Am Jazz*, read to elementary school children in Seattle glorifies trans identification without giving any hint of the major price paid by those who medically transition. Endocrinologist Dr. Michael Laidlaw reviewed the book and noted that "because of puberty blockers, Jazz's male genitalia are stuck at Tanner stage 2…his testicles are unable to produce sperm capable of fertilizing an ovum. In fact, it is not even possible to store sperm for use in future fertility, because it has never been given the opportunity to develop within Jazz's testicles." (Source: Dr. Michael K. Laidlaw, Public Discourse, April 5, 2018, *Gender Dysphoria and Children: An Endocrinologist's Evaluation of I Am Jazz,* https://www.thepublicdiscourse.com/2018/04/21220/)

- **Sexual dysfunction including the inability to experience orgasm.** Puberty blockers and wrong sex hormones stunt the development of sexual organs, and surgeries do major damage to them. This sets children up for lifelong difficulties with respect to sexual relationships and enjoyment. Among other things, many children who undergo early medical affirmation will never experience an orgasm. Dr. Laidlaw explains that "for adolescent males similar to Jazz who are receiving puberty blockers, I can see little to no sexual function occurring either now or into adulthood." (Sources: Abigail Shrier, The Free Press, Oct. 4, 2021, *Top Trans Doctors Blow the Whistle on 'Sloppy' Care,* https://www.thefp.com/p/top-trans-doctors-blow-the-whistle ; Dr. Michael K. Laidlaw, Public Discourse, April 5, 2018, *Gender Dysphoria and Children: An Endocrinologist's Evaluation of I Am Jazz,* https://www.thepublicdiscourse.com/2018/04/21220/)

- **Osteopenia and osteoporosis.** According to endocrinologist Dr. William Malone "Humans acquire more than half their bone density they will ever have during their teen years. This is the most critical time for long term bone/skeletal health." (Source: William Malone twitter, as shared in https://newsakmi.com/news/usnews/endocrinologist-puberty-blockers-cause-huge-decrease-in-bone-density/) Some proponents of gender medicine in children have attempted to paint research findings related to children's bones in a positive light, noting that children in their care had not experienced a drop in bone density, i.e. that bone

density had been maintained despite puberty blockage. Dr. Laidlaw explains that "Bone density should not be maintained during adolescence. It should be building." Proponents of puberty blockers assert that children will catch up on bone density when they stop using puberty blockers, but Dr. Laidlaw responds that "We do not know if there is an endpoint to the window of time in which puberty can take place. In other words, if one stops normal puberty at age ten and then allows it to begin again at age fifteen, we do not know if the signaling mechanism will return fully. There is evidence to suggest it will not." (Source: Dr. Michael K. Laidlaw, Public Discourse, April 5, 2018, *Gender Dysphoria and Children: An Endocrinologist's Evaluation of I Am Jazz,* https://www.thepublicdiscourse.com/2018/04/21220/)

Data from the Tavistock center—the UK's pediatric gender medicine clinic—showed that after two years of blockers, significant percentages of children had bone density levels of concern. One third of children had very low bone density scores for their hips; over a quarter had very low scores for their spines. Tavistock did not collect data on fractures of children in their care and it didn't track the long-term impacts of bone density problems as they became adults. (Source: SEGM, *The Effect of Puberty Blockers on the Accrual of Bone Mass,* May 1, 2021; Reviewing data from Dr. Michael Biggs, *Revisiting the effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria,* Journal of Pediatric Endocrinology and Metabolism, March 2021: https://segm.org/the_effect_of_puberty_blockers_on_the_accrual_of_bone_mass)

The implications of low bone density are major. A trans-identifying girl featured in a film about gender medicine's impacts on children in Sweden had osteopenia as the result of being put on puberty blockers. Two of her vertebrae had changed, she was much shorter than expected, and her back, shoulders, and hips ached every day. According to her mother, the child's healthy skeleton had been destroyed by gender medicine, and no 15-year-old should have to deal with the pain and debility that her child experiences. This child's story – and it being exposed rather than hidden -- is one of the reasons Sweden has reversed course on gender affirmation in children. (Source: SVT, Nov. 26, 2021, Part 4 of *Trans Train,* https://www.svtplay.se/video/33358590/uppdrag-granskning/mission-investigate-trans-children-avsnitt-1)

- **Cardio-vascular problems.** A woman taking testosterone has four times the odds of heart disease than one not taking it. Compared to men, her odds are two to one. After about 5 years of taking estrogen, a man will experience blood clots and strokes at two to three times the rate of women and men not taking estrogen. (Sources: American Heart Association, Science Daily, *Hormone therapy may increase cardiovascular risk during gender transition,* Feb. 18, 2019, https://www.sciencedaily.com/releases/2019/02/190218093959.htm)

- **Vaginal atrophy and problems associated with menopause.** Young women on gender hormone therapy can experience vaginal atrophy and other symptoms of early-onset menopause. These problems can be quite uncomfortable and debilitating.

Jamie Reed, a gender clinic whistleblower who exposed what is happening to children at a gender clinic in St. Louis tells the story of a 17-year-old girl on testosterone who called the clinic in 2020. The girl (who identified as a boy) was bleeding heavily from the vagina, soaking through pads, clothes, and towels, and had been told by the school nurse to go to the ER immediately. "We found out later this girl had had intercourse, and because testosterone thins the vaginal tissues, her vaginal canal had ripped open. She had to be sedated and given surgery to repair the damage. She wasn't the only vaginal laceration case we heard about." (Source: Jamie Reed, The Free Press, June 30, 2023, *I Thought I Was Saving Trans Kids. Now I Am Blowing the Whistle*: https://www.thefp.com/p/i-thought-i-was-saving-trans-kids)

Female detransitioners describe vaginal and uterine atrophy, and the cracking and bleeding of tissue associated with them, as "extremely painful." (Source: The Economist, Nov. 6, 2021, *Portrait of a Detransitioner as a Young Woman,* https://www.economist.com/united-states/2021/11/06/portrait-of-a-detransitioner-as-a-young-woman See also: Benjamin Boyce, YouTube, *The Hormone Health Crisis with Endocrinologist William Malone, MD, at 13:05;* https://www.youtube.com/watch?v=z4RYl75zdMY)

- **Mood swings and major problems with emotional regulation**. A guidance document for health professionals notes that injectable testosterone has been associated with "mood lability"—intense or rapidly changing emotional responses out of proportion to the situation at hand. (Source: Fenway Health, Fall 2015, *The Medical Care of Transgender Persons,* https://www.lgbtqiahealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons-v31816.pdf) Whistleblower Jamie Reed notes that when females are take testosterone "Sexual interest explodes, aggression increases, and mood can be unpredictable." (Source: *I Thought I Was Helping* cited above.)

  An article by a detransitioner named Helena describes the severe psychological problems she had while on testosterone, including explosive outbursts of anger unlike anything she'd ever experienced before, an inability to cry in the absence of hitting herself to the point of bruising, and more. (Source: Helena, Prude Posting Substack, Feb. 19, 2022, *By Any Other Name, https://lacroicsz.substack.com/p/by-any-other-name?r=18ll6h&utm_campaign=post&utm_medium=web&utm_source=url)*

  Gender affirmation medical treatments can also exacerbate pre-existing mental health conditions. With respect to females taking testosterone, the medical guidance document notes that "Anecdotal reports exist of a destabilizing effect on bipolar disorder, schizophrenia and schizoaffective disorder, as well as adverse mood changes in patients with a history of psychic trauma." There's also the potential for problems arising as gender affirmation hormones interact with medicines children are on for their mental health and neurological conditions. (Source: Fenway Health document cited above.)

- **Complications from surgeries.** When young people undergo gender affirmation surgeries, complications are rampant. A Reuters investigation noted this reality, citing a California study that found that a quarter of 869 vaginoplasty patients "had a surgical

complication so severe that they had to be hospitalized again. 'Among those patients, 44% needed additional surgery to address the complication, which included bleeding and bowel injuries.'" (Source: Christina Buttons, Daily Wire, *New Insurance Data Reveals Shocking Number of Minors Obtained Transgender Surgeries,* October 6, 2022: https://www.dailywire.com/news/new-insurance-data-reveals-shocking-number-of-minors-obtained-transgender-surgeries.) (Vaginoplasty is surgery that destroys the penis and creates a hole that superficially resembles a vagina. As an open wound this hole will close unless the patient regularly uses a dilator to keep it open.)

Almost a quarter (24%) of the 237 detranstioners in a study published in 2022 reported needing help for complications related to surgeries and hormone therapy. (Source: Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey,* J. Homosex., July 29, 2022; 69(9): 1602-1620)

Doctors and others who actively promote gender surgeries acknowledge the reality of frequent complications. Dr. Blair Peters of Oregon Health & Sciences University (OHSU), cheerfully chats about the many complications his patients endure, also making it clear that OHSU does gender surgeries on minors. (Source: https://twitter.com/4th_WaveNow/status/1662582833594941440?cxt=HBwWgIC24eiR15IuAAAA&cn=ZmxleGlibGVfcmVjcw%3D%3D&refsrc=email(DOUBLECHECK) Jammidodger, an on-line influencer who promotes Gender Identity Ideology, and criticizes people who question it, mentions her own huge and painful complications from the surgeries she had in an attempt to look like a man. (Source: https://twitter.com/TransJusticeOrg/status/1664773062292824064?cxt=HBwWgIDTmfSRu5ouAAAA&cn=ZmxleGlibGVfcmVjcw%3D%3D&refsrc=email)

Youtuber Exulansic who opposes Gender Identity Ideology, has produced a series of videos reviewing follow-my-gender-journey videos made by a large number of trans-identifying individuals. Her work documents the pain and hardships of surgical and hormonal transitions. It makes it clear that complications aren't unusual. They're par for the course, and they cause significant debility and pain.

- **Death from surgical complications.** Young people have been killed by gender surgeries. In fact, the Dutch clinic that played a lead role in creating and normalizing sex change medicalization of gender confused children, has the death of an 18-year-old man on its hands. Here's how the clinic doctors describe what happened: *"We present a case of an 18-year-old transgender woman* [by this the article means a man who identified as a woman]*, who underwent laparoscopic intestinal vaginoplasty as vaginal reconstruction, and subsequently developed septic shock and multiple organ failure on the basis of an extended-spectrum β-lactamase-producing Escherichia coli. A severe progression of the necrotizing fasciitis was lethal, despite repeated surgical debridement, intravenous antibiotic use, and supportive care at the intensive care unit."*

  What the doctors didn't make clear is that this young man's death was an indirect result of the Dutch protocol of suppressing puberty at a young age. Because this young man had undergone puberty blockers, stunting the size of his penis—doctors collected tissue

from his intestine to help create a fake vagina for him. Infection ensued leading to destruction of the young man's body and death. (SOURCE: Negenborn et al, J Pediatr Adolesc Gynecol, Feb, 2017; https://pubmed.ncbi.nlm.nih.gov/27664856/#full-view-affiliation-1 ; Dr. Michael Biggs, Journal of Sex & Marital Therapy, Sept. 19, 2022, *the Dutch Protocol Protocol for Juvenile Transsexuals: Origins and Evidence,* https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2121238)

The story of this young man's death was largely ignored until recently, even though the Clinic had a fatality rate of over 1% as the result of that death. (One out of the fifty-five patients studied, died.)

Outcomes experienced by other adolescents and young adults who undergo extremely invasive gender surgeries remain largely hidden from public and scientific scrutiny. Even so, reviewing what data there is, one can find references to very serious complications from "gender affirmation care", including life-threatening complications--like sepsis. A review of 68 "trans and gender minority" medically-transitioned patients published in 2022, for example, mentions two men who had "severe vaginal wound infections (one resulting in sepsis requiring admission and intravenous antibiotics, the other in vaginal stenosis.)" (Boyd et al, Healthcare, Jan. 7, 2022, *Care of Transgender Patients: A General Practice Quality Improvement Approach,* https://www.mdpi.com/2227-9032/10/1/121)

- **The Unknowns.** The information above provides a glimpse of the harms from gender affirmation medical "care" that we know about. Because that "care" is relatively new, and because the tracking of those who undergo it remains extremely inadequate, there are undoubtedly all sorts of other harms we don't know about.

  The guidance for doctors referred to above tells trans-identifying men that "estrogen may possibly contribute to damage of the liver from other causes." And it warns women taking testosterone that "[s]ome trans men [i.e. women who think of themselves as men], after being on testosterone for a number of months, may develop pelvic pain; often this will go away after some time, but it may persist; the cause of this is not known." This hints at the profound ignorance that surrounds "gender affirmation care", and the experimental nature of that care.

  There is reason to be concerned about damage to children's brains from puberty blockers. A study following a trans-identifying boy found that "white matter fractional anisotropy did not increase, compared to normal male puberty effects on the brain." Moreover, the researchers reported that "[a]t the end of 28 months of treatment, speed processing and memory remain lower than before GnRHa [puberty blockers] treatment." The patient "presented a decrease in their overall intellectual performance after the onset of pubertal block, pointing to immaturity in her [they call the boy "her] cognitive development." The researchers described the intelligence tests they used as grounded in "a theoretic and practical presuppose that intelligence grows between the ages of 8 and 16." (Source: Schneider et al, *Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case Under Pubertal Suppression,* Frontiers in Human Neuroscience, Nov. 14, 2017.)

That study followed only one child, but its findings should clearly raise concerns. Puberty is not just a time of maturation for children's sexual anatomy. Brains and other parts of the body are all affected. Moreover, animal data supports the idea that puberty blockers could impair children's cognitive abilities. (See Hough et al, Psychoneuroendocrinology, March 2017, *A reduction in long-term spatial memory persists after discontinuation of peripubertal GnRH agonist treatment in sheep,* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333793/ and also this thread https://twitter.com/TwisterFilm/status/1338994912902123524 .)

The truth is we have no clue as to the full range of adverse impacts that can arise from interfering so profoundly with a young person's body. The "treatments" young people are undergoing are so invasive and entail such massive disregard for biological reality that there will undoubtedly be all sorts of other adverse impacts from them. Biological reality includes the fact that females' bodies are set up to deal with female concentrations of hormones; male bodies are designed for male concentrations of hormones. Endocrinologist William Malone explains that:

> *"every single cell of our body that has a nucleus has either an XX or an XY chromosome in it. And each cell behaves according to its complement of sex chromosomes, independently of hormones. So, it's not like we're all made up ambivalent cells who will respond simply according to the bath of hormone that you put them in. There are sex-specific differences, this is well-known in biology, not well-known by some people in gender clinics, I found out. They think that, well, if you just put a woman's testosterone level into the male physiologic range that her body will just act as if she's male, so her risk will just go to male levels. But that's not true. In addition, the way that our DNA expresses itself is also sex-dependent in terms of what genes are turned on and turned off. So, there's a host of biological differences—some of them are poorly understood, but ...**it should be no surprise that if you take a male hormone and put it into female physiology at excess levels that bad things are going to happen. And the reverse is true as well."***
>
> (Source: Benjamin Boyce, YouTube, *The Hormone Health Crisis with Endocrinologist William Malone, MD,* https://www.youtube.com/watch?v=z4RYl75zdMY)

Regret

So far, we've talked about the unintended adverse effects of gender affirmation medicine. There are also the intended effects, which can become lifelong burdens when people come to regret transitioning.

"When a female takes testosterone, the profound and permanent effects of the hormone can be seen in a matter of months," Jamie Reed explains. "Voices drop, beards sprout, body fat is redistributed."

All of these initially desired changes and much more severe ones caused by gender medicalization can lead to immense grief for females and males who come to embrace the sex they initially tried to escape. It is important to listen to the voices of those who regret stunting or removing their sexual organs, having their breasts removed, altering their voices, and otherwise attempting to look like the other sex or no sex at all.

