

\* **Please Note:** In the event that any of the videos or articles are removed, I have downloaded and saved all of them and will be glad to send you a copy if you desire. I have included a list of terms at the end of this document to clarify some of the quotes. This is a collection of quotes and is not intended to convey my own ideas. This is a body of research I am still in the process of working on.

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## **I. Stories of those who regret transitioning as children or teens with puberty blockers:**

### **A. Keira Bell, former transgender from England who sued the Tavistock GIDS clinic and won**

1. Ms. Bell began taking puberty blockers at age 16, began taking testosterone at 17, and had a mastectomy at age 20.
  2. England's High Court ruled that children under age 16 must get a court order in order to begin treatment on puberty blockers
  3. Ms. Bell "...claimed she was treated like a 'guinea pig' at the clinic, and said doctors failed to carry out a proper psychiatric assessment and should have challenged her more over her decision to transition to a male as a teenager."<sup>1</sup> (<https://www.dailymail.co.uk/news/article-9005007/High-Court-rules-puberty-blockers-transgender-clinics-landmark-case.html>)
  4. "The judges said in their ruling: 'It is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers. 'It is doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers.'<sup>1</sup> (<https://www.dailymail.co.uk/news/article-9005007/High-Court-rules-puberty-blockers-transgender-clinics-landmark-case.html>)
  5. Keira Bell – "I was lost and confused... and I thought that was the solution to my problems and they (the doctors at the Tavistock GIDS clinic) led me to believe the same thing."<sup>2</sup> (<https://www.youtube.com/watch?v=VtvbTKyPBno>)
  6. "And today three judges at the high court (England) agreed that children under the age of sixteen are unlikely to be mature enough to consent to taking hormone-blocking drugs."<sup>2</sup> (<https://www.youtube.com/watch?v=VtvbTKyPBno>)
- Bell – "I feel angry that, you know, no one was there to really say any different, and I was allowed to run with this idea that I had... Almost like a fantasy."<sup>3</sup> (<https://vimeo.com/486878857>)

### **B. "Hundreds' Of Transgender People Want To Go Back To Their Birth Sex, Says Formerly Trans Woman"**

1. "At age 17, Charlie Evans lived as a boy, binding her chest and shaving her head. A decade later, in 2018, she publicly stopped being transgender. In the year since then, she's been contacted by 'hundreds' of transgender people looking to do the same, she recently told the United Kingdom's Sky News."<sup>4</sup>  
<https://thefederalist.com/2019/10/07/hundreds-of-transgender-people-want-to-go-back-to-their-birth-sex-says-formerly-trans-woman/>

### **C. Pique Resilience Project**

1. The Pique Resilience Project was started by 4 girls who formerly identified as Female-to-Male (FTM) transgenders and/or non-binary for several of their teenage years. They now believe they were actually suffering from a social phenomenon recently coined Rapid-Onset Gender Dysphoria based on a study by Lisa Littman. The 4 girls now help other girls see that they do not need to transition but they can accept themselves for who they are.
2. “All four of us experienced intense adolescent onset gender dysphoria, some of us showing beginning signs in early childhood and some of us fitting the Rapid-Onset Gender Dysphoria (ROGD) model... We have all since detransitioned/desisted, and have been able to explore other individual factors that may have caused or exacerbated our dysphoria. We hope to help dysphoric youth find other ways to manage dysphoria, especially when commonly recommended treatments like hormone replacement therapy (HRT), gender therapy, living as your desired gender for multiple years, sexual reassignment surgery (SRS, or also sometimes called gender confirmation surgery) are ineffective for treating such dysphoria in the long-term.”<sup>5</sup> (<https://www.piqueresproject.com/about.html>)
  - For more on ROGD see the study from Lisa Littman<sup>6</sup>:  
(<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>)
  - Also see the book “[Irreversible Damage](#)” by [Abigail Shrier](#)<sup>7</sup>. While Shrier is still an advocate for transgenderism in adults (and I am not), this is a thorough book on the phenomenon taking young girls by storm.

## D. Clip from BBC Channel 4 on “Jay”

1. Source<sup>8</sup>: <https://www.youtube.com/watch?v=-voNd-WbkVo>
2. Narrator: “After eighteen months being fully committed to the process of transitioning, “Jay” is now having second thoughts.
3. “Jay”: “Is this really me anymore? And I think, you know, throughout my whole transition, I’ve never actually referred to myself as he/him in anything... Let me just look at everything when it comes to my transition. I recently got my referral letter to see a surgeon about top surgery. And then I just, was like, I’m not getting top surgery. Why do I want to get top surgery? It’s not me anymore. I don’t need it, I don’t want it. And I guess it got me thinking about whether I was going down the right road for me now. And the road forward isn’t as clear as it was.”
4. “Jay” went to see a “gender specialist” for a second opinion. She stopped medical transition. “I have decided over the last few months to stop medical, medically transitioning, because my gender identity has shifted. I no longer identify as completely male. So, I guess non-binary, gender neutral better fits how I feel. But I feel like what’s going to happen is that I embrace my embrace my female-assigned body more, to the point where I think one day, I might actually carry a child. So, I want to get my system working healthily A.S.A.P.”
5. “I would actually like for [my menses] to come, so I know it’s at least kicking back up, so my body is working the way it naturally wants to work. I can’t foresee myself ever going on testosterone again. For me, it’s like I want the hormone (testosterone) out of my system.”

## E. “Thomasin”

1. “Thomasin, who spent most of her teen years identifying as male, switched back to being a female this year at the age of 19. She was diagnosed with gender dysphoria by the Tavistock at 17 but was never prescribed medication. Thomasin de-transitioned this year after realizing she was struggling with her sexuality as a lesbian. She said she was glad she never took irreversible steps to become male. She said: “Mainly the thing that was fueling me was that I didn’t fit in and then I was slowly drip fed this idea that you could change sex.”<sup>2</sup> (<https://www.telegraph.co.uk/news/2019/12/12/childrens-transgender-clinic-hit-35-resignations-three-years/>)

## F. Sydney Wright, former female-to-male (FTM) transgender

1. Source for Sydney’s testimony<sup>10</sup>: (<https://vimeo.com/481533780>)
2. “When I was 17 or so, I started seeing everything about transgenders on social media and everything, and everybody that was doing it looked amazing... and hearing them say, ‘this is what I needed’, ‘this is what completed me’. And that’s all the things I wanted. I wanted to feel completed. I wanted to feel whole again.”
3. “So I went to therapy for it. I did disclose that I did have that (sexual) trauma. I also disclosed that my parents were divorced. I told her all of these things, and all of these things are red flags... it should have been enough to make her say, ‘We need to go into this further, we need to dive into this before we start transitioning’. But that was never the case, it was never anybody’s case to put the brakes on.”
4. After 6 therapy sessions she was diagnosed with gender dysphoria and sent to a medical doctor with a letter detailing the diagnosis. The doctor never even opened the letter. He gave her a prescription and laughed when she asked if he would give her the [testosterone] shots. He said, “No, just go home and watch YouTube videos and figure it out... There’s no wrong way to do it, you can’t kill yourself.”
  - This is factually inaccurate. While unlikely, according to Orthopedic Surgeon Pawel Kanturski, MD, who is experienced in TRT, said in answer to a question about “What would happen if you injected testosterone into your veins?” said the following: “...If microdrops [sic] of oil managed to pass your heart, lead to serious life-threatening condition called pulmonary microembolism [sic] / acute respiratory distress syndrome (PE/ARDS).” While he admits this is rare, the point is this certainly can be dangerous and life-threatening.<sup>11</sup>(<https://www.quora.com/What-would-happen-if-you-injected-testosterone-into-you-veins?share=1>)
  - Dr. Shehzad Topiwala, Endocrinologist, answering a similar question said, “There would be no life threatening consequences immediately. But in addition to pain there will significant rise in blood levels that can stimulate red blood cell production. Excess of this is called polycythemia and can cause medical problems like clotting in the circulation.”<sup>12</sup>(<https://www.healthcaremagic.com/premiumquestions/What-are-the-side-effects-of-IV-injection-of-testosterone-cypionate/163363>).
5. As a result of his failed guidance, she (presumably after watching a YouTube video presenting an inaccurate way to do it) administered the shot herself for 8 months, subcutaneously into the stomach. The injection is actually meant to be all the way through the muscle in the thigh.