More and more detransitioners are speaking up about their experiences and demanding that no other children suffer what they have suffered: Here are some resources for hearing detransitioners' words:

- Christina Buttons, Reality's Last Stand, March 17, 2023, *New Detransitioner Announces Intent to Sue for Childhood Medical Transition;* *https://www.realityslaststand.com/p/new-detransitioner-announces-intent#:~:text=A%20young%20detransitioned%20woman%20is,at%20just%2013%20years%20old*.
- Keira Bell: My Story, Persuasion, April 7, 2021, https://www.persuasion.community/p/keira-bell-my-story
- Mia Ashton, Feb. 20, 2023, *Woman who lost breasts, uterus to sex change sues doctors, mental health providers who facilitated her transition,* *https://thepostmillennial.com/woman-who-lost-breasts-uterus-to-sex-change-sues-doctors-mental-health-providers-who-facilitated-her-transition*
- Chloe Cole: Transition Surgery Was My Biggest Mistake: https://www.youtube.com/watch?v=jP5xuoI4AAw
- Helena, prude posting, Feb. 19, 2022, *By Any Other Name*, https://lacroicsz.substack.com/p/by-any-other-name?r=18ll6h&utm_campaign=post&utm_medium=web&utm_source=url
- Read statements made by various detransitioners in this article by Lisa Marchiano, Lisa Marchiano, Oct. 6, 2017, Psychological Perspectives, *Outbreak: On Transgender Teens and Psychic Epidemics,* https://www.tandfonline.com/doi/full/10.1080/00332925.2017.1350804#b0001
- Sydney Wright, The Daily Signal, 2019, *I Spent a Year as a Trans Man. Doctors Failed Me at Every Turn,* :https://www.dailysignal.com/2019/10/07/i-spent-a-year-as-a-trans-man-doctors-failed-me-at-every-turn/amp/?fbclid=IwAR0ieFLx2ehcHRm2hyWH6B0mdSWaIjK4ylyGSJNfdXkK4sogjMoGYrHDzpA
- Corinna Cohn is an example of a person who deeply regrets medical transition but isn't detransitioning because there is no way back. He is one of many detransitioners speaking up to try to protect others from harm. See, for example, this interview with Cohn on Wesley Yang's Year Zero. "Here's the bottom line," says Cohn. "It is going to be very difficult for them to find loving, long-term partners, because you have f&*ked up their bodies in ways that are going to complicate relationships."
- Luka Hein is one example of a detransitioner who is suing those who steered her to childhood gender medicalization.
- See this interview of one transitioner by another. Among other things, Ritchie Herron talks about potential dementia and other cognitive damage for men who take estrogen as part of attempting to be women.

- Visit channels of detransitioned individuals such as those listed on this detrans subreddit: https://www.reddit.com/r/detrans/wiki/videos/

It is important to note that some who deeply regret medically transitioning choose not to detransition. A study of 41 trans-identifiers including several detransitioners mentions a young man who has had a an orchidectomy, i.e. he had his testicles removed. This young man had chosen not to detransition, despite the fact that he "regrets gender reassignment." (Source: Boyd et al, Healthcare, Jan. 7, 2022, *Care of Transgender Patients: A General Practice Quality Improvement Approach,* https://pubmed.ncbi.nlm.nih.gov/35052285/)

Indeed, many who have had their bodies massively and irreversibly altered, may find it easier to stick with trans identities than to detransition. There's no way to ever have the bodies they would have had in the absence of medical gender affirmation. And detransition can entail losing the friends who welcomed and praised them when they transitioned. Some will face open hostility for detransitioning. In a study published in 2022, only 13% of 237 detransitioners reported receiving support from an LGBT+ or trans-specific organization while detransitioning, compared to 51% while transitioning. "[M]any respondents described experiences of outright rejection from LGBT+ spaces due to their decision to detransition." (Source: Elie Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey,* J. Homosex., July 29, 2022; 69(9): 1602-1620)

Gender ideologues claim that rates of regret are very low—only about 1%. These claims are easily debunked. Very high percentages of people who medically transition (from 20 to 60%) are lost to follow-up in the studies they cite. Health care providers don't track how their patients do in the long run, and patients who are dissatisfied or sick seldom return to talk with the people who treated them. Those who are deceased also obviously don't return either.

The studies cited by gender ideologues emphasize data from days gone by when transitioning was largely limited to adults, and some screening for mental health problems occurred. Those studies also have other major limitations like counting as regretters only people who seek legal changes to their status or begin natal-sex hormone treatments. Lots of detransitioners don't do those things.

One of the most frequently cited studies used to claim that regret is rare, wouldn't even count Keira Bell—arguably the world's most famous detransitioner—as a person with regrets. Bell is an active campaigner against gender medicalization. She sued the UK gender clinic that treated her. Because she "only" had a double mastectomy, and no genital surgery, she wasn't counted as having regrets.

Despite attempts to hide reality, the number of people leaving trans and nonbinary identities behind is clearly growing rapidly. Researchers have no trouble finding lots of detransitioners to study. (See for example: Lisa Littman, Archives of Sexual Behavior, Oct. 19, 2021, *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners;* https://link.springer.com/article/10.1007/s10508-021-02163-w) A forum for detransitioners on Reddit has nearly 45,000 members and is adding over 1000 new members per month. (Source:

Christina Buttons, Reality's Last Stand, March 17, 2023, *New Detransitioner Announces Intent to Sue for Childhood Medical Transition;* *https://www.realityslaststand.com/p/new-detransitioner-announces-intent#:~:text=A%20young%20detransitioned%20woman%20is,at%20just%2013%20years%20old.)*

In a recent study of over 950 trans-identifying people, close to 30% had discontinued hormones after 4 years. The rate of discontinuance was 35.6 % for the women. (Source: Roberts et al, Journal of Clinical Endocrinology & Metabolism, Sept 9, 2022, *Continuation of Gender-affirming Hormones Among Transgender Adolescents and Adults,* *https://pubmed.ncbi.nlm.nih.gov/35452119/)*

The existence of even a few people who regret medical transformation of their bodies would be cause for grave concern. But the numbers who regret it are quite large, making cause for concern even more pronounced. Detransition contradicts the whole idea of hormonally and surgically altering children's bodies so they will "match" their "gender identities." It exposes the injustice of attacking and censoring parents, psychologists, and others who don't go along with sex change medicalization for children.

The evidence underpinning supposed benefits of medical affirmation is shockingly scant.

The major harms associated with gender affirmation are iatrogenic. They are *caused* by doctors and so-called medical care. One would think that these harms would only be inflicted upon children based on very clear evidence of benefits that outweigh them. But they're not.

Claims that gender affirmation medicine has been proven to be net-beneficial are demonstrably false. Multiple systematic reviews of the evidentiary basis for gender affirmation medicine conducted by esteemed experts and institutions dramatically contradict gender ideologues' assertions on this matter. It is an outrage that Seattle Schools ignore this reality.

"Narrative reviews"—which is what gender ideologues generally rely on—merely restate the conclusions of selected studies. In contrast, systematic reviews look at all the available evidence, subject each study to critical appraisal regarding bias and methodological methods, grade evidence with respect to quality and certainty, and issue an overall conclusion. A fundamental requirement for evidence-based medicine is examination of the outcomes of interventions via systematic reviews.

Systematic reviews have completely discredited gender medicine.

Despite claims that medical transition lessens the suffering of young people who undergo it, systematic reviews in England, Sweden, Finland, and Norway have all failed to find trustworthy evidence of this outcome. These reviews have deemed the quality of evidence relied upon for children's gender medicine to be of very low quality. Some reviews, such as the UK review of puberty blockers, found no evidence of improvements in key areas of mental health. Others, such as the UK review of cross-sex hormones found improvements but these were highly uncertain and need to be weighed carefully against harms from gender medicine. Swedish and

Finnish health authorities determined explicitly that the risks of hormones outweigh the benefits. Norwegian health officials said gender care for young people is "experimental", relies on "insufficient" evidence, and should be confined to a formal research framework. (Source: Levine, et al, Current Sexual Health Reports, April 16, 2023, *Current Concerns About Gender-Affirming Therapy in Adolescents*, https://link.springer.com/article/10.1007/s11930-023-00358-x ; Bernard Lane, Gender Clinic News, March 9, 2023; *"Yes, it's an experiment", .",* *https://genderclinicnews.substack.com/p/yes-its-an-experiment?utm_source=cross-post&publication_id=627677&post_id=107512035&isFreemail=true&utm_campaign=73620&utm_medium=email*)

Denmark has now quietly joined these other countries in reversing course regarding pediatric sex change medicalization. Most youth referred to the centralized gender clinic there now no longer get puberty blockers, hormones or surgery. They receive therapeutic counseling and support instead. (Source: SEGM, posted on Reality's Last Stand, Aug. 22, 2023, *Denmark Joins the List of Countries Who Have Sharply Restricted Youth Gender Transitions.*)

Medical transitions for children didn't happen widely before approximately 2015. Thus, results to date are limited by short-term follow-up. This makes it important to also look at studies of people who medically transitioned later in life. As psychiatrist Stephen Levine explains, these studies do not bode well for today's medically transitioning children: ((Source: Levine & Abbruzzese, *Current Concerns About Gender-Affirming Therapy in Adolescents,* April 14, 2023, Current Sexual Health Reports (2023) 15:113-123 at https://link.springer.com/article/10.1007/s11930-023-00358-x)

- "Despite claims of the lifesaving nature of gender transition for adults, none of the many studies convincingly demonstrated enduring psychological benefits. The longest-term studies, with the strongest methodologies, reported markedly increased morbidity and mortality and a persistently high risk of post-transition suicide among transitioned adults." Further "[t]he conclusions of the systematic reviews of evidence for adolescents are consistent with long-term adult studies, which failed to show credible improvements in mental health and suggested a pattern of treatment associated harms."

- On measures of morbidity and mortality, a well-known 30-year Swedish follow-up study compared individuals who had transitioned to age-matched so-called "cisgender" peers. That study found sharply elevated rates of suicide for transitioned adults (19 times higher than for controls overall, and 40 times higher for female-to-male individuals.) It found significantly elevated all-cause morbidity and mortality. The survival curve for transitioned and non-transitioned groups diverges 10 years out from transitions.

- A more recent long-term Swedish study failed to find that hormones and/or surgery improved long-term mental health outcomes of gender dysphoric adults. Surgical outcomes originally looked promising, but the methodology was flawed. Upon reanalysis of the data, it was found that those who didn't have surgeries not only didn't fare worse but also had half as many serious suicidal attempts as those who had surgeries. While that finding did not have statistically significant numbers it is clinically meaningful and problematic.

- A long-term Dutch study concluded that "suicide death risk is higher in trans people than in the general population" and that suicide deaths occurred at every stage of transitioning."

Other countries and institutions are severely restricting medical affirmation in children.

Based on their systematic reviews of the evidence, other countries are reversing course with respect to medically transitioning children. The UK National Health Service has ended the "gender-affirmative care model" for people under 18, banning puberty blockers for children, for example, except in very limited clinical research settings. (Source: SEGM, Oct. 24, 2022, *The NHS Ends the "Gender-Affirmative Care Model" for Youth in England,* https://segm.org/England-ends-gender-affirming-care ; BBC, Jun 9, 2023, *Puberty blockers to be given only in clinical research,* https://www.bbc.com/news/uk-65860272) Sweden's National Board of Health and Welfare has released new guidelines that declare that puberty blockers and cross-sex hormones should only be offered in exceptional cases. Finland has declared that the first-line intervention for gender variance in children and adolescents must be psychosocial support and gender-explorative therapy and treatment for comorbid psychiatric disorders, and that no irreversible treatment should be initiated. Norway's Healthcare Investigation Board (Ukom) has released a report finding that there is insufficient evidence for the use of puberty blockers and wrong sex hormones in young people, especially teenagers, and this report is expected to lead to changes in treatment guidelines shortly. (Source: Jennifer Block, British Medical Journal, March 23, 2023, *Norway's guidance on paediatric gender treatment is unsafe, says review, https://www.bmj.com/content/380/bmj.p697 ;* Bernard Lane, Gender Clinic News, March 9, 2023, *"Yes, it's an experiment.", https://genderclinicnews.substack.com/p/yes-its-an-experiment?utm_source=cross-post&publication_id=627677&post_id=107512035&isFreemail=true&utm_campaign=73620&utm_medium=email ;* SEGM, Feb 27, 2022, *Summary of Key Recommendations from the Swedish National Board of Health and Welfare, https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth;* Lisa Selin Davis, Broadview, July 22, 2022, *What Happened in Finland and Sweden?, https://lisaselindavis.substack.com/p/letter-from-finland-and-sweden* .See also: Current Concerns About Gender-Affirming Therapy in Adolescents, published on April 18, 2023 on Reality's Last Stand: https://www.realityslaststand.com/p/current-concerns-about-gender-affirming .)

Changes are afoot in other countries as well. The National Academy of Medicine in France has issued a statement prioritizing non-invasive responses to the sharp rise in trans identification in vulnerable youth in that country. The Royal College of Psychiatrists in Australia and New Zealand has issued a statement acknowledging that gender confusion arises from many different causes and can be resolved with noninvasive approaches. (Source: SEGM, homepage, retrieved July 19, 2023, *Benefits, Harms and Uncertainties of the Gender-Affirmative Treatment,* summary at https://segm.org ; SEGM, 2022 Year End Summary, Jan. 1, 2023, https://segm.org/gender-medicine-developments-2022-summary ; SEGM, March 3, 2022, *National Academy of Medicine in France Advises Caution in Pediatric Gender Transition,* https://segm.org/France-cautions-regarding-puberty-blockers-and-cross-sex-hormones-for-youth)

The evidentiary basis for gender-affirming interventions is scant and of very low quality, which renders evidence for benefits from those interventions very uncertain. At the same time, the harms of gender medical interventions are certain and severe. Other countries are facing this reality and reversing course. The U.S. needs to join them but is continuing to recklessly promote gender medicalization for minors instead.

The shoddy underpinnings of gender medicine are obscured by ideological capture.

Powerful forces keep the narrative that gender affirmation medicine is safe and effective afloat in the United States. There has been very little mention in the U.S. news media of any of the systemic reviews of the evidence around the world and the huge reversals in treatment protocols underway in multiple countries because of those reviews. Likewise, any new study or finding that challenges the Gender Identity medical narrative is ignored by reporters, medical associations, and others in the U.S. Meanwhile, low quality new studies that supposedly provide evidence of the benefits of gender affirmation medicine, are very widely publicized, even though they don't actually say what gender ideologues claim they say.

An extraordinarily important study published in January of 2023 convincingly demonstrated that the two Dutch studies that gave rise to gender-affirmative pediatric care worldwide, have profound flaws that render their conclusions inaccurate. While commensurate with practices at the time, these studies are clearly of unacceptably low quality by today's standards. (Source: https://pubmed.ncbi.nlm.nih.gov/36593754/) In short, the entire basis of today's treatments for gender-confused children in the United States is flawed. (Source: SEGM, Reality's Last Stand, Jan. 13, 2023, *Gender Medicine's Dutch Studies are Fatally Flawed,* https://www.realityslaststand.com/p/gender-medicines-gold-standard-dutch)

This study documenting the inadequacy of the Dutch research underpinning gender affirmation medical care has received very little attention in the U.S., despite its importance. In sharp contrast, consider the fate of a study by Diana Tordoff and other health professionals at the University of Washington and Children's Hospital in Seattle published in April of 2022. (Source: Tordoff et al, JAMA, Feb. 25, 2022, *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care,* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423) The Tordoff study was heralded as showing dramatic reductions in depression during the first year after medical gender affirmation. In actuality, the rates of depression in the treated group remained unchanged from before treatment. There was virtually no improvement in their mental health outcomes. The researchers interpreted declines in mental health of the *untreated* group as proving that treated group was helped by treatments. They failed, however, to take into account that a whopping 80% of untreated participants were lost to the study by its end, leaving only 6 in that group. That drop-out rate entirely invalidated the study's methodology and conclusions.

The researchers claimed in a news release that their study shows that gender-affirming care "dramatically reduces" depression. They referred to such care as "life-saving." Journalist Jesse Singal published a lengthy critique of the study documenting the low quality of its methodologies and the inaccuracy of claims made about its findings. After Singal published his analysis, UW and Children's hospital personnel acknowledged in internal emails amongst

themselves that claims made about the study were indeed inaccurate. They quietly edited publicity materials but did not send out corrections to those who had received them. They chose to remain silent about widely circulated false information because they had enjoyed glowing media coverage based on that misinformation. We know all this because the Jason Rantz Radio Show obtained the emails. (Sources: Jesse Singal, April 6, 2022, *Researchers Found Puberty Blockers And Hormones Didn't Improve Trans Kids' Mental Health at Their Clinic. Then They Published A Study Claiming the Opposite,* https://jessesingal.substack.com/p/researchers-found-puberty-blockers; Jason Rantz, 770 KTTH, Aug. 23, 2022, *Rantz: Despite 'concerning' transgender study, UW kept quiet because of positive coverage,* https://mynorthwest.com/3602854/rantz-despite-concerning-trans-study-uw-kept-quiet-because-of-positive-coverage/ ; Jesse Singal, Sept 21, 2022, *The University of Washington Is Putting Trans Kids at Risk By Distorting Suicide Research, https://jessesingal.substack.com/p/the-university-of-washington-is-putting)*

None of this is unusual. Regularly, studies are heralded as proving benefits from hormonal and surgical gender affirmation treatments when they don't actually do so. Singal explains that "Almost invariably, when you examine the latest study to go viral, there's much less there than meets the eye—whether because of serious overhyping and questionable statistical choices on the part of the researchers, outright missing data, flawed survey instruments, more missing data, or just generally beyond-broken methods." (Source: Jesse Singal, Unherd, April 18, 2023 *The media is spreading bad trans science,* https://unherd.com/2023/04/the-media-is-spreading-bad-trans-science/)

At the same time, researchers who publish findings that undercut the Gender Identity narrative face attacks. Dr. Lisa Littman's groundbreaking research showing the rise of Rapid Onset Gender Dysphoria and raising the possibility of social contagion as a factor in that rise, was depublished as a result of attacks by gender ideologues who claimed that the study had serious methodological flaws. Ultimately, it was republished with laughable minor adjustments to prop up the illusion that there had been a valid basis for retracting it. Littman lost a contract with the Rhode Island Department of Health for work on subjects unrelated to Gender Identity as the result of pressure from gender ideologues. She parted ways with Brown University where she had been an Assistant Professor, after the University removed her study from their websites, and it apologized for having posted something that "could be used to discredit efforts to support transgender youth and invalidate the perspectives of the transgender community." (Miriam Grossman, 2023, *Lost in Trans Nation.*)

More recently, Springer, an academic publishing giant, announced after pressure from gender identity activists, that it was retracting a study about rapid on-set gender dysphoria. Springer claimed the study had needed approval from an institutional review board. When that claim was disproved, Springer switched rationales for retraction. It now claims that although respondents to the survey done for the study consented to publication of the results, they didn't specifically consent to publication in a scholarly or peer-reviewed journal like Springer. This is a bizarre reason which could impact lots of studies that Springer publishes. (Source: Leor Sapir and Colin Wright, Wall Street Journal, June 9, 2023, *Medical Journal's False Consensus on 'Gender-Affirming Care', https://archive.is/dikoh)*

Because gender ideologues attack not only studies they don't like, but also the scientists who do them, this creates a chilling effect. Scientists are afraid to speak up if they have data or thoughts that conflict with the claim that gender medicine is safe and beneficial.

People working in gender clinics who question the narrative are swiftly silenced. Jamie Reed and another staffer at a St. Louis gender clinic who raised questions about the rapid medicalization of children were told to "get on board, or get out." Reed left the clinic and went public with her concerns despite the hardship that would create for her. Whistleblowers from the UK Tavistock Clinic had much the same experience as Reed. (Source: The Times, April 18, 2019, *It feels like conversion therapy for gay children, say clinicians,* https://archive.li/zy6PA ; David Connett, The Guardian, Sept. 4, 2021, *NHS gender identity clinic whistleblower wins damages, https://archive.li/Mh6tW*)

For a fuller discussion of suppression of any and all challenges to Gender Identity Ideology see Part IV of the Hitchhiker's Guide to the Transgender Galaxy at https://caroldansereau.substack.com/p/hitchhikers-guide-part-iv-other-tactics .   People are fired, deplatformed, harassed, threatened, assaulted, and more if they speak against Gender Identity Ideology.

Ideological capture extends to medical organizations as well. Despite the attacks on them that ensue, some brave individuals within these organizations have begun to speak out. Dr. Julia Mason and researcher Leor Sapir have charged the American Academy of Pediatrics with "ignor[ing]the evidence that has led Sweden, Finland and most recently the U.K. to place severe restrictions on medical transition for minors" and with "stifl[ing[debate on how best to treat youth in distress over their bodies." (Source: Unherd, August 26, 2022, *The American Academy of Pediatrics is Denying reality*.)

A recent Op-ed in the Wall Street Journal denounced the situation at the Endocrine Society. One of the authors –Dr. Roy Eappen—is a member of the society and has talked one on one with other endocrinologists about what's happening. "Without exception, they acknowledged that the society's evidence base for pediatric gender transition is weak, at best. Yet while they're aware of the guidelines' shortcomings, they're afraid to voice their concerns. The society's full-throated endorsement of gender-affirming care implied condemnation of anyone who holds differing views. Medical professionals are being cowed into silence and coerced into providing treatments they know are dangerous to children," the Op-Ed said. Endocrinologists from other countries told Dr. Eappen that they were surprised that the U.S. hasn't banned, or at least severely restricted, gender affirmation treatments for adolescents and children, as other countries have done in accordance with the scientific evidence. The Op-ed authors refer not only to some of the countries discussed in this Appendix above (England, Sweden, Finland, Norway, and France) but also Belgium, Ireland and Italy as raising concerns about gender affirmation care for minors. These countries are following the science., the Op-Ed authors note.

"In truth, over the past decade transgender activists have co-opted the Endocrine Society and other professional organizations to promote such treatments for adolescents and even young children. Their guidelines are based on flimsy evidence, giving the appearance that invasive and irreversible treatments are beneficial for young patients despite a growing body of evidence to

the contrary," Dr. Eappen says. (Source: Dr. Roy Eappen and Ian Kingsbury, June 28, 2023, *The Endocrine Society's Dangerous Politicization,* Wall Street Journal, https://archive.fo/TPpis; Also see the op-ed published in the Wall Street Journal in July of 2023 signed by 21 clinicians and researchers from nine countries: *Youth Gender Transition Is Pushed Without Evidence.)*

The Op-Ed criticizing the Endocrine Society was written after a federal judge cited the Endocrine Society's guidelines in a court decision in his "Findings of Fact" "which is essentially a recitation of transgender ideology."

Journalist Lisa Selin Davis provides an overview of how major medical associations are driven by ideology not science when it comes to gender affirmation. (Source: Lisa Selin Davis, *Major Medical Associations Support Gender Affirming-Care. So What?,* April 19, 20123; https://lisaselindavis.substack.com/p/major-medical-associations-support) Psychiatrist Miriam Grossman details the undemocratic procedures, ideological capture, and shut-out of dissenting voices that characterize various key U.S. medical associations. (Source: Miriam Grossman, 2023, *Lost in Trans Nation.*) Dr. Julia Mason sums up the medical establishment's failure to adhere to evidence-based medicine and its failure to protect children as follows: "When we hear that 22 professional organizations support affirmation, this is not the voice of the average pediatrician. It's the position of a few activists that have capture key committees at these medical societies and are using the bureaucracy to ensure the voice of regular pediatricians isn't heard." (Source: Miriam Grossman, 2023, *Lost in Trans Nation.*)

As they make pronouncements about gender affirmation medicine, medical associations rely on WPATH, the World Professional Association for Transgender Health. Despite its impressive-sounding name, this association is driven by ideology, not science. WPATH is dominated by fierce believers in Gender Identity Ideology, and openly excludes those with concerns about gender medicine protocols.

Dr. Stephen Levine's resignation from WPATH in 2001 illustrates the dynamics at this organization. Levine was chair of the eight-member group charged with developing WPATH's fifth Standards of Care. (SOC-5) Everyone on the committee agreed that it was appropriate to retain a recommendation that there be two letters from mental health providers prior to hormone therapy, and another two prior to surgeries. WPATH President Richard Green didn't want any "gatekeeping". So, he immediately appointed a new committee to write the sixth Standards of Care, which required only one letter. Levine resigned due to his "regretful conclusion that the organization and its recommendations had become dominated by politics and ideology, rather than by scientific process…" The seventh Standards of Care dispensed with letters from mental health providers altogether.

Referring to its latest "Standard of Care"—SOC-8, pediatrician Julia Mason notes that it "shows us that WPATH remains captured by activists." Now the standards declare that counseling should "never be mandated." Most age restrictions for medically transitioning have been removed. Clinical psychologist Dr. Erica Anderson, a man who identifies as a woman, resigned from WPATH in response to SOC-8. "For professional people, whether they're medical or mental-health [specialists], to say, 'Just accept what the kid says and then make your decisions

accordingly' ignores the long history we have of issues in child and adolescent development, and it is a disservice to the patient," Anderson said.

(Sources: Becky McCall, Medscape, December 10, 2021 *WPATH Draft on Gender Dysphoria 'Skewed and Misses Urgent Issues'; https://www.medscape.com/viewarticle/964604 ;* Canadian Gender Report, Oct 2019, *Bias, not evidence dominates WPATH transgender standard of care; https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/;* discussion Miriam Grossman, 2023, *Lost in Trans Nation,* p. 187 et seq.; Genspect, Oct. 1, 2022, *WPATH explained:* https://genspect.org/wpath-explained/)

WPATH's eight Standards of Care (SOC-8) introduced a new gender identity deserving unquestioning medical affirmation: eunuchs. According to the standards: "Eunuch individuals are those assigned male at birth (AMAB) and wish to eliminate masculine physical features, masculine genitals, or genital functioning. They also include those whose testicles have been surgically removed or rendered nonfunctional by chemical or physical means and who identify as eunuch." SOC-8 focuses on "those who identify as eunuchs as part of the gender diverse umbrella." According to the standards, "As with other gender diverse individuals, eunuchs may also seek castration to better align their bodies with their gender identity. As such, eunuch individuals are gender nonconforming individuals who have needs requiring medically necessary gender-affirming care." Health care professionals "will encounter eunuchs requesting hormonal interventions, castration, or both to become eunuchs." (Source: Coleman et al, International Journal of Transgender Health; Vol 23, 2022, *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* ;
https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644)

WPATH believes in an ever-expanding array of "gender identities" and in giving children whatever they say they need to "align their bodies" with those identities. Firmly controlled by staunch believers in Gender Identity Ideology, WPATH's goal is to ensure speedy medical transitions for everyone, regardless of age, mental health status, and other factors. The organization ignores the damning results of systematic reviews that have been done regarding the evidentiary basis of gender affirmation medicine.

There is a widespread false narrative in the U.S. that gender medicine is beneficial and safe for children and adults. This narrative is kept afloat by suppression of contradictory data and voices, by massive hyping and misrepresentation of studies, and by biased entities like WPATH which serve as mouthpieces for Gender Identity Ideology.

A word about suicide.

As gender ideologues falsely claim that affirmation has been demonstrated to be beneficial, they emphasize the matter of suicide. They constantly assert that affirmation is "life-saving." They tell parents that they have the choice of a live child of one sex versus a dead child of the other.

In her affidavit, Jamie Reed talks about suicide:

> *Point 39: A common tactic was for doctors to tell the parent of a child assigned female at birth, "You can either have a living son or a dead daughter." The clinicians would tell*

parents of a child assigned male at birth, "You can either have a living daughter or dead son." The clinicians would say this to parents in front of their children. That introduced the idea of suicide to the children. The suicide assertion was also based on false statistics. The clinicians would also malign any parent that was not on board with medicalizing their children. They would speak disparaging of those parents.

Point 43 These assertions about abuse and suicide were used as tools to stop parents from asking questions and to pressure parents into consenting.

Point 70. I have seen puberty blockers worsen the mental health outcomes of children. Children who have not contemplated suicide before being put on puberty blockers have attempted suicide after. Puberty blockers force children to go through premature menopause. Puberty blockers decrease bone density.

The systematic reviews discussed earlier in this document have all concluded that claims of benefits from medical affirmation, including suicide prevention, are not supported by the evidence. Numerous studies indicate that affirmation may *increase* suicidality, including, for example, a 30-year Swedish study which found greatly elevated rates of suicide among transitioned adults—19 times higher than controls over all, and 40 times higher for female-to-male individuals. (Levine et al, Current Concerns….) Moreover, the puberty blockers and testosterone given to children have been linked to depression, anxiety and other psychological impacts that could trigger or exacerbate suicidality. (Source: Jane W. Robbins and Vernadette Broyles, Child and Parental Rights, *The Myth about Suicide and Gender Dysphoric Children,* https://acpeds.org/assets/for-GID-page-1-The-Myth-About-Suicide-and-Gender-Dysphoric-Children-handout.pdf)

For thorough debunking of the suicide myth and specific studies often cited to promote it, see the following articles:

- Leor Sapir, Reality's Last Stand, July 19, 2022, *Pediatric Gender Medicine and the Moral Panic Over Suicide,* https://www.realityslaststand.com/p/pediatric-gender-medicine-and-the
- Transgender trend *Suicide Facts and Myths,* https://www.transgendertrend.com/the-suicide-myth/
- Fair Play for Women, Nov 16, 2018, *Trans suicide facts and myths* https://fairplayforwomen.com/suicide/
- 4th Wave Now, Aug 3, 2015, *The 41% trans suicide attempt rate: A tale of flawed data and lazy journalists,* https://4thwavenow.com/2015/08/03/the-41-trans-suicide-rate-a-tale-of-flawed-data-and-lazy-journalists/
- Dr. Isidora Sanger, 2022, *Born in the Right Body,* p. 114 et seq.
- Jane W. Robbins and Vernadette Broyles, Child and Parental Rights, *The Myth about Suicide and Gender Dysphoric Children,* https://acpeds.org/assets/for-GID-page-1-The-Myth-About-Suicide-and-Gender-Dysphoric-Children-handout.pdf

Typical problems with studies underlaying gender ideologues claims about suicide include failure to control for comorbidities associated with suicidality such as autism and mental

illnesses prevalent among trans- and nonbinary-identifying children, failure to assess the validity of study participants claims of attempting suicide, failure to track whether medical affirmation treatments preceded or came after suicide attempts, and any assessment whatsoever as to whether affirmation and medicalization can legitimately be said to reduce risk of suicide.

Each of these failures renders the gender ideologues claims absurd. Suicide risk in autistic girls is estimated to be ten times higher than the risk in girls without autism, for example, rendering the failure to control for things like autism a huge limitation in study design. (Source: Jane Galloway, *Autistic Girls: Gender's silent frontier,* May 3, 2020, Transgender Trend Blog.) This and suicidality associated with other common comorbidities are not controlled for in the studies.

One of the most heavily relied-upon studies used to claim that 41% of trans-identifying people attempt suicide contains language in which the authors explicitly state that such a conclusion should not be drawn. Another study relied upon for the claim that "nearly half" of transgender young people attempt suicide looked at data for a grand total of 27 trans-identifying young people.

Despite the absence of data supporting the claim that failure to affirm and transition a child will make them suicidal, and despite evidence that medical transition itself could actually increase suicidality, gender ideologues relentlessly make their false statements about suicide. If their affirmation agenda is not implemented, if an individual child is not affirmed and transitioned, suicide may ensue, they warn. This is not only false, it is also dangerous. Any reference to suicide, particularly in public settings, is supposed to be made with great caution, following rules to minimize the risk of triggering suicidality. Those rules are ignored by gender ideologues and by reporters who publish their claims without engaging in basic journalistic examination of them.

All of this creates an atmosphere of fear. It makes suffering children feel even more vulnerable, fragile, and frightened. It pushes them towards destructive medical treatments, and away from anyone, including loving parents, who questions those treatments.

A word about murder and discrimination

The travesty of gender affirmation medicalization continues because of the suppression of accurate information about the harms and benefits of that medicalization, including accurate information about suicidality. It also continues because of false claims about victimization of trans-identifying people by others. Gender ideologues claim that social and medical affirmation are necessitated by what they describe as an epidemic of violence and discrimination.

This claim, too, does not hold up when it is subjected to any scrutiny at all.

Schools regularly observe Trans Days of Remembrance, based on the narrative that trans and nonbinary people are targeted and murdered at epidemic rates. In reality, fortunately, murder rates for this population are much lower than those of other demographics and the general population. This is true even though Gender Identity proponents include in their count people who are not trans-identifying and crimes that were clearly not motivated by hate. (Sources: Tish Still, Unherd, Jan. 11, 2022, *The truth about trans murders,* https://unherd.com/2022/01/the-

truth-about-trans-murders/ ; Allison Bliss, 4W, April 14, 2020, *An Epidemic of Misinformation: Murder Rates and the Transgender Population,* https://4w.pub/the-epidemic-of-transgender-murder-victims-is-really-an-epidemic-of-misinformation/ ; Valerie Richardson, The Washington Times, Dec. 8, 2019, *Transgender homicide rate 'remarkably low' despite Human Rights Campaign claims,*
https://www.washingtontimes.com/news/2019/dec/8/transgender-homicide-rate-remarkably-low-despite-h/

These facts make the regular observance of much-hyped Trans Days of Remembrance in Seattle schools highly inappropriate. These days feed a narrative which is false and harmful to gender-confused children. It tells them there's a target on their backs, and there are vicious murderers out to get them. It convinces them that attacks on people who question Gender Identity Ideology are justified, because those people are either violent against trans-identifying people themselves or they create a climate that encourages others to be violent.

Claims of rampant discrimination against trans- and nonbinary-identifying people also fall apart upon examination. Consider one of the organizations SPS relies on, as it pushes the Gender Identity ideologues agenda: GLSEN. This organization does regular "National School Climate Surveys", and produces reports based on them, which are cited by gender ideologues. Many assume that these reports are professional social science analyses which provide evidence of discrimination and the need for affirmation. Nothing could be farther from the truth.

GLSEN is an ideological organization, not an impartial social science research entity. To call its reports unprofessional and extremely biased is an understatement.