6. “He (the doctor) never warned me of the side-effects. He never warned me that the testosterone itself would keep me from having children.”
7. “I’m appreciating myself more. You know, put some makeup on and wear female clothes again... if anyone was going through it, I would beg you to wait a very, very long time and please don’t do it, because you’re going to hurt yourself more than you ever know in the long run.”

#### G. Elle Palmer, former Female-to-Male transgender

1. “I began to have thoughts, what if I had never transitioned, what if I had never gone on testosterone? What if I had just learned to love myself... and then I’m like, but I can’t have that anymore. I made that decision, I can’t have that... So I would just talk myself out of it. I never actually got to the point where I realized I could detransition. ‘cuz I just never even thought about that.”<sup>13</sup> (<https://www.youtube.com/watch?v=n0pVuZ0CT7Q>)
2. Elle has now detransitioned and is happy. She needed to know it was possible.

#### H. A personal friend of mine from Oklahoma, a former Female-to-Male transgender

1. “I started hormone “therapy” after only 3 months of counseling at the age of 16, and it seemed great at first. But the satisfaction the physical changes brought me did not last. 4 years later I was still depressed, still suicidal, still uncomfortable in my body –even when fully passing. It did not improve my quality of life whatsoever, just put a band-aid on the real issues. I decided to detransition, but still have lasting physical and hormonal consequences.”
2. Now having completely detransitioned and embraced womanhood, she fell in love and was married in 2020.

## II. Those Who Transitioned As Adults and Regret

### A. “Regret is Real” from the Kelsey Coalition

1. The number of people who regret their medical transition is growing rapidly. There are currently over 17,000 members on [the Reddit detransitioner forum](https://www.reddit.com/r/detransitioners/)<sup>14</sup>. ([https://www.kelseycoalition.org/pubs/Regret-is-Real?fbclid=IwAR1Jcf1OvYmVv2SY37ek47VhOtxiuMiIph\\_YqvMHjpq4gxknIyIjKBo7Rg](https://www.kelseycoalition.org/pubs/Regret-is-Real?fbclid=IwAR1Jcf1OvYmVv2SY37ek47VhOtxiuMiIph_YqvMHjpq4gxknIyIjKBo7Rg))

### B. An unnamed young woman whose story was posted on [the Reddit Detransitioner Forum](https://www.reddit.com/r/detransitioners/)<sup>15</sup>

1. “The whole time I had fully believed I was just inherently trans. That’s what doctors told me. What other trans people who fully related to how I felt about my body believed as well. Transition was supposedly the best way to treat this and yet I still didn’t like my body most of the time and objectively I had only made myself more sick and dependent on medication...I don’t think I can live with this long-term. I think I went too far to live with this. Knowing that

I gave myself all these health risks. Knowing I let myself get surgically castrated. Because of depression, because of trauma. Only to get out more depressed, more traumatized.”

C. Another unnamed young woman whose story was posted on [the Reddit Detransitioner Forum](#)<sup>15</sup>

1. “Transition was like suicide without the gun, the knife, or a hand full of pills. There's a little girl that lives inside of me that I've always hated. A fearful, weak, sensitive, chubby little girl a mother couldn't even love. I always tried to get rid of her. I tried to cut her out, to starve her down, to throw her up. But I got so tired. She was so hard to kill, determined to not be erased.

And then I found out I didn't have to kill her like that. I could invent a replacement, and wait until she withered away. I hoped she would look at my new face, more angular, with little hairs poking out, and finally realize she wasn't fucking wanted. I hoped she would get the message: that everything was her fault, and she should just die if she knew what was best for us. I hoped she would stop coming around, stop clinging to my side and crying all the damn time because it was getting annoying. I wanted a life without this fatty little tumor ruining everything, all the time.

It made sense. I hated part of myself. I hated this little girl who lived inside me. When I cut myself, I was crazy. When I starved myself, I was vain. When I made myself throw up, I was disgusting. But when I injected myself with testosterone, hoping that bottled up girl would just f\*\*\*ing drown, I was brave.

I would sit there for hours, sweating, shaking, scared of that needle. I would prick myself over, and over, and over, and over, and over, driving myself to tears, until I finally drove the needle into my twitching muscle and it was finally over.”

D. Another unnamed young woman whose story was posted on [the Reddit Detransitioner Forum](#)<sup>15</sup>

1. “I was a kid when I was put on hormones. A \*---\* kid. Nobody can tell me 17 isn't a kid. Quite frankly, nobody can tell me 18, 19, and 20 aren't kids. How the h\*\*\* was I allowed to do this? How the h\*\*\* was I encouraged by medical professionals to do this? What kind of f\*\*\*\*d up sci fi dystopia are we living in that this is a normal f\*\*\*ing situation? I'm just feeling so down right now about all of this. And I can't really tell anyone how I feel because I'm so ashamed that I thought this was the right thing to do. And I see a bunch of other KIDS online, really, really f\*\*\*ing young kids. Like 16 and under, who are starting hormones and getting surgeries and are encouraged by doctors and others around them. My heart just breaks for them. They are not old enough to make these decisions. They are not old enough to consent to this. I was not old enough to consent to this. I was a child. How is this allowed to go on? Why?”

E. Rene Jax, post-operative male-to-female transsexual and author of “Don't Get on the Plane” plus two additional books.

1. Jax warns in [his] book that surgery will not resolve the underlying issues and uncovers the true, dark history of the sex-change industry.
2. He lived over 40 years of his life as an MTF.

3. At the time of the video referenced below, he was researching ROGD (Rapid-Onset Gender Dysphoria). "...Neither science nor medicine yet fully understands the root cause of gender confusion. Nor has there been enough research into the effects of puberty blockers and surgeries on gender-dysphoric children to understand or forewarn us of any short and long-term consequences."

## F. Walt Heyer, former female-to-male transgender

1. "My name is Walt Heyer and in April of 1983 I had gender reassignment surgery. At first I was giddy for the fresh start. But hormones and sex change genital surgery couldn't solve the underlying issues driving my gender dysphoria. I detransitioned more than 25 years ago. I learned the truth: Hormones and surgery may alter appearances, but nothing changes the immutable fact of your sex."<sup>16</sup> (<https://sexchangeregret.com/>)
2. Walt has been featured in several documentaries including "[In His Image](#)" and "[I Want My Sex Back](#)". He has written many articles, spoken at many conferences, and much more.
3. "I started sexchangeregret.com because I really wanted to find out if I was the only that had regret. The first year I think we got 750 people that wrote to us. And I thought, *well that's pretty phenomenal*. As the years rolled on, when we hit 2015, we had 350,000 people come to the website in twelve months. And I knew then that this was huge." (Heyer, in *In His Image*)
4. "Most of the people, the regret doesn't hit until 5-15 years after (this is why we hear how happy people are). So we're looking into people's lives early on, 2, and 3, and 4 years after they had the surgery and they... report success. But we don't talk about these people 5, to 15, to 20 years later, that wants [sic] to commit suicide. There'd probably be many more of them coming out, like I am, except they've committed suicide. And they died." (Heyer, in *In His Image*).

## G. "Andrea" Long Chu:

1. "Next Thursday, I will get a vagina. The procedure will last around six hours, and I will be in recovery for at least three months. Until the day I die, my body will regard the vagina as a wound; as a result, it will require regular, painful attention to maintain. This is what I want, but there is no guarantee it will make me happier. In fact, I don't expect it to. That shouldn't disqualify me from getting it."

But in my experience, at least: Dysphoria feels like being unable to get warm, no matter how many layers you put on. It feels like hunger without appetite. It feels like getting on an airplane to fly home, only to realize mid-flight that this is it: You're going to spend the rest of your life on an airplane. It feels like grieving. It feels like having nothing to grieve.

"Buried under all of this, like a sober tuber, lies an assumption so sensible you'll think me silly for digging it up. It's this: People transition because they think it will make them feel better. The thing is, this is wrong."

"I feel demonstrably worse since I started on hormones. One reason is that, absent the levees of the closet, years of repressed longing for the girlhood I never had have flooded my consciousness. I am a marshland of regret. Another reason is that I take estrogen — effectively,



delayed-release sadness, a little aquamarine pill that more or less guarantees a good weep within six to eight hours.”

“Like many of my trans friends, I’ve watched my dysphoria balloon since I began transition. I now feel very strongly about the length of my index fingers — enough that I will sometimes shyly unthread my hand from my girlfriend’s as we walk down the street. When she tells me I’m beautiful, I resent it. I’ve been outside. I know what beautiful looks like. Don’t patronize me.”

“I was not suicidal before hormones. Now I often am.”

(Chu, Andrea Long. (2018, Nov. 24)<sup>17</sup>. “My New Vagina Won’t Make Me Happy”. NY Times, <https://www.nytimes.com/2018/11/24/opinion/sunday/vaginoplasty-transgender-medicine.html>).

## H. Jamie Shupe – 1st Legally declared “Non-Binary” person, originally identified as a transwoman. From *The Daily Signal* Article, March 10, 2019<sup>18</sup>

<https://www.dailysignal.com/2019/03/10/i-was-americas-first-non-binary-person-it-was-all-a-sham/>

“All I needed to do was switch over my hormone operating fuel and get my penis turned into a vagina. Then I’d be the same as any other woman. That’s the fantasy the transgender community sold me. It’s the lie I bought into and believed.”

“Professional stigmatism against “conversion therapy” had made it impossible for the therapist to question my motives for wanting to change my sex.”

“After having watched pornography for years while in the Army and being married to a woman who resisted my demands to become the ideal female, I became that female instead. At least in my head.”

“Trauma, hypersexuality owing to childhood sexual abuse, and autogynephilia are all supposed to be red flags for those involved in the medical arts of psychology, psychiatry, and physical medicine—yet nobody except for the one therapist in Pittsburgh ever tried to stop me from changing my sex. They just kept helping me to harm myself.”

“Three years into my gender change from male to female, I looked hard into the mirror one day. When I did, the facade of femininity and womanhood crumbled. Despite having taken or been injected with every hormone and antiandrogen concoction in the VA’s medical arsenal, I didn’t look anything like a female. People on the street agreed. Their harsh stares reflected the reality behind my fraudulent existence as a woman. Biological sex is immutable.”

“When the fantasy of being a woman came to an end, I asked two of my doctors to allow me to become nonbinary instead of female to bail me out. Both readily agreed.”

“LGBT organizations helping me to screw up my life had become a common theme. During my prior sex change to female, the New York-based Transgender Legal Defense & Education Fund



had gotten my name legally changed. I didn't like being named after the uncle who'd molested me. Instead of getting me therapy for that, they got me a new name."

"It wasn't until I came out against the sterilization and mutilation of gender-confused children and transgender military service members in 2017 that LGBT organizations stopped helping me. Most of the media retreated with them. Overnight, I went from being a liberal media darling to a conservative pariah."

"I should have been treated. Instead, at every step, doctors, judges, and advocacy groups indulged my fiction."

## I. Robert Arquette, Former Male-to-Female transgender

1. "Putting on a dress doesn't biologically change anything. Nor does a sex-change.' [He] said that 'sex-reassignment is physically impossible. All you can do is adopt these superficial characteristics, but the biology will never change.'"<sup>19</sup>

(<https://www.thepublicdiscourse.com/2016/09/17753/>)

## J. Perry Desmond, Former Male-to-Female Transgender

1. "I found what I'd been looking for all my life...Dresses only covered my masculinity. Makeup only masked it. Silicone only reshaped it. Surgery only mutilated it. Underneath, in every cell of my body, the truth was recorded ten million times, in every gene. I was a man!" (Perry. Pg. 108 – Out of Print, I have a physical copy.)<sup>20</sup>

## K. The following are excerpts from Trans Life Survivors by Walt Heyer<sup>21</sup>

1. "Michael" – (sexually abused by his grandfather)
  - It's just like a "bad dream" and it won't go away. You can fantasize and dress like a woman, but you can never be a woman. No, the sex change surgery did not change my gender/sex either. It just made every second of my day unbearable and a living hell.
  - The problem is, as you know, when this disgusting thing consumes your life, you're not open to hearing "the truth". All I saw was the websites, videos, and "girls" in the streets of Bangkok telling me how pretty I was going to be." (Heyer, pg. 26)
2. "Max"
  - I wish I had listened to you. I'm only in my mid [twenties]. I transitioned in my teens and had surgery. I was [too] young to make such a decision.
  - I've sunken into such a deep regret. I don't even feel transgender anymore. I feel like my old self. I am happy with a female appearance but that is all I really needed. I feel like I was brainwashed by the transgender agenda and by gender norm expectations. I would do anything to [have] my penis back.
  - My feelings were confusing, and I thought they would never go away. I'm just a guy who's really in touch with my feminine side. I can't believe what I've done to my life. And now I have no choice but to take hormones forever. I don't know what to do. I feel like I'm losing my mind. All I would have had to do was discontinue my hormones and

everything would have been alright. I honestly feel 100% normal and okay . . . if only I had never had that surgery. (Heyer, pgs. 109-111)

3. “Noah”

- “Surgery reminded me that nothing can change me from the male I am. The operating table takes my genitals; that, for sure, will NOT make me a female. When I realized the surgery is all cosmetic surgery then I realized what a hoax it was to suggest or pretend I was female.” (Heyer, pg. 67)

L. A friend of mine from Texas, former Female-to-Male transgender

1. “I lived as a FTM transgender and lesbian for the better part of my adulthood. I came out as lesbian when I was 19 and transgender when I was 26. I took testosterone injections for two or three years when I was in my early 30s. I regret doing so because although I haven't been on the injections for about five years, the health effects are still there. My voice is still lower than it used to be and I have had numerous gynecological issues and surgeries in the last year. I am now no longer able to have children of my own because of the effects the changes has on my body. Young adults and children who are allowed to engage in body altering procedures have no idea the cost emotionally, mentally, and physically. The alterations will not give them what they truly seek. It merely produces an image to enforce a lie. My true peace came only when I submitted to the will and love of God. Having Jesus in my life made all the difference.”

### III. Information from Medical Experts

#### A. Endocrinologist Dr. Michael K. Laidlaw, MD

1. Source for the following quotes (unless otherwise noted)<sup>22</sup>:  
(<https://www.youtube.com/watch?v=lckMvdTu8hw>)
2. “What about using it (Lupron, a drug intended to treat prostate cancer) for kids, say they're 12 or 13, with this gender confusion, what about stopping puberty so they can become the opposite sex, theoretically. Is this FDA approved in any way? Has it been tested? It has not.”
3. “So, what are the effects (of puberty blockers on a teenage body)?... you're going to stop pubertal development. You're also going to inhibit brain development and bone development... and importantly, they won't come to that [Tanner] stage to become fertile. So long as they are on this medication, they're infertile. If they continue on to hormones, they'll remain infertile. If they have surgery, they'll be sterilized.”
4. “What are the consequences of giving this to males?... you're going to stunt growth of the organs as I said. They're going to develop sexual dysfunction because the organs never developed correctly. You're going to prevent sperm production... and disrupt normal brain and bone development. For females, at a young age, they will actually acquire a menopause-like state because they're not getting proper hormones. They will block normal breast development. They'll also have sexual dysfunction. You'll also cause infertility and affect bone and brain development.”

- On the slide he shows you can see the specifics conditions under the label “sexual dysfunction”. “For males this includes impairment of erection, orgasm, ejaculation. For females this includes decreased blood flow to vagina and vulva [which leads to] thinning of vaginal epithelium and vaginal atrophy.”
5. Neuropsychological effects of puberty blockers (Title of current slide). “Look at one study “...70% of them already had some kind of underlying psychological condition, autism and such. What effect does it have on the mind? From the labeling: ‘emotional lability, mood changes, headaches, nervousness, anxiety, agitation, confusion, delusions, insomnia, depression. It even says, ‘Monitor for developmental worsening of psychiatric symptoms. Use in caution with patients with a history of psychiatric illness. Does that sound safe to you?’”
    - Why are we giving these to children with a history of psychiatric illness?
    - According to the official “GIDS” (Gender Identity Development Service, NHS - England) website, “Most empirical studies around mental health of gender variant young people show that adolescents are at higher risk of other co-existing difficulties than the general population (Coates & Spector Person, 1985). Adolescents, who present with gender dysphoria and cross-gender identification well after the onset of puberty, are more likely to also have significant psychopathology and broader identity confusion than gender identity issues alone (Kaltiala-Heino et al. 2015).”<sup>23</sup> (<https://gids.nhs.uk/evidence-base>)
  6. Study referenced was from information presented on Transgender Trend. Michael Biggs, ‘Tavistock’s Experimentation with Puberty Blockers: Scrutinizing the Evidence’. Transgender Trend. March 2, 2019.<sup>24</sup> (<https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/>).
  7. Slide from one of Dr. Laidlaw’s presentations. (<https://www.youtube.com/watch?v=K9jXIqCPqVY>)<sup>25</sup>. The side-effects can be quite serious for those on cross-sex hormones.