GLSEN's "School Climate for LGBTQ Students in Washington", the "2019 State Snapshot", is a good example of how shoddy GLSEN's research is, and how inappropriate it is to rely upon GLSEN's conclusions. Gender ideologues claim that schools need to affirm trans and nonbinary identities because there is so much discrimination against people with those identities. But what is the basis of that claim about discrimination? According to GLSEN's report, the "anti-LGBTQ discrimination most commonly reported in Washington State" includes being prevented from "using the bathroom that aligns with gender" (28%), "using the locker room that aligns with gender" (26%), and "using their chosen name or gender pronouns" (23%) In other words, other people not agreeing to adhere to the faith-based tenets of Gender Identity Ideology is defined as discrimination. If you don't cheerfully forfeit rights to sex-based privacy, or you don't cheerfully refer to a male as "she", you are guilty of "anti-LGBTQ discrimination."

The GLSEN report claims that 11% of LGBTQ students reported "being prevented or discouraged from playing sports due to an LGBTQ identity." This refers to requiring males to participate in male sports rather than female ones. No one is telling trans-identifying people not to do sports. They are simply saying that the sex-based rules that apply to everyone else also apply to trans-identifying males. (Source: GLSEN, 2019 State Snapshot, School Climate for LGBTQ Students in Washington, https://www.glsen.org/sites/default/files/2021-01/Washington-Snapshot-2019.pdf)

And what of “harassment & assault” in Washington Schools, and the rates of these noted in the GLSEN report? First, note that “harassment” and “verbal assault” are whatever those who filled out the surveys perceived them to be. Many of those surveyed likely view someone politely stating that they do not agree that “trans women are women” as harassment or a verbal assault.

Second, the report shares data based on LGBTQ students as a whole. It is impossible to figure out the degree to which people who identify as trans or nonbinary are included in particular results, and the degree to which their gender identity status came into play at all.

Third, a chart in the GLSEN report says that 70% of “transgender people” reported hearing “negative remarks.” Again, this relies on the perceptions of children filling out the survey. Remarks made that simply affirmed sex-based rights or used sex-based words appropriately were undoubtedly counted as “negative.”

By attaching the T to the LGB, i.e. force-teaming two very different groups, GLSEN makes it very difficult to know what was said and what wasn’t said with respect the T subcategory of the LGBTQ acronym. Vague Gender Identity definitions and categories add to the sloppiness of the research and the analysis. We are told that 538 LGBTQ students responded to the survey in Washington State. A whopping 56% were said to be something other than “cisgender”, with 36% of respondents said to be transgender, 16% nonbinary or genderqueer, and 5% questioning. When the report refers to 70% of “transgender people” does it mean 70% of the 35% of respondents who labeled themselves “transgender”? What counts as “genderqueer”? “Nonbinary?” “Questioning?” Is there overlap between any of these categories and the so-called “cisgender” category?

Most of all why does any of this data rationally indicate that schools should require teachers and others to agree that people are whatever sex they claim to be? That conclusion simply does not flow for the data. Certainly, all students should be treated with love, and ensured the same good education as everyone else. Certainly, no one should be bullied, assaulted, or mistreated in any way. But it is a huge leap to claim that schools must participate in and validate the Gender Identity beliefs of individual students. It is also outrageous that GLSEN and the Seattle Schools pretend that there are no other individuals affected by affirmation policies. What about the children forced to lie about sex and to participate in a faith they don’t belong to? What about girls forced to compete with boys in sports? What about the sex-based privacy rights of boys and girls who don’t identify as trans or nonbinary?

The bizarre double standards of gender affirmation medicine.

Something very strange is going on with respect to the treatment of children who reject their sex. Medicine is being practiced in a way that is entirely inconsistent with most of the basic rules in place for other medical realms.

An oncologist would never start administering chemotherapy drugs to someone in the absence of objective evidence of cancer. Yet gender clinicians administer hormones and engage in surgeries on people on the basis of their self-declarations about gender. There is no objective measurement of anything. And they do this with children as well as adults.

In other medical arenas, guidelines are issued based on systemic reviews of the scientific literature, without cherry-picking studies that confirm preconceptions. The quality of evidence is graded and weighed as part of these reviews. When it comes to pediatric sex change, however, medical associations fail to conduct systematic reviews, and repeat activist rhetoric instead.

The list of ways in which medical diagnosis and care veer away from standard procedures is a long one. See Dr. Erica Li's expose on this topic: A Pediatrican's Manifesto for the Modernization of Gender Medicine for an excellent discussion of how what's going on in modern gender medicine is "not normal", and why it is vital to change course.

IV. The Most Vulnerable Children: Comorbidities and Trans Identification

One premise underlying gender affirmation medicine is the belief that it is beneficial—that it reduces unhappiness and the risk of suicide. That belief is not supported by scientific evidence. Indeed, it is contradicted by it, as discussed above.

The other premise is that some children are born in the wrong body, and doctors must help them align their bodies with their gendered souls. This is not rational. And there are plenty of reasons children can come to believe they're in the wrong body, beyond them actually being in the wrong body. In fact, there are high rates of various problems among children who identify as trans or nonbinary, each of which offers a very good science-based explanation for gender dysphoria and unhappiness.

High rates of mental illness, autism, eating disorders and trauma

It is widely acknowledged that substantial percentages of trans- and nonbinary-identifying children have serious problems like mental illness, autism and other neurodivergent conditions, eating disorders, and having experienced sexual or other trauma. Here is just some of the evidence pertaining to these "comorbidities":

- An analysis of five independently-recruited cross-sectional datasets consisting of 641,860 individuals found that "[c]ompared to cisgender individuals, transgender and gender-diverse individuals have, on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses. For both autistic and non-autistic individuals, transgender and gender-diverse individuals score, on average, higher on self-report measures of autistic traits, systemizing, and sensory sensitivity, and, on average, lower on self-report measures of empathy." The differences are quite stark. Across all five datasets, "transgender and gender diverse individuals were 3.03 to 6.36 times as likely to be autistic than were cisgender individuals, after controlling for age and educational attainment." (Source: Warrier et al, *Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals*, Nature Communications, August 7, 2020)

- A 2022 analysis of "trans and gender minority patients" includes a very telling chart, showing high percentages of numerous problems among 68 "trans and gender minority" patients reviewed in the study. Only 9% of patients had none of the listed problems. Note the prevalence of autism and other neurological conditions, eating disorders, abuse, and various mental health problems. Boyd et al, Healthcare, Jan. 7, 2022, *Care of Transgender Patients: A General Practice Quality Improvement Approach,* https://pubmed.ncbi.nlm.nih.gov/35052285/ Here is the chart:

Table 3. Adverse childhood experiences, lifetime history of mental health problems and use of mental health services for non-gender related issues.

Problem	Number	%
Adverse childhood experiences		
Documented history of childhood abuse, neglect or violence (including "severe bullying" at school, n = 2)	13	19
Lifetime history of mental health issue found in notes		
Anxiety/Depression (mild/moderate/severe)	51	76
Personality Disorder	7	10
Deliberate Self Harm	36	54
Autistic Spectrum Disorder and/or Asperger's Syndrome	10	15
Eating Disorder	2	3
Functional Seizures	3	4
Attention Deficit Hyperactivity Disorder	4	6
Obsessive Compulsive Disorder	3	4
Bipolar Type II	1	1
None of the above diagnoses	9	13
Use of mental health services		
Child and adolescent mental health service (CAMHS) or child psychiatry involvement for non-gender issues	24	36
Secondary psychiatric services' involvement for non-gender issues (including referrals, assessments or admissions)	20	30
Total number of patients	67	100

- A study of adolescents with trans identities that began after they started puberty, found that 63% had had "one or more diagnoses of a psychiatric disorder or neurodevelopmental disability" before announcing they were transgender. Almost half had self-harmed, and 50% had suffered a traumatic event in their lives such as sexual abuse, being bullied and parents divorcing. The study found that almost half had self-harmed and 50 per cent had suffered a traumatic event in their lives such as parents divorcing, being bullied or suffering sexual abuse. (Lisa Littman, 2018, PLoS One, *Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria*, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330)

- Dr. Stephen Levine notes that as many as 70% or more of young people presenting with concerns about gender identity for the first time in adolescence have *prior* psychiatric diagnoses. (Source: Levine et al, *Current Concerns About Gender-Affirming Therapy in*

Adolescents, March 29, 2023, Current Sexual Health Reports: https://link.springer.com/article/10.1007/s11930-023-00358-x)

- A review of the UK's Tavistock gender clinic by former staff governor Dr. David Ball, a psychiatrist, found that some children "take up a trans identity as a solution" to "multiple problems such as historic child abuse in the family, bereavement, homophobia, and a very significant incidence of autism spectrum disorder." (Source: Chris Dyer, *Workers at transgender clinic quit over concerns of 'unregulated live experiments on children.'* Daily Mail, April 7, 2019) The review said that the Gender Identity Development Service (GIDs) failed to fully consider psychological and social factors such as whether a child had been abused, suffered a bereavement or had autism, all of which can influence decisions about transitioning. (Source: Jamie Doward, *Governor of Tavistock Foundation quits over damning report into gender identity clinic,* The Guardian, Feb. 23, 2019.)

  Between 2011 and 2018, 48% of young people seen by GIDS scored in the mild to severe range for autism. Ten percent of the females scored in the severe range, as did 7% of the males. (Source: Anna Churcher Clarke and Anastassis Spiliadis; '*Taking the lid off the box': The value of extended clinical assessments for adolescents presenting with gender identity difficulties,* Clinical Child Psychology and Psychiatry, 2019 https://www.docdroid.net/57t8V1q/clarke-2019-extened-clinical-assessment-pdf#page=3)

  An analysis of 218 children referred to GIDS in 2012 found that 12.3 % of the boys and 13.9 % of the girls had experienced eating disorders. (Source: Hannah Barnes, Time to Think, p. 99) The CASS Review revealed that approximately one third of children and young people referred to GIDS had autism or other types of neurodiversity. (SOURCE: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when)

- According to Sven Roman MD, a specialist in child and adolescent psychiatry, "[r]esearch shows that at least 75 percent of patients with gender dysphoria have other psychiatric problems. In the group of children and young adults, autism, eating disorders, self-harm behavior and abuse are common. For all these conditions there is evidence-based treatment. Given such, gender dysphoria often disappears, as it is usually secondary to these conditions." (Source: Roman, Sven; Kirjo, Sept. 21, 2019, *Psychiatrist: Gender Dysphoria spreads like an epidemic on-line*. https://www.ihmistenkirjo.net/blog/psychiatrist-gender-dysphoria-spreads-like-an-epidemic-online?s=03)

- A study published in European Psychiatry found that 14% of trans- and non-binary-identifying individuals had a diagnosis of autism, and an additional 28% reached the cut off point for an autism diagnosis, suggesting high numbers of undiagnosed individuals. (The control group had a 4% rate of autism.) (SOURCE: EurekAlert, AAAS: American Association for the Advancement of Science; July 16, 2019, *Study finds Transgender Nonbinary, Autism Link https://www.eurekalert.org/news-releases/484662*)

- In another study, a population of 237 detransitioners showed a high prevalence of comorbidities, with over half of participants (54%) reporting having had at least 3 diagnosed comorbid conditions. The most prevalent diagnosed comorbid conditions were depressive disorders (69%) and anxiety disorders (63%), including PTSD (33%.) There was also a high prevalence of autism spectrum condition (ASC) (20%.)
  A majority of respondents (65%) reported the need for help in working on comorbid mental health conditions related to gender dysphoria and in finding alternatives to medical transition. Half of the sample (50%) reported having decided to detransition due to the fact that their transition did not alleviate their gender dysphoria. 70% reported having realized that their gender dysphoria was related to other issues. (Source: Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey,* J. Homosex., July 29, 2022; 69(9): 1602-1620)

  Number of participants with comorbid conditions, from Table 1, Vandenbussche:

Comorbid condition	Diagnosed	Suspected
Depressive disorder	163 (70%)	32 (14%)
Anxiety disorder	149 (63%)	43 (18%)
Post-traumatic stress disorder	79 (33%)	63 (27%)
Attention deficit disorder	57 (24%)	50 (21%)
Autism spectrum condition	47 (20%)	61 (26%)
Eating disorder	46 (19%)	58 (25%)
Personality disorder	40 (17%)	26 (11%)
Obsessive compulsive disorder	35 (15%)	44 (19%)
Polycystic ovary syndrome(only females)	22 (10%)	13 (6%)
Dissociative identity disorder	14 (6%)	23 (10%)
Schizo-spectrum disorder	5 (2%)	9 (4%)

- Other studies of detransitioners consistently show high levels of these sorts of problems. Psychologist Lisa Marchiano learned from the young female detransitioners she helps that:
  - *Transition failed to address the complex social and mental health issues each had and often exacerbated those problems.*
  - *Although hormones had first brought an increase in self-confidence and well-being to these women, these drugs eventually seemed to make some of them more emotionally labile, and intensified depression and suicidality.*
  - *A majority had eating disorders before they trans-identified.*
  - *Although hormones had first brought an increase in self-confidence and well-being to these women, these drugs eventually seemed to make some of them more emotionally labile, and intensified depression and suicidality. (*Source: Lisa Marchiano, Quillette, Jan 2, 2020, *The Ranks of Gender Detransitioners,*

https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/)

- *A study of 100 detransitioners conducted by Dr. Lisa Littman found that:*
    - *One common reason given for why women detransitioned was discovering that something specific like trauma or a mental condition caused their gender dysphoria.*
    - *A majority (55%) of detransitioners had been diagnosed with at least one psychiatric or neurodevelopmental issue and 37% reported experiencing trauma within one year before becoming gender dysphoric. (The trauma statistic for women female detransitioners was 47.8%.) Nonetheless the majority (65.3%) said that their clinicians didn't evaluate whether their desire to transition was secondary to their trauma or mental health conditions.*
    - *The study found that "Most participants (58.0%) expressed the* gender dysphoria was caused by trauma or a mental health condition *narrative." It says that "[m]ore than half of the participants (51.2%) responded that they believe that the process of transitioning delayed or prevented them from dealing with or being treated for trauma or a mental health condition."* (Source: Lisa Littman, Oct. 19, 2021, Archives of Sexual Behavior, *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners,* https://link.springer.com/article/10.1007/s10508-021-02163-w)

- People working at gender clinics confirm high comorbidities as well. Describing her experiences at a St. Louis gender clinic, Jamie Reed said "The girls who came to us had many comorbidities: depression, anxiety, ADHD, eating disorders, obesity." She noted that "Besides teenage girls, another new group was referred to us: young people from the inpatient psychiatric unit, or the emergency department, of St. Louis Children's Hospital. The mental health of these kids was deeply concerning—there were diagnoses like schizophrenia, PTSD, bipolar disorder, and more. Often they were already on a fistful of pharmaceuticals." (Sources: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when ; Jamie Reed, The Free Press, Feb. 9, 2023, *I Thought I was Saving Trans Kids. Now I'm Blowing the Whistle, https://www.thefp.com/p/i-thought-i-was-saving-trans-kids)*

- The book *Time To Think* by Hannah Barnes, copyright 2023, which details what happened at the UK's pediatric gender service—a service now shut down due to findings that it's treatments for children, like treatments anywhere, are not based in sound science—references at various points high levels of abuse among children referred to the clinic. An analysis of 218 children referred to the clinic in 2012, found that more than a fifth of the girls (21.2%) and a tenth of the boys (11.1%) had suffered abuse.

- A 2021 study found that young people with gender dysphoria had childhoods characterized by at-risk attachment patterns vis a vis caregivers and high rates of

unresolved traumas and loss. The study compared gender dysphoric children to other children receiving medical care for psychiatric disorders. Both groups had similarly high rates of at-risk attachment patterns and unresolved traumas and losses.
Source: Kozlowska et al, *Attachment Patterns in Children and Adolescents with Gender Dysphoria*, Front Psychol., 12 Jan. 2021, https://www.frontiersin.org/articles/10.3389/fpsyg.2020.582688/full; Society for Evidence-Based Medicine (SEGM) *New Study Raises Questions About the Gender Minority Stress Model,* March 17, 2021)

Connections between these problems and trans identification.

Sometimes gender ideologues claim that comorbid problems are caused by lack of affirmation for trans and nonbinary identities. But most comorbidities exist prior to trans or nonbinary identifications.

Moreover, each of the comorbidities prevalent among trans-identifying children is precisely the sort of thing that can lead a child to dissociate from his or her sexed body. Each can make a child susceptible to social contagion and to ubiquitous false claims about Gender Identity as a liberatory phenomenon. Each can make a child vulnerable to the appeal of a ready-made glitter family, explanations as to why they feel different from other children, and the allure of being praised as social justice pioneers.