Press Esc to exit full screen

## Side Effects of Cross (Wrong) Sex Hormones

<i>Males on Estrogen</i>	<i>Females on testosterone</i>
increased risk of myocardial infarction and death due to cardiovascular disease	increased risk of myocardial infarction and death due to cardiovascular disease
Thromboembolism 5X Increased risk	Erythrocytosis
Stroke 2X increased risk	Severe liver dysfunction
Gall stones	Hypertension
Hypertriglyceridemia	
Breast Cancer	Breast, uterine, ovarian cancer
Gynecomastia	Hirsuitsm, deepening of the voice

2:14 / 6:07

## Side Effects of High Dose Testosterone

<i>Symptoms</i>
Irritability
Aggressiveness
Euphoria
Grandiose Beliefs
Hyperactivity
Reckless or Dangerous Behavior

- **Psychiatric symptoms become more common and severe as the dose increases**

### **Studies have shown:**

- **23% of subjects using high doses of steroids met DSM criteria for a major mood syndrome (mania, hypomania, and major depression)**
- **3.4-12% developed psychotic symptoms**

### B. Professor Russell Viner, a hormone specialist at University College London's Institute of Child Health

1. According to an article in The Daily Mail, He is the specialist who has been treating the children — some as young as 12, remember — taking part in the clinical trial at the Tavistock unit. His comments are refreshingly candid, though not, some may think, reassuring. He stated the following:

- ‘The worry is that reversible treatments [such as hormone blocking drugs] can sometimes have *irreversible effects*,’ (emphasis mine) he says.<sup>26</sup>
- “‘If you suppress puberty for three years the bones do not get any stronger at a time when they should be, and we really don’t know what suppressing puberty does to your brain development. We are dealing with unknowns.”<sup>26</sup>
- “...the treatment will almost certainly reduce the patient’s infertility...”<sup>26</sup>
- Source:<https://www.dailymail.co.uk/news/article-2106215/Mixed-year-olds-alarming-growth-gender-identity-industry.html>

## C. Dr. Marian Rutigliano, D.O. – Emergency Medicine Specialist

1. Source for the following quotes:<sup>27</sup>

([https://www.youtube.com/watch?v=u4B3dq-a7IA&fbclid=IwAR1muhhzkXt\\_vsGaMdGnaWVVQvfxbgb68fXENAc6p8T5W1rxGYIOHnujool](https://www.youtube.com/watch?v=u4B3dq-a7IA&fbclid=IwAR1muhhzkXt_vsGaMdGnaWVVQvfxbgb68fXENAc6p8T5W1rxGYIOHnujool))

2. Dr. Rutigliano did a residency in internal medicine and although she now practices emergency medicine, she currently works on the research evaluating on the human health effects of toxic chemicals.<sup>27</sup>
3. “A man can never be a woman, and a woman can never be a man. There are two gametes, and there are ova and there are sperm. There’s no third gamete. You are born with an X and a Y chromosome or with two X chromosomes, and there’s no way to change that.”<sup>27</sup>
4. “I think in what’s happening with kids, in terms of gender identity, the science is A) not there, and what is there is being disregarded. Are the long-term effects of puberty blockers and transition surgery known? Well, not really. The data’s just not there, the research studies just aren’t there.”<sup>27</sup>
5. “There’s not a coherent body of well-researched literature that’s been collected over the years. There are no long-term studies, or very few long-term studies. The studies that there are do not show very promising results, but most doctors aren’t aware of those. Doctors are human beings. You want people to feel better, you’re kind of busy. You don’t know all the controversy surrounding it. Controversies are suppressed.”<sup>27</sup>
6. “When a man is born a man, it starts what I call a male cascade, it starts a cascade of events that start at the moment of conception that nothing can change. You can change things cosmetically. You can make somebody look different, but you can’t change what’s in every single cell of a man’s body or what’s in every single cell of a woman’s body.”<sup>27</sup>

## D. NHS changed their stance on the effects of puberty blockers

1. According to various news outlets, the NHS (National Health Service in England) initially claimed that “The effects of treatment with GnRH analogues are considered to be fully reversible, so treatment can usually be stopped at any time after a discussion between you, your child and your MDT.”<sup>28</sup> (<https://111.wales.nhs.uk/Genderdysphoria/>). They have since

updated their website to say, “Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria.”<sup>29</sup>

(<https://www.nhs.uk/conditions/gender-dysphoria/treatment/>). You can see the discrepancy between what is available on the NHS website for Wales and what is available on the main UK NHS website, which one would expect to have the same medical information. This appears to validate the claims on various news outlets that the information was changed. However, the previous statement that they are fully reversible is still often quoted in many media outlets.

2. The NHS website further notes: They claim “...this is a physically reversible treatment if stopped, it is not known what the psychological effects may be.”<sup>29</sup> However, further down the page they do admit that the effects it might have on the development of the teenager’s brain and bones is unknown.

#### E. Dr. Quentin Van Meter, Pediatric Endocrinologist

1. “Puberty blockers are drugs that specifically short-circuit the pituitary signaling to the ovaries or the testicles... essentially stopping the physiology of puberty, which is a very necessary part of human development. What we know about puberty is that the hormones are very necessary for brain development, that the hormones of puberty are very necessary for bone development, and obviously the physical development of the child.”<sup>3</sup>

(<https://vimeo.com/486878857>)

2. “Puberty blockers are an open experiment without any controls and any assessment of what this will do to the child 10, 20, 30 years from now. They are just going ahead because they believe, it’s their belief, it’s not science, that this is what’s best for the child... There is no other medical condition that I know of where a child gets to dictate their medical treatment based on their personal opinion, there just is not.”<sup>3</sup> (<https://vimeo.com/486878857>)

#### F. Dr. Paul Hruz, Endocrinologist, Chief of Pediatrics Endocrinology, Washington University School of Medicine

1. “We really have no long-term data in using this intervention in children. What we do have are short-term studies that have very serious weaknesses and limitation.”<sup>30</sup>

(<https://vimeo.com/498157689>)

2. “If you take a male and you suppress their testosterone and give them estrogen, they really, from a biological standpoint are still feminized males rather than true females.”<sup>31</sup> (<https://www.christian.org.uk/news/biology-trans-athletes-not-change-says-professor/> quoting Fox News)

3. Laura Ingraham, Fox News Contributor, in interviewing Dr. Hruz – “The studies that have been done show that 85-90% of children no longer experience feelings of gender dysphoria after having gone through puberty. In your mind is that a correct figure?” Dr. Hruz responds – “their estimates vary, but the majority, and there have been over a dozen studies... have all consistently shown the same effect. One of the most concerning observations, however, is that if one tries to interfere with that normal pubertal development, to stop normally-timed puberty in children, that all of the children in the small study in which that was done... all went on to persist in that transgendered identity.”<sup>32</sup>



[https://www.youtube.com/watch?v=T91EEEn\\_TjOQ](https://www.youtube.com/watch?v=T91EEEn_TjOQ))

### G. Dr. Patrick Lappert, Plastic and Reconstructive Surgeon

1. “It has long been known that there is an overarching category called ‘Body Dysmorphic Disorder’, that is to say, a person’s self-perception of their body as a mechanism for dealing with an interior wound or an interior anxiety. It’s a common thing in plastic surgery, and it’s been understood for a long, long time, that there’s a sub-category of patients... that will be asking [plastic surgeons] to change their appearance because they’re looking for a fundamental and radical change in their life: a life that is characterized by sorrow, and fear, and isolation. And what they’re doing is ascribing those terrible interior feelings to their appearance.”<sup>33</sup>  
(<https://www.youtube.com/watch?v=YK9Bvrl8bYk>)
2. Example of an anorexic girl. “She’ll have an interior wound, an interior sorrow, that she ascribes to what she perceives as obesity. And she’ll present to the doctor seeking help in losing weight. And when you look at the poor woman, she is skeletal. But because of this disordered thought process about her sense of self, she looks in the mirror and sees obese. And there’s no amount of reasoning, there’s no amount of data, there’s no amount of explanation that can reason her out of it. Because underlying Body Dysmorphic Disorder is a delusional thought process.”<sup>33</sup> (<https://www.youtube.com/watch?v=YK9Bvrl8bYk>)
3. “And within a year or so [of taking puberty blockers]”, they’re falling behind their peers, they’re not growing skeletally, they’re not growing intellectually, and now they can look at themselves and go, ‘Wow, I really don’t look like everybody else, there is something wrong with my body.’”<sup>34</sup> (<https://vimeo.com/498679928>)

### H. Dr. Michelle Cretella, Executive Director, American College of Pediatricians

1. “There are at least 6,500 genetic differences between men and women. Hormones and surgery cannot and do not change this. An identity is not biological, it is psychological. Identity has to do with thinking and feeling. Thoughts and feelings are not biologically hard-wired. Our thinking and feeling may be factually right or factually wrong.”<sup>35</sup>  
(<https://www.youtube.com/watch?v=uGiMCQ1iKdc>)

### I. Dr. Andre Van Mol – Doctor of Family Medicine

1. “The Lupron packaging insert, the primary puberty blocker, which says right on it under adverse reactions, worsened depression, rare cases of increases of suicidality and suicide attempts.”<sup>3</sup> (<https://vimeo.com/486878857>)



## IV. Psychological Experts

### A. Kirsty Entwistle, Former GIDS Clinician and Clinical Psychologist

1. “An Open letter to Dr Polly Carmichael From a Former GIDS Clinician” by Kirsty Entwistle, Former GIDS Clinician and Clinical Psychologist

A former clinician from the Gender Identity Development Service (GIDS) in Leeds (England) wrote an open letter to Dr. Polly Carmichael, the head clinical psychologist at the Tavistock and Portman Centre in North London. Entwistle left the clinic due to a number of growing concerns that were falling on deaf ears. Rather than her concerns being taken seriously, she was called “transphobic”. Among her concerns are the ways in which children are being pushed down the medical pathway despite the fact that many had known histories of trauma and sexual abuse and their possible connection to gender dysphoria was never discussed. “I think there are others, like me, who went to work at GIDS expecting to do complex assessments and differential diagnosis but the reality is that you run the risk of being called transphobic if you propose that, say, a child might have Body Dysmorphia rather than Gender Dysphoria.” (medium.com/@kirstyentwistle). In addition, she was concerned that it was highly unlikely that any child who came to the clinic was told they were not transgender. Nearly all were encouraged to pursue hormone blockers and other medical “treatment”.

She further expressed concerns that junior and even trainee clinicians were dealing with referrals. In addition, a major psychological trauma such as abandonment/estrangement of a parent (in my personal experience a major contributing factor to Gender Dysphoria) was not treated as a complexity that would require further evaluation. This dismissal was contrary to her clinical psychology training. Additionally, many of her patients had seen or experienced violent abuse, others were living in extreme poverty, and several refused to speak or communicated in a very limited extent.<sup>36</sup> (<https://medium.com/@kirstyentwistle/an-open-letter-to-dr-polly-carmichael-from-a-former-gids-clinician-53c541276b8d>)

### B. Dr. Karl Benzio, Founder and Executive Director of Lighthouse Network

1. Title: Puberty Blockers: What Parents Should Know – CBN News<sup>37</sup>:  
<https://www.youtube.com/watch?v=HokQQ539Zjs>
2. “And whenever people are dissatisfied with their gender or struggling with their gender, as kids grow up, that’s sort of normal, there’s a fluidity in gender identity and how they interact with their gender. And most of them grow out of that, as puberty hits, and adolescence hits. For some group, though, they are really antagonistic about the gender that they started with, and so they move into transsexualism or try to change their gender. And so, trying to change your gender physically, once you’re past adolescence, is very difficult to do, it’s a lot of hormone therapy that’s involved in trying to change your physical body.”
3. “These puberty blockers are powerful. They’re synthetic hormones. We know synthetic hormones can increase cancer risk, they can interfere with bone and muscle and development.

But they also interfere with our thinking. During puberty there is significant brain development that goes on during [puberty].”

4. “Most of the kids sort of work through that process, especially with psychotherapy, they’re able to understand... some of the reasons why they’re insecure or why they identify with the gender that’s not quite the gender they’re born with.”
5. Whenever real puberty does come it often, with that development, helps them feel comfortable with who they are in their born gender, so that they can feel more comfortable with that.”
6. “I think that whenever we give into that kind of thinking (allowing a child to take puberty blockers) we’re allowing a child to get the impression that feelings override reality, or override truth. And feelings are not. Feelings are not good decision makers. They’re a great warning system, but they’re terrible decision makers. So, we need to affirm with our child... what is reality, what is the truth, how God designed them, how they have value and purpose with how God designed them, and how they can understand that and live that out in incredibly wonderful ways.”
7. “We understand that there is a lot of psycho-dynamic issues that go on in these kind of situations. Some of those can be good experiences with their same-sex parent and opposite sex-parents, and some of those can be negative experiences... It’s hard for a child to... understand, interpret, and incorporate that information, let alone once siblings come along, and once they start to interact with peers. Some of that misinformation gets embedded about who they are, and what gender they are, and how to express those relational feelings and those attractions and desires. So being able to work with somebody who’s trained in child development and those relational dynamics... how to understand and help a kid process those things so they can truly be that person that they were designed to be.”

### C. Dr. Stephen Levine, Psychiatrist and Professor, Case Western

1. “In individuals in whom puberty is delayed multiple years are likely to suffer negative psychosocial and self-confidence effects as they stand on the sidelines while their peers undergo pubertal changes. If you block a kid’s puberty for 3, 4 years, he remains looking like a child, and feeling like a child, while his peers are into a whole different phase.”<sup>3</sup> (<https://vimeo.com/486878857>)

### D. Dr. Michael Biggs, Professor, Oxford University

1. “And after 1 year on puberty blockers, there are a lot of things in which the children got worse, in some respects... the most disturbing aspect of that, was that the children reported a higher level of self-harm.”<sup>3</sup> (<https://vimeo.com/486878857> see [section VI-A](#) on the Tavistock Study for further info. The Tavistock Study. Dr. Biggs is one of the primary doctors who exposed the unpublished study from The Tavistock Clinic that was presented at their board meeting in June of 2015, still available at this time for download.)

### E. Susan H Evans, former GIDS clinician – November 2019

1. Source for the below quotes.<sup>38</sup>: (<https://www.bmj.com/content/366/bmj.l5647/rapid-responses>)
2. Are you curious why there are no real studies on the effects of puberty blockers?

3. “The researchers first defaulted on their requirement to submit an annual review in 2012, and the HRA gave up sending them reminders in 2015.”
4. “Negative data has been suppressed. Evidence about Puberty Blockers Outcomes, side-effects, and unintended consequences is lacking. Interim findings “that might suggest increased suicidality” have been downplayed. Full study findings remain unpublished. Some researchers were not “prepared to speak publicly for fear of reprisal”

F. David H. Pickup, M.A. in a personal email to me (PDF copy available)

1. “Puberty blockers are essentially an emotional anesthetic that results in some relief of their dysphoria and/or suicide ideation because, just like any drug, they give a temporary anxiety relief from the terror or pain they feel for being the “wrong” gender. They are given essentially a bandaid for the repressed and immense attachment trauma they’ve never resolved from very early childhood. Because they’re only experiencing temporary relief, along with the acceptance of professionals who operate under the same delusion, they live out their fantasy for a time. But ultimately their efforts don’t resolve the deep-seated trauma that is the real problem.”

## V. The Dangers of Puberty Blockers

- A. Note: Lupron is one of the most commonly prescribed puberty blockers
- B. According to medical experts such as Dr. Michael Laidlaw, referenced in section 2 of this document, prescribing Lupron to halt the pubertal process is an off-label use that is not approved by the FDA.
- C. Lupron is typically used to treat prostate cancer and precocious puberty (early onset) in children, but *not* in blocking normal puberty at the appropriate age. According to lupronmed.com, a patient taking Lupron-Depot for CPP is expected to resume normal puberty. There are few studies that have studied the effects of blocking puberty during the normal pubertal process, according to Dr. Marian Rutigliano referenced in section III C of this document. My question would be then, what happens if the normal pubertal window is missed? There do not seem to be any studies on this question as nearly 100% of those who have taken puberty blockers to “pause puberty” due to gender dysphoria have gone on to take cross-sex hormones. (See [section VI-D: Medical Studies: Three Large Scale Studies](#)).
1. “Doctors may diagnose children with CPP (Central Precocious Puberty) when signs of sexual maturity begin to develop in girls under the age of 8 or boys under the age of 9.”<sup>39</sup>  
[https://www.lupronped.com/about-lupron-depot-ped.html?cid=ppc\\_ppd\\_msft\\_lupron\\_peds\\_br\\_2017\\_info\\_for\\_Lupron\\_Phrase\\_2021924621&&msclkid=e9ebac6dcc221a3b45adcc5ca2d1a2f7](https://www.lupronped.com/about-lupron-depot-ped.html?cid=ppc_ppd_msft_lupron_peds_br_2017_info_for_Lupron_Phrase_2021924621&&msclkid=e9ebac6dcc221a3b45adcc5ca2d1a2f7)
2. Lupron-Depot is known to cause an *increase* in mental (psychiatric) problems including: “Some people taking gonadotropin-releasing hormone (GnRH) agonists like LUPRON DEPOT-PED have had new or worsened mental (psychiatric) problems. Mental (psychiatric) problems may include emotional symptoms such as: crying, irritability, restlessness (impatience), anger, [and] acting aggressive.”