Children with autism and other neurodiverse conditions, for example, are vulnerable to trans identification for all sorts of reasons. They may have a hard time spotting lies and duplicity. They may find the offer of a rainbow family that accepts them as-is very attractive. They may be drawn to the task of researching and categorizing endless gender identities. And these propensities are just the tip of the iceberg. For detailed discussions of this topic, see Jane Galloway and Transgender Trend, *Think About Things Differently. Autism and Gender Identity,* 2022; Janey Galloway #Autism Acceptance, twitter thread June 4, 2023; Jane Galloway, *Autistic Girls: Gender's silent frontier,* May 3, 2020, Transgender Trend Blog; and the 2022 report *Think About Things Differently. Autism and Gender Identity.*

Writer Eliza Mondegreen illuminates the connections between eating disorders and trans identification:

> *Over the past few years, I've spoken to several former staff members of residential eating disorder clinics. The women I spoke to said social contagion is a huge problem in residential facilities. "We have to be constantly on hyper-alert to prevent clients from cross-contaminating their disordered behaviors… negative body talk was redirected every time, in the moment, if possible." But when a patient came out as trans, strict rules bent and broke. Negative body talk was suddenly allowed—even encouraged—if patients who identified as trans voiced hatred for their breasts and hips or expressed the desire for breast amputation. Consequently, trans ideation—like other maladaptive and self-harming behaviors—spread like "wildfire" in residential settings.*

"The most frustrating thing has been trying to get help for her eating disorder," Katherine [a parent of a trans-identifying daughter] *said. "Clinicians only wanted to talk about her gender identity. They see trans identity as a causative thing: the trans identity is trying to come out and the anorexia is the result of that." But Katherine saw things differently: "I view trans identity as a magical cloak that protects the eating disorder." (SOURCE:* Eliza Mondegreen, Genspect, May 30, 2023, *Affirming Anorexia,* https://genspect.org/affirming-anorexia/)

Trauma, especially sexual trauma, also sets children up for trans identification. Here are the words of one woman who identified as a man: *"My father also abused me, both sexually and emotionally, his physical dominance and emotionally manipulative behavior meant I was basically his object that he could use and abuse as he so pleased. This abuse caused me to have a mind-body disconnect so powerful that I would avoid looking in the mirror, and when I did I would be appalled at the distant figure staring back. Additionally, it caused me to masculinize my appearance, hoping that would make the abuse stop. This marked the beginning of my life long battle with gender dysphoria."* From WoLF website: https://womensliberationfront.org/wolf-tracks-entries/what-it-means-to-be-a-woman-a-detransitioner-story

Gabor Mate's book *The Myth of Normal. Trauma, Illness & Healing in a Toxic Culture* describes the impact trauma can have on our bodies, using examples from people who have endured sexual abuse in a section entitled "Trauma Separates Us From Our Bodies." One woman recalled enduring sexual abuse by her father as a young girl: "The last place you want to be is in your body. And so, you begin to live in your head, you begin to live up here without any ability to protect your body, to know your body."

In her book about the Tavistock gender clinic, Hannah Barnes shares the insights of former staff at the clinic regarding trauma: "With some young people, the dysphoria appeared to have been immediately preceded by a traumatic event, such as the loss of a parent or a sexual assault….. 'When people were talking about cases where there had been actual sexual abuse, people found it hard to think about that in relation to gender and whether the two might be in some way linked,' Matt Bristow [a former Tavistock staffer] explains. People didn't want to look too closely at what such an experience might mean for a young person and how they relate to their body, he says. 'For example, if it was someone with a biologically female body, who's being abused by a male, then I think a question to ask is whether there's some relationship between identifying as male and feeling safe.'" (Source: Hannah Barnes, *Time to Think, Swift, 2023,* p. 158.)

The Cass report — a systematic review of pediatric sex change medicine in the UK that led to the Tavistock clinic being shut down — included sexual abuse/other trauma as an example of one of many complex presentations that can precede gender dysphoria and medical transitions.

Professional counselors have noted that the red-flag indicators for sexual abuse overlap greatly with symptoms gender ideologues present as signs of gender dysphoria. When everything is viewed as related to gender identity, adults can easily miss potential signs of sex abuse.

It is very strange that so many people who care about children don't even consider the possibility that trans identification can be a maladaptive mechanism for coping with distress associated with comorbid problems. There can be no greater evidence of ideological capture than mindless acceptance of the claim that all these problems among trans- and nonbinary- identifying children are caused by children's identities and not the other way around.

Comorbid conditions are associated with elevated levels of suicide, anxiety and other problems irrationally attributed by many gender ideologues to the absence of universal validation of children's self-perceptions about sex. Autistic females have a risk of suicide 10 times higher than females without autism, for example. (Source: Jane Galloway, *Autistic Girls: Gender's silent frontier,* May 3, 2020, Transgender Trend Blog.) One of the biggest flaws in studies cited by gender ideologues to supposedly support the claim that affirmation lowers the risk of self-harm is that the studies fail to account for the impacts on suicidality associated with comorbidities.

Trauma-informed education is undermined by Gender Identity Ideology

The FLASH Implementation Toolkits for Seattle teachers share the following information on a page entitled "Trauma-Informed Practices in FLASH":

> "Many people have experienced trauma, including young people. Trauma can impact individuals' ability to learn new information, to manage their emotions, to form and maintain relationships, and to make decisions (SAMHSA, 2016). Individual teachers can help students heal from trauma and can avoid retraumatizing students in their classrooms. This overview provides examples of how trauma-informed strategies are used throughout the FLASH curriculum."

Teachers are told to "foster trustworthiness and transparency." Students who have experienced trauma "benefit from knowing they are being given honest and accurate information." Teachers are specifically told to provide "complete and accurate information." They are to "keep survivors of trauma in mind." Teachers are also to "provide clear instruction on consent. These lessons help students recognize consent or the lack thereof and to stop sexual activity if consent is not clearly present."

It is important for teachers to be given these directives because trauma, including sexual trauma, is widespread among school children. A CDC 2021 survey of teens found that one in five girls said they had experienced sexual violence with the prior year. Announcing the CDC findings, Kathleen Ethier, director of CDC's Division of Adolescent and School Health declared that "[o]ur teenage girls are suffering through an overwhelming wave of violence and trauma, and it's affecting their mental health." Fourteen percent had been forced into having sex, an increase from 11% in 2019. "For every 10 teenage girls you know, at least one of them, and probably more, has been raped."

The Children's Justice Center of King County represents 1000 children each year, most of whom have been sexually abused. (Source: Children's Justice Center of King County website, retrieved July 1, 2023, https://cjckc.org/#how)

In short, teachers are likely to have children in their classrooms who have been sexually traumatized. It is important that they engage in trauma-informed education.

SPS's promotion of Gender Identity Ideology and its Gender Affirmation mandate directly contradict trauma-informed education, however.

On the one hand teachers are told to engage in trauma-informed teaching, recognizing widespread trauma and its impacts on the ability to learn and make good decisions. They are told to not add to a child's trauma. On the other hand, teachers are directed to affirm every child's rejection of his or her sexed body, no questions asked. This ignores the negative impact trauma can have on children's decisions, including decisions related to gender identity. It reinforces a child's dissociation from his or her body—dissociation that may well have been triggered by the abuse. Worst of all, it sets children on a path that will lead many to experience new physical trauma to their sexual anatomy via puberty blockage, wrong sex hormones, and surgeries. And it leaves the roots of a children's dissociation from their bodies unaddressed.

On the one hand, teachers are told to provide honest, accurate, complete information to children, fostering trustworthiness and transparency. On the other hand, in the service of Gender Identity Ideology, they are asked to use school materials that provide dishonest, inaccurate, and incomplete information regarding the sexes, puberty, and basic biology. They fail to provide information about the harms of gender transitions, and about the fact that one cannot become the other sex.

On the one hand, teachers are to "provide clear instruction on consent." Lessons are to "help students recognize consent or the lack thereof and to stop sexual activity if consent is not clearly present." On the other hand, an adolescent girl who objects to a naked male in her locker room will be told he has a right to be there, and that it is unkind and transphobic to object. And SPS ignores risks to women associated with allowing males in their locker rooms and bathrooms. Girls are disproportionately the victims of sexual abuse and assault, and perpetrators of that violence are overwhelmingly male. This is one reason sex-based privacy exists, yet Seattle schools treat that privacy with disdain. (Source: Rape, Abuse, and Incest National Hotline (RAINN), Children and Teens: Statistics, https://www.rainn.org/statistics/children-and-teens)

For a girl who has been abused, having males in areas where nudity occurs, can be a very uncomfortable experience. It may even trigger PTSD for some. Yet Seattle schools insist that any male who "identifies" as female gets to enter female-only spaces with impunity. This does not line up with professed concern for survivors of sexual abuse.

Trauma separates children from their bodies. The quote shared earlier from a woman who endured sexual abuse by her father as a child bears repeating: "The last place you want to be is in your body. And so, you begin to live in your head, you begin to live up here without any ability to protect your body, to know your body."

Another survivor of ongoing childhood sexual abuse discussed in Gabor Maté's book, described how she got through episodes of abuse by disengaging completely from her body. Even years

later, when telling a therapist about what had happened, as she put it "I would check out—leave my body."   (Source: Gabor Mate's *The Myth of Normal. Trauma, Illness & Healing in a Toxic Culture,* Avery, 2022)

The mindset of checking out from one's body is precisely the mindset that Gender Identity Ideology thrives upon and reinforces. As just one of countless examples, "It Feels Good to Be Yourself," a book read in Seattle schools, features smiling confident child characters who have rejected their sex and are happy as a result. The book urges children to ponder what sex they are, presenting dissociation from one's body as healthy and even noble.

SPS claims to care about children who have been traumatized, but by promoting Gender Identity Ideology they abdicate responsibility to those children. In fact, they increase the chances that no help will be forthcoming for abuse victims. In fact, those vulnerable children may well be funneled along the path of Gender Identity, which leads to unspeakable harm to the very parts of their bodies that were abused.

V. Gender Affirmation: At Odds with Children's Developmental Needs

Childhood is a time of exploration and brain development.

Even in the absence of widespread mental illness, autism, eating disorders, and abuse, Gender Affirmation would make no sense. It reflects a shocking lack of understanding of children's developmental capacities and needs.

Childhood is a period of identity formation. Children learn through play. They try on different ideas, ways of being, and styles, as part of exploring life and themselves. Their brains are still developing. It is extremely inappropriate to lock children into their declared identities via Gender Affirmation.

Psychiatrist Dr. Stephen Levine puts it well: "The natural arc of adolescence is the eventual resolution of identity confusion and consolidation of a healthy, multifaceted identity. Problematically, every stage of 'gender-affirming' care disrupts the natural course of identity development." (Source: Levine et al, *Current Concerns About Gender-Affirming Therapy in Adolescents,* April 14, 2023, Current Sexual Health Reports (2023) 15:113-123 at https://link.springer.com/article/10.1007/s11930-023-00358-x)

It is also absurd to take a position that children know what is good for them in terms of medical treatments. Their brains are not fully developed and they have so much to learn about themselves and the world. They have growing to do — physically, mentally, and emotionally.

Gender affirmation medicine is the one area of children's medicine where age and developmental stage is treated as irrelevant to diagnosing and deciding on treatment. And this is the case despite the fact that the treatments imposed are so draconian and harmful.

Children simply cannot fathom the implications of the physical alterations of their bodies associated with gender sex change "treatments." Whistleblower Jamie Reed tells the story of one girl that illustrates both the factors that make children vulnerable to believing medical transition will help them, and their inability to truly understand what is being done to them when they sign up for medical "care." The girl came to Reed's clinic when she was about 16 and was put on hormones. At 18 she had a double mastectomy. Three months later she called the surgeon's office informing them that she now identifies as a woman, and she requested that her breasts be "put back on." (SOURCE: Affidavit of Jamie Reed, Feb. 7, 2023. https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf)

Children have brains that are biologically and socially immature. Adolescents tend to engage in risk-taking. There is no way that a small child or an adolescent can fathom the implications of gender affirmation medical treatments. They can't fathom the implications of infertility. Sexual dysfunction. Lifelong medical dependency. The many health risks associated with puberty blockers, hormone treatments and surgeries.

Jamie Reed also had this to say: (Sources: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when; Jamie Reed, The Free Press, Feb. 9, 2023, *I Thought I was Saving Trans Kids. Now I'm Blowing the Whistle,* *https://www.thefp.com/p/i-thought-i-was-saving-trans-kids*)

> *Our patients were told about some side effects, including sterility. But after working at the center, I came to believe that teenagers are simply not capable of fully grasping what it means to make the decision to become infertile while still a minor.*
>
> *Many encounters with patients emphasized to me how little these young people understood the profound impacts changing gender would have on their bodies and minds.*
>
> *There are rare conditions in which babies are born with atypical genitalia—cases that call for sophisticated care and compassion. But clinics like the one where I worked are creating a whole cohort of kids with atypical genitals—and most of these teens haven't even had sex yet. They had no idea who they were going to be as adults. Yet all it took for them to permanently transform themselves was one or two short conversations with a therapist.*

Social contagion and peer pressure.

Children are easily swayed by others. And social contagion is clearly at work in the realm of gender identities.

There is substantial evidence of social contagion as a major factor for many children, especially girls, declaring themselves trans or nonbinary and seeking medicalization. News articles about the phenomenon of growing numbers of children rejecting their bodies and seeking gender medicalization, include quotes from parents who've seen social contagion in action. Parents remark upon the fact that their children "came out" as trans or nonbinary within friend groups, and that there were clusters of children with these sex-rejecting identities. Gender ideologues maintain that social contagion isn't a significant factor, but as one commentator put it, "[O]ne has to be willfully blind to deny the rapid rise in transgender identification over the past several years, especially among girls, and especially via what looks very much like social contagion." (Sources: Lisa Littman, Aug. 16, 2018, PLOS, *Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria;* https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330; Conlin et al, *A gender imbalance emerges among trans teens seeking treatment,* Nov. 18, 2022: https://www.reuters.com/investigates/special-report/usa-transyouth-topsurgery/ ; Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023)

The French National Academy of Medicine said: (Source: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when)

Whatever the mechanisms involved in the adolescent – overuse of social networks, greater social acceptability, or example in the entourage – this epidemic-like phenomenon results in the appearance of cases or even clusters in the immediate surroundings.

Whistleblower Reed likewise noticed social contagion as a factor associated with trans and nonbinary-identifying children at her clinic. "Sometimes clusters of girls arrived from the same high school. (Sources: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when; Source: Jamie Reed, The Free Press, Feb. 9, 2023, *I Thought I was Saving Trans Kids. Now I'm Blowing the Whistle, https://www.thefp.com/p/i-thought-i-was-saving-trans-kids)* Reed noted that:

Frequently, our patients declared they had disorders that no one believed they had. We had patients who said they had Tourette syndrome (but they didn't); that they had tic disorders (but they didn't); that they had multiple personalities (but they didn't).

The doctors privately recognized these false self-diagnoses as a manifestation of social contagion. They even acknowledged that suicide has an element of social contagion. But when I said the clusters of girls streaming into our service looked as if their gender issues might be a manifestation of social contagion, the doctors said gender identity reflected something innate.

Children's use of social media exacerbates the potential for social contagion.

According to the U.S. Surgeon General, up to 95% of children between the ages of 13 and 17 use social media and over a third do so "almost constantly." Nearly 40% of children ages 8 to 12 use social media. (Source: *US Surgeon General Warns Social Media Poses 'Profound Risk' to Mental Health of Kids.)*

Children who are on-line will almost certainly come in touch with Gender Identity Ideology's massive on-line presence. Many will be pulled into TikTok and other domains where they will encounter countless videos and other materials promoting trans identification as cool and as a solution to their troubles. Lots of children in Seattle schools have been marinating in Gender Identity propaganda for a long time on-line.

Even without visiting specific Gender Identity sites, just being on-line primes children for trans identification. They come to see living in one's head as normal. They detach from their bodies, hide behind false names and identities, and are in contact with other disembodied individuals hiding behind their own false names.

Ironically SPS recognizes the threat social media firms pose to children in general, having sued them in January of 2023. (Source: Amanda Zhou, Seattle Times, Jan. 7, 2023, *Seattle Schools sues social media firms over youth mental health crisis: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiy6LnMj8P_AhV6IDQIHSYRD0IQFnoECA0QAw&url=https%3A%2F%2Fwww.seattletimes.com%2*

Feducation-lab%2Fseattle-schools-sues-social-media-firms-over-youth-mental-health-crisis%2F%23%3A~%3Atext%3DThe%252090%252Dpage%2520lawsuit%252C%2520filed%2Cand%2520behavioral%2520disorders%2520including%2520anxiety%252C&usg=AOvVaw1IrvNJFNwuHvrMjN938FDt)

But strangely, SPS fails to recognize the part social media plays in convincing children to reject their bodies.

Seattle schools reinforces the dangers posed by social media in multiple ways. They promote Gender Identity Ideology and the process of detaching from one's body. They encourage "gender journeys" thereby enticing children to check out countless on-line gender journeys described euphorically by seemingly fulfilled young people. By using the materials of Gender Identity Ideology groups, schools signal to children that those groups are cool trusted resources, and that it is safe to contact them. In fact the schools directly encourage on-line contacts with Gender Identity Ideology groups via homework assignments, resource lists shared with students and families, and showing students things like amaze.org videos.