D. The side effects of Lupron can be significant including: loss of muscle mass, hot flashes, fatigue, skin irritation at the site of injection, erectile dysfunction or loss of sex drive, shrunken testicles, and penis, changes in blood lipids, depression, osteoporosis, mood swings, breast tenderness, weight gain, the growth of breast tissue, anemia (Written by Jenna Fletcher. Medically reviewed by Cochrane, Zara Risoldi, Pharm.D., M.S., FASCP. Medical News Today. February 18, 2019.<sup>40</sup> <https://www.medicalnewstoday.com/articles/324480>)

1. Should we be prescribing a drug to depressed teenagers that has known side-effects of depression and mood swings?
2. Additionally, one of the primary reasons for prescribing puberty blockers to halt puberty is with the hope of transitioning to the opposite sex in order to have happy, healthy sexual relationships. Whether a pre-pubescent teen realizes it or not, one day they are going to have those desires and want to be sexually intimate. One of the major side-effects of taking Lupron is the loss of sex drive and a permanently under-developed penis.
3. From a desperate mother on Reddit: Posted by/Throwawayforhelp20173 years ago. I have no clue what to do, daughter can't get the bottom surgery and is becoming suicidal. Hello, I have always been in support of my transgender daughter. When she was still a boy, and started expressing a want to be a girl, I did everything right. Therapists, then puberty blockers, everything. Now she is 20 and everything is falling apart. We had to hold off on the body surgery because of costs, but now finally had enough and went and got several consults. All have said the same thing. The puberty blockers have left her with a micro penis. She has to get part of her vagina made with her colon. Well one of her friends had that surgery, and even years later it smells fairly colon like. Obviously my daughter is now distraught. She is in counseling, but is becoming worse and worse in her mental state and I am frantic. On top of this, she has never had any sexual function. NO urges, no erections, even when she tried masturbation to see if she could stimulate herself..nothing. The doctors say this may not change even after the surgery. Her dating life is dismal as well. We knew it would be hard. But its impossible. The one man who was with her for a while, soon just became frustrated by her lack of sexual anything and broke it off. I don't know what to do? A friend suggested I post here for advice. Please help me help my child!<sup>41</sup>

[https://www.reddit.com/r/asktransgender/comments/79i5q5/i\\_have\\_no\\_clue\\_what\\_to\\_do\\_daughter\\_cant\\_get\\_the/](https://www.reddit.com/r/asktransgender/comments/79i5q5/i_have_no_clue_what_to_do_daughter_cant_get_the/)

4. LHRH antagonists (which Lupron is one) These drugs work in a similar way to LHRH agonists, but they lower testosterone levels much more quickly. **LHRH antagonists are a form of chemical castration**, and doctors use them to treat people with advanced prostate cancer.”<sup>40</sup> (<https://www.medicalnewstoday.com/articles/324480#summary>)
5. “Dr. Allen Levin is also an attorney representing a patient who is suing Lupron’s maker. Dr. Levin believes Lupron and Orlistat (a lower dose drug prescribed in the treatment of endometriosis) are way too toxic for a condition like endometriosis. ‘You don’t want to use those very dangerous drugs in a relatively benign disease.’” How much more would Dr. Levin not suggest prescribing Lupron to gender dysphoric children with no medical need for this toxic drug?

According to the FDA’s own statement, Between 2010 and 2013, the Lupron drug label was updated to include new safety information on the risk of thromboembolism, loss of bone

density and convulsions, respectively. Information on the risk of psychiatric events and convulsions was added to the prescribing information for the leuprolide products indicated for central precocious puberty in May 2017.”<sup>42</sup> (<https://www.ktnv.com/news/investigations/more-women-come-forward-with-complaints-about-lupron-side-effects>)

6. “Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, confirmed to Breitbart News in email comments that while some of the deaths reported by FDA could have been patients who died of prostate cancer, the problem is that very little is known about the use of Lupron “to treat healthy children, deliberately to block normal maturation.”

Lupron “is off-label for lack of long-term studies,” she said, adding: “It undoubtedly causes irreversible loss of fertility and many other adverse effects that are potentially lethal. It does not turn a male child into a female child, only into a eunuch who will lose his full potential for growth and strength. Children have no capacity to comprehend these long-term consequences, so the use of this drug in gender-confused children constitutes unethical experimentation; informed consent is not possible.”<sup>43</sup> (<https://www.breitbart.com/politics/2019/10/02/fda-thousands-of-deaths-linked-to-puberty-blockers/>)

## E. Understanding Transgender Issues: Puberty Blockers (documentary)

1. Brooklyn Harbin – former Lupron user
  - Brooklyn is not transgender, but was put on Lupron for an FDA approved use in childhood (likely precocious puberty, which is early-onset puberty).
  - “The back pain got very, very severe. It got very, very depressing having to be in a wheelchair in fifth grade.”
2. “There are nearly 24,000 reports of adverse reactions (to Lupron) filed with the FDA (as of 2018). More than half are deemed serious cases.”<sup>3</sup> (<https://vimeo.com/486878857>)
3. Understanding Transgender Issues: Puberty Blockers (documentary)

## F. Serious Risks even for on-label uses – “Drug used to halt puberty in children may cause lasting health problems” by Christina Jewett – Kaiser Health News

1. Lupron, a drug used in some clinics to “block puberty” in gender dysphoric children was originally used to delay puberty in children who were not gender dysphoric, but whose puberty commenced extraordinarily early. One such patient was Sharissa Derricott, now 30 at the time of the article (Feb. 2, 2017), of Lawton, Oklahoma. She began puberty at the age of 5 and was prescribed Lupron to delay puberty until she reached the normal age of puberty commencement. Unlike the claims that puberty blockers are “safe”, Derricott now suffers from a range of debilitating conditions including degenerative disc disease and fibromyalgia. These conditions have been linked to the drug due to its known side-effect of reducing bone density and overall bone health.

2. Derricott is not alone. According to the article, “More than 10,000 adverse event reports filed with the FDA reflect the experiences of women who’ve taken Lupron. The reports describe everything from brittle bones to faulty joints.”
3. “Women who used Lupron a decade or more ago to delay puberty or grow taller described the short-term side effects listed on the pediatric label: pain at the injection site, mood swings, and headaches. Yet they also described conditions that usually affect people much later in life. A 20-year-old from South Carolina was diagnosed with osteopenia, a thinning of the bones, while a 25-year-old from Pennsylvania has osteoporosis and a cracked spine. A 26-year-old in Massachusetts needed a total hip replacement. A 25-year-old in Wisconsin, like Derricott, has chronic pain and degenerative disc disease.”
4. “In the interviews with women who took Lupron to delay puberty or grow taller, most described depression and anxiety. Several recounted their struggles, or a daughter’s, with suicidal urges. One mother of a Lupron patient described seizures.”
5. “While there are other drugs similar to Lupron, it is a market leader and thousands of women have joined Facebook groups or internet forums in recent years claiming that Lupron ruined their lives or left them crippled.”

#### G. Lupron is also used to castrate adult sex offenders

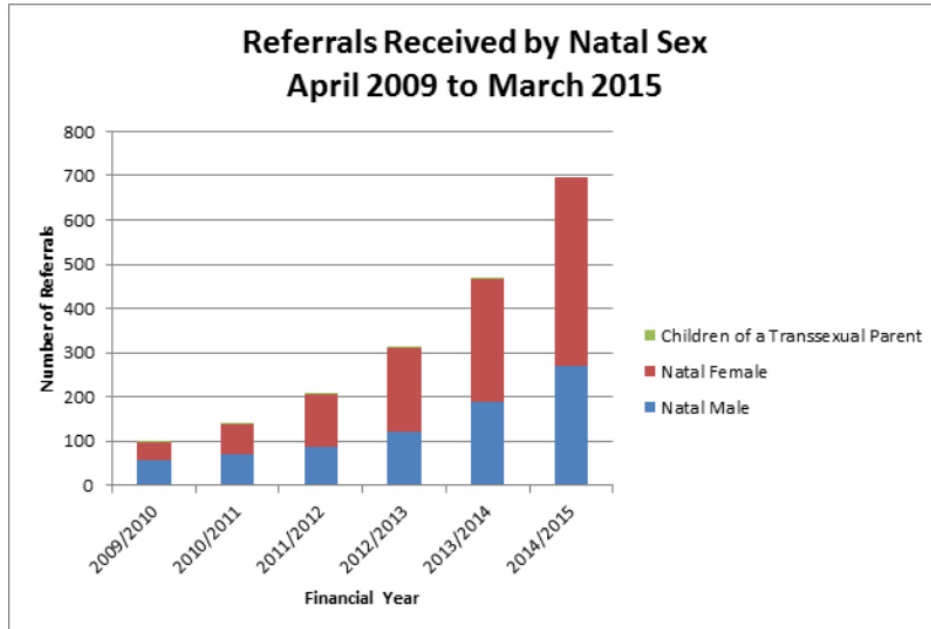
1. According to [clinicaltrials.gov](http://clinicaltrials.gov) Lupron has also been prescribed for the use of chemical castration in adult sex offenders. “On LA (leuprolide acetate), testosterone decreased to castrate levels.”<sup>44</sup> (<https://clinicaltrials.gov/ct2/show/NCT00220350>)
  - Mine: If it were true that we were simply “pausing” puberty, it seems reasonable to conclude that we would not give a drug that is used for chemical castration

## VI. Medical Studies

### A. [Tavistock Study](#)<sup>45</sup> –

1. Source: <https://tavistockandportman.nhs.uk/about-us/governance/board-of-directors/meetings/> - Select June 23, 2015. If link is unavailable, I can provide it for you. All following quotes in this section are taken from these board papers unless otherwise noted.
  - \*\*\* Note: the page numbers referenced are the actual page numbers of the PDF document. There are graphical page numbers on many of the pages that do not match the page number of the PDF file. This is a report for a board meeting where other departments contributed to the meeting, thus the discrepancy.
2. “The Service is continuing to see a large increase in the number of referrals received, by an average of 50% per annum since April 2009.” Pg. 35

## Appendix 2 Referral Graphs



- According to a video from BBC Newsnight, the referrals have continued to increase since 2015. In 2009, there were only 97 referrals, but that rate has climbed from just under 700 in 2015 to 2,590 a year in 2019.<sup>46</sup>  
<https://www.youtube.com/watch?v=1bIt5MQIoZc>
  - If this were purely a medical condition, why the rapid increase in referrals year over year?
3. This study evaluated adolescents placed on puberty blockers over the course of 1 year through self-evaluation (YSR) and through parental-evaluation (CBCL). Table 2 findings:
- According to the American Psychiatric Association the CBCL (Child Behavior Checklist) Internalizing behavioral problems might include:
    - anxious/depressed
    - depressed
    - somatic complaints
    - social problems
    - thought problems
    - attention problems



- rule-breaking behavior
  - aggressive behavior
  - Externalizing Behavior might include:
    - affective problems
    - anxiety problems
    - somatic problems
    - ADHD (Attention Deficit Hyperactivity Disorder)
    - oppositional defiant problems
    - conduct problems.
4. Also, according to the APA “The CBCL consists of 113 questions, scored on a three-point Likert scale (0=absent, 1= occurs sometimes, 2=occurs often)”. So, **the higher the score, the more severe the problems.**
  5. According to the report, “The Kidscreen measures 10 dimensions of children’s health and well-being, reported by parents and reported by the young person. Overall, no significant changes occurred in Health Related Quality of Life, except for one dimension completed by parents, which showed a significant decrease in Physical well-being of their child.” (Pg. 55).

However, this is an optimistic view of the report. In reality, the quality of life decreased, as reported by both the children and the parents in every category except one. For boys, social acceptance went up from 33.87 to 40.34. However, for girls it significantly decreased from 46.29 to 42.88. Note that: T0 = Before beginning puberty blockers T1 = 1 year after beginning puberty blockers

6. “Natal girls showed a significant increase in behavioural and emotional problems over time on mean T-scores of the internalizing scale on the CBCL (parent report), meaning: Natal girls showed more internalizing problems at T1 (1 year on puberty suppression) compared to T0 (before puberty suppression). However, according to the YSR (youth self-report) natal girls showed no significant changes in their internalising problems between T0 and T1. “ (Tavistockandportman, pg. 58).
7. “Furthermore, the adolescents showed no significant changes in behavioural functioning over time measured by the parent report (CBCL), the selfreport (YSR) and clinician report (CGAS).” (Tavistockandportman, pg. 58, full link above)
8. Note that even where they state there is no significant change this should be a fail as far as treatment. The whole point of puberty suppression, supposedly, is to improve mental health in both internalizing and externalizing behavior.
9. For readability, I have enlarged and condensed the results of Table 2 found on page 58 of the Tavistock report linked above.

Table 2: Psychological functioning of adolescents with GD before (T0) and while on puberty suppression (T1)

	T0	T1
	Natal boys (N=14)	Natal boys (N=14)
	<i>M (SD)</i>	<i>M (SD)</i>
<b>CBCL</b>		
<i>Total T-score</i>	59.93 (12.99)	58.43 (11.88)
<i>Externalizing T-score</i>	54.79 (13.85)	54.36 (13.72)
<i>Internalizing T-score</i>	59.43 (12.26)	59.29 (10.32)
<b>YSR</b>		
<i>Total T-score</i>	57.62 (11.59)	59.54 (14.12)
<i>Externalizing T-score</i>	52.54 (11.98)	54.69 (13.84)
<i>Internalizing T-score</i>	57.54 (10.92)	60.38 (14.59)
<b>CGAS</b>		
<i>Global functioning</i>	64.85 (11.43)	67.08 (10.95)

M = Mean; SD = Standard deviation; CBCL = Child Behavior Checklist; YSR = Youth Self Report; CGAS = Children's

\* Significant difference in mean between T0 and T1,  $p < .05$

Table 2: Psychological functioning of adolescents with GD before (T0) and while on puberty suppression (T1)

	T0	T1
	Natal girls (N=16)	Natal girls (N=16)
	<i>M (SD)</i>	<i>M (SD)</i>
<b>CBCL</b>		
<i>Total T-score</i>	62.69 (8.77)	64.69 (7.87)
<i>Externalizing T-score</i>	57.50 (11.04)	55.31 (10.02)
<i>Internalizing T-score</i>	61.56 (9.22)	66.13 (9.05)
<b>YSR</b>		
<i>Total T-score</i>	55.87 (8.17)	59.67 (9.80)
<i>Externalizing T-score</i>	52.67 (9.70)	51.53 (10.02)
<i>Internalizing T-score</i>	54.07 (8.84)	60.60 (11.89)
<b>CGAS</b>		
<i>Global functioning</i>	59.87 (10.01)	62.80 (6.89)

M = Mean; SD = Standard deviation; CBCL = Child Behavior Checklist; YSR = Youth Self Report; CGAS = Children's

\* Significant difference in mean between T0 and T1,  $p < .05$

This Table shows the percentages of the scores given in T0 and T1.

Table 3: Self-harm reported by adolescents at T0 and T1

	T0	T1
<b>I deliberately try to hurt or kill myself</b>		
not true	71.80%	67.90%
sometimes	18.90%	32.10%
often true	10.00%	0%
<b>I think about killing myself</b>		
not true	65.90%	58.60%
sometimes	29.60%	31.00%
often true	4.50%	10.30%

10. Table 3 (Tavistock, pg. 60) conclusions:

- Although the “often true” category went down 10% for those who deliberately try to hurt themselves or kill themselves, the “not true” category increased. The “sometimes true” category also increased. This means that while those who previously often thought of deliberately harming or killing themselves might have after the first year reduced it to “sometimes true”, the reality is that some who had previously not tried to harm or kill themselves at all now did.
- Those who had previously not had any suicidal thoughts rose significantly by nearly 4%. And there were now 5.8% more children after 1 year on “puberty blockers” that were having suicidal thoughts.