As children are steered relentlessly by social media and SPS towards ideas like being born in the wrong body, and finding authenticity and fulfillment in transitions, children are denied any countervailing information. The suppression of dissenting voices and the disdain with which those challenging Gender Identity Ideology are treated, make it clear to children that failing to go along with Gender Identity Ideology will not be pleasant.

This is reinforced by the reality of what happens to people who initially transition but then choose to detransition. "A major lack of support was reported" by detransitioners in a cross-sectional on-line survey (sample of 237 male and female detransitioners), "with a lot of negative experiences coming from medical and mental health systems and from the LGBT+ community." A third of recipients (34%) answered an open-ended question to give further comments about support or lack thereof during detransition. "The most common themes identified were: loss of support from the LGBT community and friends…, negative experiences with medical professionals…, difficulty to find a detrans-friendly therapist and lack of offered alternatives to transitioning…, as well as isolation and lack of overall support." According to this study, "It appears that detransitioning is often accompanied by a break with LGBT+ communities. Only 13% of the participants reported receiving supporting from an LGBT+ or trans-specific organization, compared to 51% while transitioning." "In addition to that, many respondents described experiences of outright rejection from LGBT+ spaces due to their decision to detransition. Looking at studies showing the positive role of peer support and trans community connectedness on the mental health of its members, it seems reasonable to suspect that this loss of support experienced by detransitioners must have serious implications on their psychological well-being." (Source: Elie Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey,* J. Homosex., July 29, 2022; 69(9): 1602-1620; https://pubmed.ncbi.nlm.nih.gov/33929297/)

Sexism and pornography make some children want to escape their sex.

Sexual violence is a major problem for girls in particular and has been increasing. As noted earlier, a CDC 2021 survey of teens found that one in five girls said they'd experienced sexual violence within the prior year. Among other things, "For every 10 teenage girls you know, at least one of them, and probably more, has been raped," a CDC spokesperson noted. (Source: Erika Edwards, Feb. 13, 2023, *CDC says teen girls are caught in an extreme wave of sadness and violence,* https://www.nbcnews.com/health/health-news/teen-mental-health-cdc-girls-sadness-violence-rcna69964)

This reality affects not only girls who are raped or otherwise directly victimized. It affects all girls, and likely contributes to a widespread desire to escape female-hood reflected in trans identification statistics.

When girls begin to mature sexually, they face ogling, leering, comments, comparisons, and actual assaults. Many female detransitioners talk about how those experiences prompted them to reject their sex, as a means of escaping sexist stereotypes and mistreatment.

Gabor Maté describes it this way: "The sexualization of women is another source of ill health. Being valued for the use another can make of you is an assault on the self. Girls and women are much more likely to be subjected to it, even sold the seductive idea that there is empowerment in it." (SOURCE: Maté, *The Myth of Normal,* p. 334-335)

Maté goes on to discuss widespread childhood exposure to pornography, and its impacts on both girls and boys. "Young people are increasingly getting their first round of sex education from all too easily accessed online pornography. This is not Victorian erotica we are talking about, or your stepdad's *Hustler* collection. According to sociologist and *Pornland* author Gail Dines, the most popular (read profitable) kind of internet porn today is known in the industry as 'gonzo,' a genre characterized by 'hard-core, body-punishing sex in which women are demeaned and debased.' These physically violent, emotionally hostile depictions of sex are being accessed by children at younger and younger ages—most sources place the average age of first exposure around eleven years old."

These presentations of what sex is like are frightening to girls. They are profoundly disempowering, instilling in girls' feelings about their bodies and sex that are unhealthy and foster detachment. According to Maté, girls "must contend with a toxic conflation of sexuality and subservience." They are "encouraged to be sexual not as a natural or emergent self-expression, but as a means of attracting and keeping a partner, or a way of 'empowering' themselves within an oppressive power structure."

Pornography also skews boys' views of sex in a very unhealthy way. Maté notes that "pornography teaches many boys to associate pleasure with domination and a shutdown of tender feelings. The suppression of vulnerable emotions, of course, is one manifestation of male trauma, leading inexorably to a withering of compassion for others—especially when those others have something we want, as in every instance of date rape or nonconsensual sexual

aggression." Boys may also feel inadequate about their male anatomy comparing it to porn stars, and about their ability to perform. All of this can lead to a desire to not be male.

Same-sex attraction makes some children want to escape their sex.

Being same sex-attracted and dealing with conflict—internal and external—related to that can also lead children to identify as the other sex or as sexless. Many detransitioners report that this situation is what led them to identify as trans or nonbinary.

One of the main concerns of clinicians who resigned from the Tavistock children's gender clinic in the U.K. was that they felt they were engaging in gay conversion therapy. "So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that 'there would be no gay people left,'" according to one news article. "It feels like conversion therapy for gay children," one male clinician said. "I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay." (Source: Eva Kurilova, *What You Might Be Overlooking When You Label a Child Trans,* April 13, 2023; https://www.thedistancemag.com/p/what-you-might-be-overlooking-when)

Many of the studies cited in this document that found significant numbers of autistic and mentally ill individuals among trans- and nonbinary- identifying people, also found significant numbers of people who had dealt with homophobia prior to transitioning. Psychologist Lisa Marchiano who works with young female detransitioners reports that some had faced vicious homophobic bullying before opting to identify as trans. *(*Source: Lisa Marchiano, Quillette, Jan 2, 2020, *The Ranks of Gender Detransitioners, https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/)* Fifty-two percent of detransitioners surveyed in another study reported needing to learn to cope with internalized homophobia.   *(Source:* Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey,* J. Homosex., July 29, 2022; 69(9): 1602-1620)

VI. **The Abrogation of Children's Sex-based and Free Speech Rights.**

Seattle schools force students who don't identify as trans- or nonbinary- to go along with the beliefs of Gender Identity Ideology. If they use the words "woman", "man", and other sex-based words as they are meant to be used, they may well be chastised for that. If they refuse to lie about other people's sex—if they accurately refer to a man as "she", for example—this, too may be grounds for chastisement. There may well be circumstances in which students who give biologically accurate answers on tests and who otherwise refuse to regurgitate the tenets of Gender Ideology for their teachers, will get lower grades as a result.

SPS is forcing children to accept people of the opposite sex in their bathrooms and locker rooms. Young women are required to compete against men in female-only sports, despite the injustice and hazards this creates.

Schools in Connecticut provide one example of what happens to girls in the realm of sports when policies like Seattle's 3211 SP policy are in place. Two young men announced that they were women and began competing in women's track and field. As a result, young women lost spots in key races, trophies, and records. No matter how hard they trained, these young women were cheated out of the honors they should have had. For more about that situation and numerous examples of what happens when men participate in women's sports, see Part II of the Hitchhiker's Guide to the Transgender Galaxy.
(https://caroldansereau.substack.com/p/hitchhikers-guide-part-ii-hitchhiking)

Male advantage post-puberty is massive and undeniable. This advantage stems from biological differences ranging from the angle of the hip to the size of the heart to the percent of fast-twitch muscle fibers and more.

Sports statistics unequivocally show male advantage. Scores and times for the world's most accomplished female athletes consistently fall well behind those for males. In fact, high school boys not yet in their prime beat the records of the world's top female athletes across multiple sports. Go to boysvswomen.com for details. Source: https://boysvswomen.com/#/

VII. Other Problems with Seattle's Promotion of Gender Identity Ideology

Seattle schools are promoting sexist stereotypes.

At its heart, Gender Identity Ideology is grounded in sexist stereotypes. These generally form the basis of children concluding that their bodies—in other words their sexual anatomy—don't "match" their "gender identities." Time and again trans-identifying males and/or their parents refer to things like wanting to wear dresses and play with "girl" toys as having been indicative of them actually being girls. The book *I Am Jazz* read to Seattle grade schoolers announces that Jazz has a so-called "girl brain" in a boy body right after Jazz describes how he likes to play with girls, doing things like wearing princess dresses. The cover for that book says that from the time he was two years old, "Jazz knew that she [he] had a girl's brain in a boy's body. She [He] loved pink and dressing up as a mermaid and didn't feel like herself [himself] in boy's clothing."

Similarly, girls who like short hair and sports point to those preferences as evidence of being male.

Some SPS materials make a show of declaring to children that they can do whatever they want regardless of sex. This message is dramatically undercut, however, when a character in a book, or a child in the classroom, is deemed the other sex, and it is obvious that the impetus was liking things that are stereotypically associated with that other sex.

The book *Introducing Teddy*, for example, has a character named Ava who likes robots and tosses away her hairbow, clearly to deliver a message against sexist stereotyping. Why then, does the teddy bear only feel able to change its bowtie to a hairbow after announcing that he is a she? "I always wanted a bow instead," Tilly says, triumphantly creating one out of the bowtie. Children hearing that will imbibe the message that Tilly wanted to have a hairbow but couldn't have one before transitioning.

A similar mixed message dominates in the book *All I Want to Be.* The featured children are supposedly somehow freed by engaging in a weird subterfuge regarding what sex they are. But why do they have to keep their sex a secret if they're really free to be themselves….and if they're really embracing *all* of themselves. The book also insinuates that nonbinary children aren't limited in what they get to do and like, unlike a child who is "just" a boy or "just" a girl. What can the word "just" mean other than that those who acknowledge their femaleness or maleness are limited by it?

Seattle schools are undercutting the rights of lesbians and gay men.

Gender Identity Ideology is often wrongly portrayed as a logical extension of the LGB movement. It is the opposite.

Vast numbers of gay and lesbian people are angry about the fact that the "T" has attached itself to the "LGB." They oppose Gender Identity Ideology because that ideology is undercutting LGB rights, not advancing them. Among other things:

- A significant number of children who might have ultimately come out as gay are transitioning to trans and nonbinary identities instead. As noted elsewhere in this document, clinicians at the Tavistock Clinic in the UK felt like they were engaged in "conversion therapy for gay children." Numerous studies cited in this document refer to struggles with homophobia as precursors to transition.
- GSAs—clubs that in a prior incarnation supported gay and lesbian students—now increasingly serve as conduits to Gender Identity Ideology, persuading lesbian and gay children that they're really a different sex or nonbinary.
- Men who think of themselves as women are openly pressuring lesbians to be in relationships with them, telling them that they must overcome "genital fetishes."
- Bars and websites that had served as places where lesbians could meet one another are now populated by men claiming to be women.

For documentation of these developments and for more information on this topic see Part III of Hitchhiker's Guide to the Trans Galaxy at https://caroldansereau.substack.com/p/hitchhikers-guide-part-ii-hitchhiking .

Gender Identity is very different than sexual orientation, and the demands of gender identitarians are completely different than those of gay men and lesbians. Sexual orientation is about attraction, something that only an individual knows, which does not involve some physical structure or anatomical feature. Gay right activists do not demand that others deny material reality, forfeit rights, and toss away rational meanings for vital words.

In contrast, gender ideologues do all of those things. They insist that vital words like "woman," "man," "female," and "male" must be redefined into uselessness. And that everyone must refer to someone who is obviously a male as "she", and someone who is obviously a female as "he." Gender ideologues demand the destruction of sex-based privacy, sex-based sports, and other sex-based rights.

Gender ideologues insist that their faith must be taught as fact in public schools. With Big Money backing and stealth, they have imposed their anti-science ideological agenda in Seattle schools and in other districts across the U.S. They insist that anyone who offers psychotherapy to explore why a child is dissociating from their body, must be treated as a pariah, even losing their license as a result. They insist that children who reject their sexed bodies should be put on puberty blockers, wrong sex hormones, and surgically altered.

Gender ideologues have taken over former LGB groups transforming them into advocacy groups for transgender "rights." Multiple new organizations have now formed to focus on LGB rights and to protect them from Gender Identity Ideology. These include LGB Alliance, Gays Against Groomers, and other organizations. Well-known gay rights activists speaking out against Gender Ideology include people like Fred Sargeant who participated in the Stonewall riots.

For more information on this topic, see:

1) No, the Gay Movement Did Not Spawn the Trans Movement: https://www.thedistancemag.com/p/no-the-gay-movement-did-not-spawn?utm_source=post-email-

title&publication_id=945289&post_id=120887271&isFreemail=true&utm_medium=email

2) Homophobia in drag:https://www.spiked-online.com/2023/05/14/the-new-homophobia/
3) The queers vs. the homosexuals: https://andrewsullivan.substack.com/p/the-queers-versus-the-homosexuals-cfd
4) Part III of the Hitchhiker's Guide to the Transgender Galaxy at caroldansereau.substack.com
5) https://www.spiked-online.com/2023/05/14/the-new-homophobia/

Seattle schools are undercutting healthy body image.

Rejection of one's body as wrong is at the core of Gender Identity Ideology. Books and lessons used with Seattle's children promote the idea that to be authentic and fulfilled, many people must reject their body's sexual anatomy as wrong for them. They should even alter it massively through hormones and surgeries, despite resulting damage not only to sexual anatomy but to their bodies overall.

Puberty, a healthy rite of passage, is now deemed to be the "wrong puberty" for some children, a health problem they are too fragile to endure. Somehow, these same children are considered able to endure the weakened bones, mood swings, and other physical damage of blocking natural puberty and taking hormones in a foolhardy attempt to simulate puberty for the opposite sex.

In some places, healthy breasts are now referred to as "abnormal structures" of the body caused by birth defects. (Source: Legal opinion by Ricardo Lara, California Insurance Commission, Dec. 30 2020, https://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commiss-opinion/upload/Gender-dysphoria-male-chest-surgery-CDI-GC-opinion-letter-12-30-20.pdf)

All of this is the opposite of a healthy body image. In fact, it is hard to imagine anything more antithetical to self-esteem and a healthy body image than Gender Identity Ideology.

Seattle schools teach children that loathing their bodies is healthy—even noble. They also encourage children to connect with organizations and groups that deliver these messages. They direct them to celebrities who are the epitome of bad body image, such as Jazz Jennings. Materials sent home to all families at a Seattle elementary school even urged families to check out Desmond is Amazing, who gained fame by performing sexualized drag at age 11, including performances where people threw money at him. This sexualization of the body—in this case, that of a boy mimicking women via highly sexualized and demeaning woman-face—is the opposite of helping children have healthy body images.

Seattle schools are undercutting safeguarding.

The promotion of Gender Identity Ideology in the schools is directly undercutting the lessons children should be learning related to basic safeguarding.

Children are taught to disregard the evidence of their own eyes, calling people who are obviously men, women. They are taught to disconnect from their most basic instincts.

Girls learn that if there is a naked man in their locker room, it is not nice to shout for help, get out, or complain to authorities. They're taught that it's not nice to even feel uncomfortable about the situation. Seattle schools teach that male anatomy is not necessarily male, and it's wrong to assume someone's sex based on anatomy. The feelings of trans-identifying individuals are what matters. From at least kindergarten onward, these have been presented as all-important. The concept of sex-based rights and sex-based privacy have likely not been mentioned. They certainly have not been treated as valid and worth protecting.

Girls and women know that they will likely be ostracized and punished for objecting to males in female locker rooms. In Port Townsend, WA, an 80-year old woman has been banned by the Y, and can no longer do her regular swims there, because she objected to a man in the women's locker room. In Illinois, a girl who objected to a male in the women's locker room was ignored, and then ultimately kicked off a swim team and out of the pool area. In Vermont an entire team of girls were reprimanded for objecting to males in their locker room and required to change clothes elsewhere. (Sources: Meghan Murphy, Feminist Current, August 28, 2022, *Julie Jaman asked a man to leave a woman's change room and was banned from her community pool; https://www.feministcurrent.com/2022/08/28/julie-jaman-asked-a-man-to-leave-the-womens-change-room-and-was-banned-from-her-community-pool/;* Laura Higgins, breakthrough, July 8, 2023, *YMCA Accuses Teen Girl of Hate Speech for Oposing Man in Girls' Locker Room*: https://www.breakthrough-ideas.com/post/ymca-accuses-teen-girl-of-hate-speech-for-opposing-man-in-girls-locker-room?utm_source=substack&utm_medium=email ; Zachary Rogers, abc 15 News, Oct. 3, 2022, *Vermont school bans girls volley ball team from locker room after following ocmplaints about trans player,* https://wpde.com/news/nation-world/school-bans-girls-volleyball-team-from-locker-room-following-complaints-about-trans-player-transgender-women-bathroom-privacy-vermont-randolph-high#)

While boundaries and consent are topics children learn about starting in elementary school, lessons appear to focus on unwanted touching. Do they address the topic of being wary of situations that can be a prelude to unwanted touching, such as men exposing themselves—in women's bathrooms and locker rooms, for example? Do they address the topic of having a right to set boundaries not just regarding unwanted touch, but also regarding being seen naked, and seeing others naked? Probably not. In any case, Gender Identity Ideology undermines any messages about boundaries that consent education tries to deliver.

Gender Identity Ideology treats as a civil right the desire of boys and men who identify as female to be seen naked in women's locker rooms, and to see girls and women naked there. It disregards completely the rights of girls and women to not see naked men and to not be seen by them there. In fact, it demands disdain for any girl or woman who attempts to set boundaries, and who objects to situations that *should* raise instinctual concerns.

Gabor Maté discusses the concept of trauma causing people to split people off from their gut feelings. What he says about the reactions of people to trauma relates to denying girls and women the option of reacting appropriately to naked men in their locker room. Maté quotes the

neuroscientist Jaak Panksepp: "We have feelings because they tell us what supports our survival and what detracts from our survival." Emotions emerge not from the thinking brain but from ancient brain structures associated with survival. "Therefore," Maté says, "if circumstances dictate that these natural, healthy impulses (to defend or run away) must be quelled, their gut-level cues—the feelings themselves—will have to be suppressed as well." (Gabor Maté, 2022, The Myth of Normal, p 27-28.) By forcing girls to accept naked men watching them as they undress in the women's locker room, schools undermine the girls' gut instincts for safety and survival in other scenarios as well.

One of the most fundamental safeguarding rules children should learn to protect themselves is that keeping secrets from their parents is a bad idea. Seattle schools literally encourage children to keep major secrets from their parents, and schools join in that subterfuge. If children who reject their sex don't want their parents to know, Seattle teachers are required to assist them in keeping parents in the dark. The assistance isn't even just passive, it is active. When parents call or come to parent-teacher night, teachers are to refer to children by their sex-based pronouns and the name parents gave them, as if they weren't using different pronouns and names during the school day.

With rare exceptions, no one knows and loves a child better than his or her parents. The bond with family is very important to protecting children from harm. It is shocking that Seattle schools help break that bond, including for some of the most vulnerable children of all.

Seattle schools also undercut safeguarding by presenting dangerous behaviors as safe and exemplary. Sending families links to Desmond, the boy mentioned earlier who danced provocatively in woman-face, is one example. Normalizing seductive gyration in scant clothing while people throw money at you is the opposite of safeguarding.

Finally, it must be noted that Gender Identity flags and logos everywhere in the schools, groom children to believe that anyone associated with those symbols are trustworthy. That includes people on-line who have those nice logos on their sites, and people who host support groups where trans-identifying adult males show up to chat with teen trans-identified girls.

Seattle schools are destabilizing children, burdening them with false existential choices, and otherwise harming them psychologically.

Gender Identity Ideology in Seattle Schools is causing children psychological harm in a variety of different ways:

- Seattle schools are disorienting and destabilizing children by insisting that they disregard material reality and agree that men are women, and vice versa. Children are forced to accept as true things they know to be lies. They are subjected to bizarre episodes where a classmate returns to class and is suddenly referred to as opposite sex, an occurrence which can trigger confusion and discomfort. Some children may become anxious that they will wake up one day to find their bodies changed, as the result of these experiences. (This is one reaction reported by parents of California children whose classmate suddenly returned as the other other sex. Source: Greg Burt, California Family Council, Aug. 21, 21017, *Teacher helps Kindergartener Announce Gender Change to Shocked Classmates,*

https://www.californiafamily.org/2017/08/teacher-helps-kindergartener-announce-gender-change-to-shocked-classmates/)

- Seattle schools are creating a false existential question for children to ponder, telling them that it's important to spend time on that. The question—are you a boy, a girl, neither, both, or something else—is an absurdity that no child should be burdened with. Every child is on a journey to figure out what they like to do and how they want to live their lives. And every child's journey is equally important. Encouraging and glorifying so-called "gender journeys" doesn't liberate children. It limits them. It persuades them to stop living authentically—to stop *doing* and *being* without regard to labels, and without analyzing all actions in the context of the ridiculous belief that everything you do and think bears on the matter of whether you are a man, a woman, or some mythical additional sex. Gender Identity Ideology turns the magnificent journeys of children who don't reject their sex into a sideshow for the featured event of the "Gender Journey." It gives children a mindset of creating for themselves the equivalent of a "brand."

- Seattle schools are undercutting the bond between children and parents, by actively helping the most vulnerable of children—those rejecting their sex—keep at-school transitions secret from parents. This not only keeps parents from being able to talk with their children about Gender Identity itself, a matter of great importance. It also feeds children's perceptions that their parents are evil and not worthy of communication on any topic. For teens this comes precisely at a time when maintaining family bonds is especially difficult and especially important.

VIII. The Numbers: Skyrocketing Trans-identification and Medicalization in Children

Gender ideologues try to create the impression that those with concerns about their ideology are making a mountain out of a mole hill. Why are you so concerned about a miniscule number of people, and even smaller numbers of children, who are trans- or nonbinary-identifying, they ask.

But the numbers are not small, especially for children, and they are growing exponentially. And there is every reason to expect the numbers to continue to balloon, given the promotion of Gender Identity Ideology in the schools.

Survey Data

Population-based survey data from 10 states and nine urban school districts in 2017 found an average of 1.8% of high school students identifying as transgender. (Source: Morbidity and Mortality Weekly Report, *Transgender Identity and Experiences of Violence Victimization, Substance Abuse, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017.* *https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm)*

That first nationally representative estimate of children believing themselves to be something other than their actual sex likely under-represented the numbers even then, and almost certainly underestimates them for today. Using an adjusted questionnaire, researchers looking at incongruence between so-called gender identity and so-called sex "assigned" at birth among 9th to 12th graders in a Northeastern U.S. midsized city school district (Pittsburgh) came up with a much higher percentage. 9.2% (291 of 4920 students) had identities incongruent with their sex. (Source: Pediatrics, Kidd et al, *Prevalence of Gender-Diverse Youth in an Urban School District,* June 2021, https://publications.aap.org/pediatrics/article/147/6/e2020049823/180292/Prevalence-of-Gender-Diverse-Youth-in-an-Urban?autologincheck=redirected

Psychiatrist Miriam Grossman notes that using prevalence rates for gender dysphoria in 2010, of approximately 1.73 million people living in the Pittsburgh metropolitan area, well under 200 had gender dysphoria. Less than a decade later, out of the 3168 students in Pittsburgh's high schools alone, over 300 indicated that their gender identities were incongruent with the sex observed for them at birth. While gender dysphoria and trans or nonbinary identification are different, this comparison is nonetheless telling. (Source: Miriam Grossman, 2023, *Lost in Trans Nation,* p. 35 et seq.)

That study used data collected in October 2018. Today, five years later, after more children have been immersed in Gender Identity Ideology-promoting anti-science indoctrination, the numbers could even be higher than a shocking nearly 1 out of every 10 students, particularly in school districts and cities that most aggressively push Gender Identity Ideology.

Data from the Davis, California school district's internal surveys indicate that at a minimum 6% of 7th graders, 5% of 9th graders, 7% of 11th graders, and 16 % of students enrolled in alternative

schools reject their sex. That figure may *not* include students who consider themselves the other sex, i.e. what most gender ideologues call "transgender" because they might be included among people who call their gender female or male. The figures quoted here only encompass students who chose "nonbinary" or "something else" rather than "male" or "female" when asked "What is your gender?" (Colin Wright, *BREAKING: New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools,* Jan. 17, 2023, https://www.realityslaststand.com/p/breaking-new-documents-reveal-shocking)

In Seattle, as of October 2022, public schools had seen an 853% increase in nonbinary students compared to three years earlier. In 2019, 53 out of 55,417 total Seattle Public School students identified as "non-binary." In 2022, there were 505 children out of 51,608 students enrolled in Seattle Public Schools who identified as "nonbinary," including 3 preschoolers, 16 kindergarteners, 89 children in grades 1-5, 125 middle schoolers, and 272 high schoolers. The 2022 nonbinary figure represents nearly 1% of all students. (.978 %.) Note that these numbers only reflect nonbinary-identifying children and may not include trans-identifying children. The District has been asked to provide details on whether those listed in its enrollment reports as "male" and "female" actually are male and female, but has not yet replied to that request for information. It is possible that those listed as male include individuals who are female but consider themselves male, and those listed as female include males who consider themselves female. (Source: Ari Hoffman, The Post Millenial, *EXCLUSIVE: Seattle Public Schools sees 853 percent increase in 'non-binary' students over 3 years,"* Oct. 20, 2022.)

A Pew Research Center poll reported in June of 2022 that approximately 5% of young adults in the U.S. say their gender is different from their sex. (Source: Anna Brown, Pew Research Center, *About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth,* June 7, 2022: https://www.pewresearch.org/short-reads/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/) The 5.1% figure is for adults under 30. Transgender identification is much higher within the under-25 portion of that group than the 25 to 29 year old portion.

In June of 2023, the Williams Institute think tank produced a report entitled "How Many Adults and Youth Identify as Transgender in the United States?" Based on government survey results from 2017, 2019, and 2017-2020, the authors estimated that 0.5% of all U.S. adults (ages 18 and above), about 1.3 million people, identified as transgender. The percentage of 13- to 17-year olds identifying as transgender was nearly three times higher at 1.4%, about 300,000 individuals. The overall percentage for 13 and older, including adults as well as teens, was 0.6%, about 1.6 million people. (Sources: Herman et al, June 2022, *How Many Adults and Youth Identify as Transgender in the United States?;* Azeen Ghorayshi, New York times, June 10, 2022, *Report Reveals Sharp Rise in Transgender Young People in the U.S.)*

An extraordinary 1.4% of 13- to 17-year olds in the U.S. identify as trans; the percentage for 18 to 24 year olds is also high at 1.31%. Percentages vary from state to state. Even the states with the lowest percentage have significant numbers. In Wyoming, 0.56% of 13- to 17-year olds identify as transgender. Meanwhile, a staggering 3% of 13- to 17-year olds in New York State identify as trans.

To put these numbers in perspective, consider the intersex or Disorders of Sexual Development (DSDs) that gender ideologues regularly refer to as they push the Gender Identity agenda. Approximately 0.018% of live births in the U.S. involve conditions that create any ambiguity whatsoever regarding a newborn's sex. Even if we agree with the unfounded assertion that trans- and nonbinary-identifying children have a science-based condition known as "born in the wrong body" one has to wonder why the prevalence of this supposed condition is so much higher than percentages of any other sex anomalies.

Note, several things about the Williams Institute data:

- The rates of trans identification are way higher for children.
- Children represent a growing portion of trans identifying people in the U.S. Prior reports estimated that 10% of trans identification resided in people ages 13 to 17. The new report puts the youth portion at 18%, at a time when 13- to 17-year olds represent only 7.6% of the U.S. population aged 13 and up.
- The study does not include trans-identifying individuals who are 12 years old and younger. There are likely significant numbers of these children who identify as trans.
- The data is already relatively old, particularly in light of escalating gender identity indoctrination in the schools since 2019 and 2020.
- The data excludes nonbinary-identifying individuals. Based on Seattle's 853% increase in nonbinary identification in K-12 schools in a matter of three years, this number could be quite large.
- The usual confusion reigns with regard to the meaning of "transgender." A key question generating the data was this: "Do you consider yourself to be transgender?" If the answer was yes, the respondent was then asked "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming." This is confusing to say the least. Do the numbers from the report include people who merely defy gender stereotypes, something that vast numbers of people do?

Compared to the early days of tracking trans identification children, those rejecting their sex now include far more females than before. Rapid onset gender dysphoria has risen in prevalence, as compared to the numbers of children rejecting their sex at an earlier age and holding that belief for a long period of time before being medicalized. (See for more information: SEGM, *Study of 1,655 Cases Supports the "Rapid-Onset Gender Dysphoria" Hypothesis,* March 30, 2023: https://segm.org/study-of-1655-cases-lends-support-to-ROGD#:~:text=Study%20of%201%2C655%20Cases%20Supports,Onset%20Gender%20Dysphoria%22%20Hypothesis%20%7C%20SEGM)

This document focuses on the US. But rates of trans- and nonbinary- identification are skyrocketing in other countries as well. In the UK, for example, 1 in 10 sixteen to eighteen year olds would like to change gender: https://www.thedistancemag.com/p/no-the-gay-movement-did-not-spawn?utm_source=post-email-title&publication_id=945289&post_id=120887271&isFreemail=true&utm_medium=email)

Anecdotal Evidence.

Countless anecdotal reports of the numbers of children identifying as trans or nonbinary indicate that surveys and similar data may not capture the breadth of what is going on. Commentator Wesley Yang reported in August of 2023 that he has been interviewing teachers and parents across the U.S., and that multiple parents told him that between 20 and 50 percent of all the girls at their children's middle schools or high schools identify as trans or nonbinary. Yang posted an article by a high school teacher in a blue enclave who reported that the absolute lowest number of trans-identifying students in any of his classes was two in a 26-person class. Of his six classes last year, there wasn't a single one without multiple students identifying as trans. (Source: Wesley Yang, Year Zero, Aug. 25, 2023, *Gender Theory in Schools – Two Things the TERFs Get Right (Plus Two Things They Get Wrong)*)

Physician and researcher Lisa Littman published a study in 2018 providing data on what she dubbed Rapid Onset Gender Dysphoria (ROGD.) Based on an online survey of 256 parents about their teen or young adult's ROGD, Littman reported that parents described "clusters of gender dysphoria outbreaks occurring in pre-existing friend groups" coupled with "immersion in social media, such as 'binge-watching' YouTube transition videos and excessive use of Tumblr." In a third of friend groups Littman researched, 50% or more of the members identified as transgender. The rate of trans identification in these friend groups was 70 times higher than one would expect based on earlier data indicating a 0.7% rate of trans identification among young adults. (Source: Miriam Grossman, 2023, *Lost in Trans Nation,* pages 40-43; Lisa Littman, PLOS One, August 16, 2018, *Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria*.)

On-line groups like the Serendipitydodah, a private Facebook community of people who have trans- or nonbinary-identifying children, has over 36,000 members and is growing by leaps and bounds. (Source: LANDON STARBUCK: Moms of 'Trans Kids,' The Modern Day Munchausen By Proxy—Trans parents brag about transitioning their kids, Feb 23, 2023: https://humanevents.com/2023/02/23/landon-starbuck-deranged-parents-of-trans-kids-brag-about-giving-their-minor-children-puberty-blockers-hormones-and-surgeries)

Medicalization of Children

But, gender ideologues insist, large and rapidly rising numbers of children rejecting their sex, do not necessarily translate into significant numbers of children being medically affirmed. Unfortunately, however, there are indeed huge and growing numbers of children being placed on puberty blockers and/or cross-sex hormones. And yes, there are very large and growing numbers of children subjected to "gender affirming" surgeries.

In countries that track health trends well, the increases in childhood gender affirmation are staggering. London's pediatric gender clinic saw only 18 patients between 2000 and 2005. In 2009-2010, they saw 77. By 2021-2022, the number was 3,585 patients—an increase of 4,555 percent in just over 10 years. Another 5,300 were on the waiting list for the clinic in 2021. Parallel surges have been documented in Canada, Denmark, Sweden, Norway, and Finland.

(Source: Miriam Grossman, 2023, Skyhorse Publishing, *Lost in Trans Nation. A Child Psychiatrist's Guide Out of the Madness, p 35-36.)*

In the United States, the tracking that should occur, does not. Our splintered health care system combined with the success gender ideologues have had in suppressing information that hurts their agenda makes it hard to get numbers. But we do have some data and it is sobering:

- Komodo Health Inc. analyzed a database of U.S. insurance claims and medical records, including records for 40 million children, ages 6 to 17. Between 2017 and 2021, 121,882 children were diagnosed with Gender Dysphoria. The number of such diagnoses in 2021 was 42,000, which is nearly triple the number from 2017, and up 70% from 2020. In other words, the numbers are getting bigger and bigger each year. Understand also, that much of the medicalization children undergo occurs without any diagnosis of gender dysphoria; large numbers of children who reject their bodies are not said to have gender dysphoria.
- The Komodo analysis found that from 2017 to 2021 of the children with gender dysphoria diagnoses, 17,683 went on puberty blockers or wrong-sex hormones (4780 started puberty blockers; 14,726 started wrong-sex hormones.) Again the lion's share of these treatments come from the later years in the study. The numbers rise from 2,394 in 2017 to 5,063 in 2021. "These numbers are probably a significant undercount since they don't include children whose records did not specify a gender dysphoria diagnosis or whose treatment wasn't covered by insurance," Reuters said in a report using the Komodo findings. (Source: Conlin et al, *A gender imbalance emerges among trans teens seeking treatment,* Nov. 18, 2022: https://www.reuters.com/investigates/special-report/usa-transyouth-topsurgery/)
- According to the Komodo data, between 2019 and 2021, 776 mastectomies and 56 genital surgeries were done on 13- to 17-year olds. Again this does not include children not diagnosed with gender dysphoria and those paying out of pocket. For example, a Miami-based double mastectomy performed on a 16-year-old girl that cost $10,000 was paid for out of pocket.
- A Vanderbilt University School of Medicine analysis showed a 389% increase in "gender affirmation" chest surgeries nationally from 2016 to 2019 on patients under 18. Nearly all of an estimated 1,130 of these chest surgeries were for women having breasts amputated in order to look more like men. Note that schools have doubled down on promoting Gender Identity Ideology since those 2019 statistics were recorded. Note also that 2019 was well before Ellen/Elliot Page was featured on the cover of Time Magazine after having had her breasts amputated. (Source: Conlin et al, Reuters, *A gender imbalance emerges among trans teens seeking treatment,* Nov. 18, 2022: https://www.reuters.com/investigates/special-report/usa-transyouth-topsurgery/)

- A study published in the Journal of the American Medical Association (JAMA) in August of 2023 found that the number of "Gender Affirming Surgery" (GAS) procedures nearly tripled from 2016 to 2020. The authors note that due to limitations, the study likely "under-captures" GAS. Of the 48,019 patients who underwent GAS, 3678 were ages 12 to 18. There were 3215 12-18 year olds who underwent breast surgeries. 405 of that age group had genital surgeries. (Cosmetic surgeries made up the difference.) Again

note that this study captures only part of the surgery picture. It also ignores puberty blockers and cross sex hormones altogether.

While authors did not provide year by year numbers, a graph shows that there was clearly a steep climb in surgeries among 12- to 18-year olds between 2016 and 2019. (This was followed by a slight decline in 2020 likely due to Covid.) It is important again to note that Gender Identity Indoctrination in schools has been escalating since this data was collected. We could well see a continuation of exponential increases in surgeries done on children's healthy bodies, as more and more kids dissociate from those bodies. (SOURCE: Wright et al, JAMA, Aug. 23, 20123, *National Estimates of Gender-Affirming Surgery in the US.*; Emily Baumgaertner, Aug. 23, 2023, The New York Times, *Gender Surgeries Nearly Tripled From 2016 Through 2019, Study Finds.)*

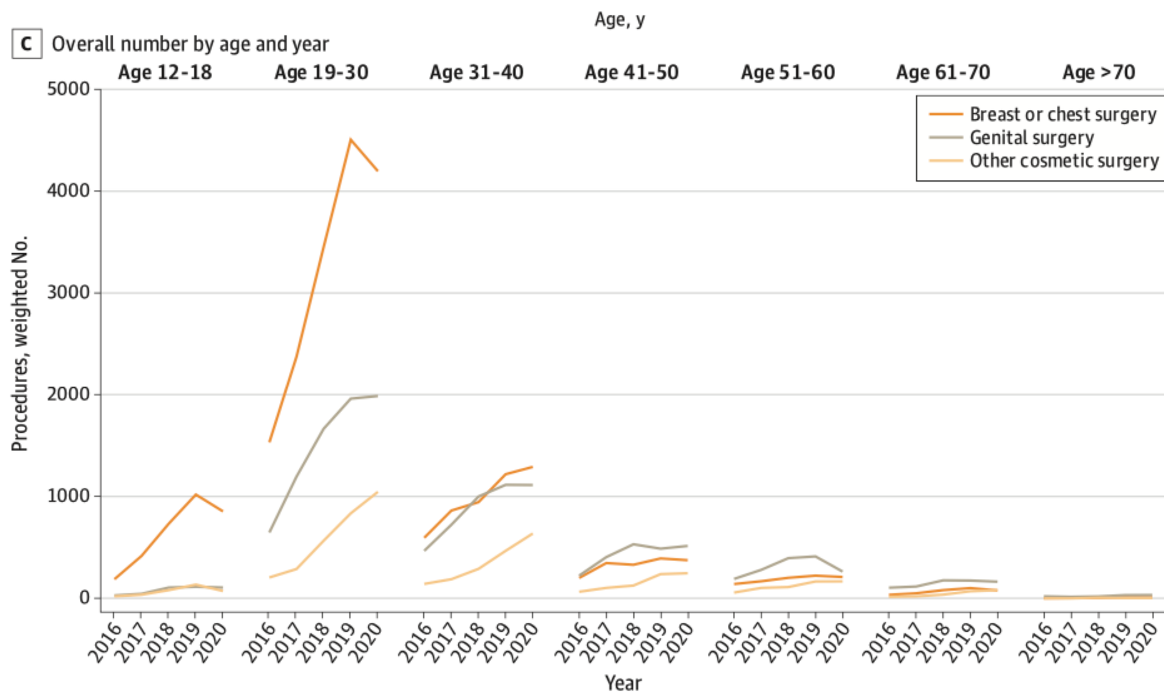


Figure 2, JAMA, *National Estimates of Gender-Affirming Surgery in the US*, Aug. 2023

- The Serendipitydodah facebook group's members regularly share information about doctors and clinics that provide gender affirmation surgeries, including "bottom surgeries" (which alter a child's reproductive anatomy) as well as "top surgeries" (primarily mastectomies for girls.)
- The number of clinics providing pediatric gender medical "care" in the United States has risen from zero 15 years ago to over 100 today. (Source: BMJ Investigation, *Gender dysphoria in young people is rising—and so is professional disagreement,* Feb. 23, 2023, https://www.bmj.com/content/380/bmj.p382) There are some indications that 100 grossly understates the numbers of such clinics. Society for Evidence-based Gender

Medicine says the number is potentially closer to 300. (SEGM, "Gender-Affirming" Hormones and Surgeries for Gender-Dysphoric U.S. Youth, May 38,2021: https://segm.org/ease_of_obtaining_hormones_surgeries_GD_US) Put another way, when Jazz Jennings (who is now in his early 20s) was diagnosed with gender identity disorder as a preschooler, there was single clinic in the western hemisphere specializing in children with gender dysphoria, and only 3 such clinics in the world. Now there are vast numbers of such clinics. (Miriam Grossman, 2023, *Lost in Trans Nation,* p. 38)

- Whistleblowers like nurse Jamie Reed in the U.S. and numerous nurses and clinicians in other countries have exposed what is happening to children in the facilities where they work. The numbers they cite and the numbers recorded for their clinics are astounding. Jamie Reed worked as a case manager at the Washington University Pediatric Transgender Center at St. Louis Children's Hospital from 2018 until November 2022. Her duties included meeting with patients and completing screening triage intake of patients who had been referred to the Center. Referring to calls seeking so-called "gender affirmation care" for children, Reed says "[w]hen I started there were probably 10 such calls a month. When I left there were 50, and about 70% of the new patients were girls. Sometimes clusters of girls arrived from the same high school." (SOURCE: Affidavit of Jamie Reed, Feb. 7, 2023. https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf ; Jamie Reed, The Free Press, Feb. 9, 2023, *I Thought I was Saving Trans Kids. Now I'm Blowing the Whistle, https://www.thefp.com/p/i-thought-i-was-saving-trans-kids)*

IX. Litigation Against Gender Identity Ideology

Lawsuits against those who facilitate medical transitions and schools that interfere with parents' ability to protect children from Gender Identity Ideology have begun.

Groups like Child and Parental Rights have brought actions against various U.S. schools on behalf of parents whose ability to protect their children was stymied by schools' affirmation policies.

A project called Transition Justice has launched to provide legal help to people harmed by gender affirmation medicine. Transition Justice website: https://www.transitionjustice.org

A Vermont school district has paid a local family $125,000 in damages after disciplining them for expressing concerns about a trans-identifying male student in the high school girl's locker room. https://www.foxbangor.com/news/national/vt-school-board-pays-family-125-000-after-punishing-father-daughter-for-speaking-out-against/article_586fe7b5-256b-5735-908a-ee8d3774f548.html

Women's Liberation Front is representing a young woman who used to identify as non-binary and is suing the two counselors who signed off on her double mastectomy surgery. She wants to hold them and their clinics accountable. https://womensliberationfront.org/supporting-detrans-women

Chloe Cole is suing Kaiser Permanente for the harm done to her when she medically transitioned as a child: https://www.dhillonlaw.com/lawsuits/chloe-cole-v-kaiser-permanente/

A woman named Layla Jane is suing Permanente Medical Group and Kaiser Foundation Hospitals for gross negligence. She is accusing Kaiser of allowing "radical, inadequately studied, off-label, and essentially experimental treatment to occur on minors." The medical group and hospital facilitated her medical transition between the ages of 12 to 17. She had puberty blockers, cross-sex hormones, and at age 13, a double mastectomy. Source: Christina Buttons, Reality's Last Stand, March 17, 2023, *New Detransitioner Announces Intent to Sue for Childhood Medical Transition; https://www.realityslaststand.com/p/new-detransitioner-announces-intent#:~:text=A%20young%20detransitioned%20woman%20is,at%20just%2013%20years%20old*

Michelle Zacchigna has filed la egal action against a total of eight doctors and mental health professionals who treated her during the years that she identified as transgender. Zacchigna alleges that each failed to address her complex mental health needs and instead allowed her to self-diagnose as transgender and undergo irreversible procedures that she now deeply regrets. Those procedures included cross-sex hormones, a double mastectomy, and a hysterectomy. (Source: Mia Ashton, Feb. 20, 2023, *Woman who lost breasts, uterus to sex change sues doctors, mental health providers who facilitated her transition,*

https://thepostmillennial.com/woman-who-lost-breasts-uterus-to-sex-change-sues-doctors-mental-health-providers-who-facilitated-her-transition)

A Texas woman named Soren Aldaco has sued health care professionals over the damage she sustained as the result of cross-sex hormones at 17, followed by a double mastectomy. Aldaco is described in the suit as having been a vulnerable teenager who struggled with a slew of mental health issues while also grappling with the universal challenges of adolescence and body image. The defendants "deliberately and recklessly propelled Soren down a path of permanent physical disfigurement," the suit declares. Surgeons, a nurse practitioner, a psychiatrist, a counselor, and multiple health care clinics are all named as defendants. Aldaco is seeking more than one million dollars. (Source: Jame Reinl, Daily Wire, July 21, 2023, Texas Woman seeks $1M from doctors that put her on testosterone…, *https://www.dailymail.co.uk/news/article-12325059/Texas-woman-seeks-1M-doctors-testosterone-age-17-left-nipples-peeling-botched-trans-op-saying-treated-depression-instead.html*)

An anonymous parent's letter in a different school district provides useful information pertaining to the potential liability of schools with respect to Gender Identity Ideology. Here is a list of litigation risks, put forth in that letter:

- *"When a young woman suffers debilitating premature osteoporosis and/or autoimmune disorders from the use of synthetic hormones and puberty blockers—because you disallowed her parents from knowing about it and possibly helping her get the mental health treatment that would have forestalled it—this district will be sued.*
- *When a "gender non-conforming" young woman is pushed into social transition for being insufficiently feminine, then undergoes a double-mastectomy—only to realize the mistake years later when she has de-transitioned and can no longer breastfeed a child—this district will be sued.*
- *When a young girl is raped or molested by a trans-identified autogynephile who has exploited district policy to be selected as a female chaperone for an overnight field trip—the parents will sue this district.*
- *When a female-identifying boy is permitted to bunk with biological girls on an overnight field trip, and sexually assaults one of the girls—the parents will sue this district."*

That letter goes on to say: "*Let me underline that none of these scenarios are hypotheticals—every single one describes a real incident presently being litigated somewhere in the country. To imagine that this district will be able to preserve the current policy and dodge these scenarios is fantasy. Both here and abroad, the avalanche of litigation is only just beginning*."

(Source, Parents with Inconvenient Truths about Trans, PITT, *Letter to the School Board,* May 24, 2023; https://pitt.substack.com/p/letter-to-the-school-board)

X. Crises in Our Children's World and the Insanity of the Gender Affirmation Response.

Children are in deep trouble. The Seattle School Board and Seattle teachers should be protecting children from harm, giving them the skills they need to navigate a troubled world, and working to address the roots of children's distress. Instead, they are leading children to harm.

In February of 2023, the Center for Disease Control (CDC) issued a dire warning about the mental health of children. Results from its 2021 Youth Risk Behavior Survey showed that more than 40% of boys and girls said they'd felt so sad or hopeless within the last year that they'd been unable to do their regular activities like sports or schoolwork for at least two weeks. And 22% of high school students had seriously considered attempting suicide the previous year.

Results of the survey were particularly dire for girls, with nearly 3 in 5 teen girls (57%) saying they felt "persistently sad or hopeless." Thirty percent of the girls said they had seriously considered dying by suicide—a percentage that has risen by nearly 60% in the past decade. (Source: Erika Edwards, Feb. 13, 2023, *CDC says teen girls are caught in an extreme wave of sadness and violence,* https://www.nbcnews.com/health/health-news/teen-mental-health-cdc-girls-sadness-violence-rcna69964) The CDC found that there had been a dramatic rise in violent behavior, targeting girls in particular.

The survey has been conducted every other year for three decades. The 2021 data is based on survey responses from 17,232 U.S. high school students.

While anxiety and depression did increase among teens during the pandemic, it had been building for years, according to CDC data collected prior to the pandemic. (SOURCES: Erika Edwards, *CDC says teen girls are caught in an extreme wave of sadness and violence,* Feb/ 13. 2023, https://www.nbcnews.com/health/health-news/teen-mental-health-cdc-girls-sadness-violence-rcna69964 ; CDC, Youth Risk Behavior Survey. Data Summary & Trends Report: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf)

Gabor Maté details the many ways in which the world surrounding children is toxic. It is his contention that "by its very nature our social and economic culture generates chronic stressors that undermine well-being in the most serious ways, as they have done with increasing force over the past several decades." (Source: Gabor Maté, *They Myth of Normal. Trauma, Illness & Healing in a Toxic Culture,* Avery 2022)

The book Lost Connections details the many ways in which our modern world denies people, including children, the connections we need to live happy healthy lives and how this leads to wide-spread depression. Among the things missing for vast swathes of individuals are connections to other people, the natural world, meaningful values, meaningful work, and a hopeful and secure future. (Source: Johann Hari, *Lost Connections. Uncovering the Real Causes of Depression and the unexpected solutions.* Bloomsbury 2018.)

Current events provide all sorts of reasons for anxiety and grief, given daily mass shootings; global warming and its frightening implications; other aspects of ecological collapse all around

us; huge numbers of homeless people living on the streets; a huge and growing gap between rich and poor; widespread economic insecurity; never-ending wars; and the constant potential for nuclear holocaust.

The children are not okay, and they know it. Meanwhile they are constantly hearing that they—the children themselves--have solutions for the problems all around them, that they'll lead us to sanity and security, and that we should place on their young shoulders huge existential decisions—ranging from figuring out what to do about the environment to declaring their own individual sex.   These claims about children leading us forward are irrational and they are harmful to children. They're also an abdication of our responsibilities as adults. Of course, the young must be part of finding our way forward as a species, but adults must take responsibility for the problems that surround us all.

In the middle, of all this, skyrocketing numbers of children are identifying as trans or nonbinary. This is not a sign of moving forward. It is a symptom of the deep disintegration of our children's world.

A shockingly high percentage of the children who reject their bodies have other problems like mental illnesses, neurodivergent conditions, eating disorders, and histories of being abused. Even with these comorbidities immediate unquestioning affirmation of children's declared trans identities rules the day. This is the case despite incredibly harmful and irreversible harms associated with gender affirmation and despite the fact that medical "treatments" have no basis in sound science.

Peel back the façade for any of the claims made by gender ideologues to prop up their ideology, and one finds there is nothing there to support those claims. Systematic reviews of the evidence underlying medical affirmation reveal that extremely low quality studies are propping up medical protocols that may worsen psychological well-being, as they destroy children's fertility, sexual functionality, and overall health. Look into the suicide studies in particular, and it becomes clear that the suicide claims are a hoax. Look into the data on the murder epidemic among trans-identifying people, and once again, the data does not support gender ideologues' claims. Look at assertions about fighting stereotypes, and one finds the most vile sexist stereotypes reinforced by Gender Ideology. Examine so-called discrimination and one finds the same sort of circularity that characterizes the definitions gender ideologues seek to impose for words like "woman."

When one peels back the Gender Identity façade, one discovers that there is no there there.

What's happening is surreal, insane, and horrifying. Children's bodies declared to be "wrong." Puberty treated as a disease. Healthy breasts classified as birth defects. Children learning that men have babies and that the penis is often a female sex organ. Schools propping up the abject lie that doctors can transform people's bodies, making them the other sex. And that rejecting one's body is living authentically.   Schools keeping parents in the dark about the fact that their children are being treated as a different sex at school.

It is truly shocking that Seattle schools are promoting Gender Identity Ideology.

Schools should stand between children and propaganda, particularly propaganda that leads children to irreparable injury. Instead, Seattle schools are promoting the propaganda themselves. Aggressively. Seattle schools are not just abandoning children in these troubling times. They are handing them over to those who do them horrific irreversible harm.

Gradually, the malignant role played by schools is becoming more visible to parents and to others who care about children, education, and justice. The fight-back is building. Petitions and demands, such as the one accompanying this appendix, are being submitted to school boards demanding an end to the promotion of Gender Identity Ideology in the schools. Lawsuits are being filed. People are organizing to elect to public office individuals who will stop the travesty of Gender Identity Indoctrination in the schools.