11. Table 5 showed “**no significant changes in gender dysphoria emerged, measured by UGDS, GII and RCGI. This suggests that the suppression of puberty does not impact positively on the experience of gender dysphoria...** For body image however, significant differences were found looking at both sexes separately between T0 and T1. Natal boys were less dissatisfied with their primary sex characteristics after being on the blockers for 1 year ( $F(1,12)=4.857, r <.05$ ), whereas natal girls appeared to be more dissatisfied with their secondary ( $F(1,15)=5.509, r <.05$ ) and neutral sex characteristics ( $F(1,15)=7.79, r <.05$  )” (Tavistock, pg. 61).

12. The following chart (Table 6) from the Tavistock report shows the changes in 10 categories of life over the first year of puberty blocker therapy. The first section is as evaluated by parents, the second by the teens themselves.

- Note: these are likely affirming and supportive parents. They would not have taken them to the NHS Gender Clinic if they were not. None of the 51 kids in this follow-up evaluation were there without parental consent.
- For readability, I have added color to the chart below and condensed it to fit on this page. The original can be found in the report, linked above, on page. 62. I have added the red print to indicate the areas in which the score decreased, Most of them significantly. As you can see, the decrease was especially significant overall for natal girls.
- Oddly, their report stated “The Kidscreen measures 10 dimensions of children’s health and well-being, reported by parents and reported by the young person. Overall, no significant changes occurred in Health Related Quality of Life, except for one dimension completed by parents, which showed a significant decrease in Physical well-being of their child”

Table 6: Quality of Life measure for adolescents with GD before (T0) and while on puberty suppression (T1) according to the KIDSCREEN

	T0	T1	T0	T1
	Natal boys (N=14) M (SD)	Natal boys (N=14) M (SD)	Natal girls (N=16) M (SD)	Natal girls (N=16) M (SD)
<b>Kidscreen T-Values by Parents</b>				
Physical Well-being	51.34 (12.07)	46.19 (5.08)	43.33 (9.57)	36.60 (13.60)
Psychological Well-being	40.82 (10.01)	45.19 (11.79)	40.48 (7.84)	35.48 (11.97)
Moods and Emotions	42.37 (11.05)	47.71 (11.53)	44.47 (10.36)	37.95 (13.78)
Self-Perception	33.93 (6.76)	33.84 (6.94)	36.79 (3.99)	33.73 (9.42)
Autonomy	48.75 (10.45)	48.62 (6.16)	46.48 (9.60)	44.77 (12.34)
Parent Relation and Home Life	48.07 (8.95)	48.50 (12.22)	51.50 (12.40)	44.76 (12.34)
Financial Resources	50.79 (9.51)	54.18 (11.65)	49.48 (10.06)	51.07 (13.67)
Social Support and Peers	42.56 (7.76)	41.99 (12.28)	37.88 (12.36)	37.23 (15.58)
School Environment	47.66( 7.75)	45.57 (10.23)	44.01 (13.24)	45.37 (14.37)
Social Acceptance and Bullying	31.88 (16.99)	33.55 (12.88)	42.93 (11.69)	37.53 (14.37)
<b>Kidscreen T-Values by Adolescents</b>				
Physical Well-being	44.84 (12.35)	45.05 (11.29)	42.63 (9.55)	37.09 (10.12)
Psychological Well-being	41.46 (13.70)	43.02 (14.07)	45.39 (14.09)	38.01 (15.05)
Moods and Emotions	42.45 (15.24)	42.37 (15.00)	45.83 (15.61)	39.64 (13.79)
Self-Perception	34.58 (8.51)	36.53 (9.70)	34.07 (7.74)	35.83 (11.44)
Autonomy	45.05 (9.28)	46.44 (12.46)	46.07 (11.95)	42.58 (14.12)
Parent Relation and Home Life	49.41 (13.26)	51.04 (11.76)	52.78 (13.53)	47.83 (12.89)
Financial Resources	48.66 (9.16)	50.43 (12.30)	49.98 (12.94)	51.71 (11.53)
Social Support and Peers	49.60 (12.24)	47.39 (16.57)	50.37 (8.02)	43.49 (14.47)
School Environment	43.69 (13.52)	46.24 (13.49)	48.27 (15.04)	43.28 (17.81)
Social Acceptance and Bullying	33.87 (15.05)	40.34 (16.52)	46.29 (14.18)	42.88 (17.89)

In conclusion, in some studies, the results of puberty blockers from before beginning puberty blockers to 1 year later, were at best slight or negligible improvements in body image. However, in social, emotional, and psychological areas, there were significant decreases in well-being. Is a very slight improvement in body image truly better than a significant decrease in physical well-being, psychological well-being, moods, emotions, self-perception, parent relation and home-life, social support and peers (and social acceptance for girls), and school environment? In addition, participants on puberty blockers were found to be more likely to attempt or at consider self-harm or suicide. All this in the name of body image, which we know to not always be an accurate perception of self.

Take anorexia, for example. If someone struggles with anorexia, they are likely not satisfied with their body image. Despite whether their self-assessment is accurate or not, they will likely be desperate to attempt extreme measures to gain the image they want, often at great personal harm. We know from history that mental, physical and emotional health generally decline as one struggles with anorexia and loses weight. Anxiety often increases.

In addition, it would be interesting to consider how many people in the general population are dissatisfied with their body image during puberty. I would suspect most people were dissatisfied and uncomfortable with their body during such an awkward stage of life. Girls, in particular, are fearful of puberty because of the pain, embarrassment, and inconvenience of menstruation.

13. For further info on the Tavistock Report, see an excellent report<sup>24</sup> by Michael Biggs, Dept. of Sociology, University of Oxford<sup>24</sup> <https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/>
14. According to a BBC Newsnight investigation, the many documents Biggs used for research have been independently verified<sup>46</sup> (<https://www.youtube.com/watch?v=1blt5MQIozc>)

## B. Dutch Study from patients at the Center of Expertise on Gender Dysphoria at the Vrije Universiteit (VU) University Medical Center in Amsterdam, Netherlands.

1. “Between 2000 and 2008, 225 children (144 boys, 81 girls) were consecutively referred to the clinic. From this sample, 127 adolescents were selected who were 15 years of age or older during the 4-year period of follow-up between 2008 and 2012. Of these adolescents, 47 adolescents (37%, 23 boys, 24 girls) were identified as persisters.”
  - In other words according to this study of over 200 children, prior to 2009 64% desisted, or changed their minds and did not wish to pursue transition.

## C. Zucker Study

1. Note: Kenneth J. Zucker, Ph.D. of the University of Toronto, Department of Psychiatry, has 280 publications, many of them dealing with gender studies.  
(<https://www.researchgate.net/profile/Kenneth-Zucker>).

In addition, he published a 440-page book that “provides a comprehensive overview of the most recent clinical work and research on the topic. Reflecting the authors' years of expertise in assessing and treating this (gender dysphoric) population.”<sup>47</sup> (From the book description on Amazon.com

[https://www.amazon.com/gp/product/0898622662/ref=ppx\\_yo\\_dt\\_b\\_asin\\_title\\_o00\\_s00?ie=UTF8&psc=1](https://www.amazon.com/gp/product/0898622662/ref=ppx_yo_dt_b_asin_title_o00_s00?ie=UTF8&psc=1))

2. “Zucker proved that 80-98% of children and adolescents with GID revert to the identity of their natal sex (desist) if allowed to go through puberty spontaneously with counseling (N = 560).”<sup>3</sup> (Quoted by Dr. Quentin Van Meter <https://vimeo.com/486878857>)

“Our own preliminary follow-up data of children with GIDC (23) and our clinical experience with transsexual adolescents (24) have led us to believe that the risk of post-pubertal gender dysphoria is greatest among those children living in families in which there has been a high tolerance for the continuation of the cross-gender behavior. This often results in the child not being referred [for therapy] (among our adolescent transsexual cases, almost none were seen clinically during childhood) or the treatment is severely hampered by parental ambivalence or outright resistance [to the treatment] (not to the transsexualism). The lack of intervention or limit-setting on the part of the parents facilitates, in part, the development of a fixed fantasy of the self as the opposite sex. When this continues into the adolescent years, request for hormonal and surgical sex reassignment is seen by the adolescent as the only solution to his or her gender dysphoria.”<sup>48</sup> ([https://www.researchgate.net/publication/20948042\\_Gender\\_Identity\\_Disorder\\_and\\_Psychosexual\\_Problems\\_in\\_Children\\_and\\_Adolescents](https://www.researchgate.net/publication/20948042_Gender_Identity_Disorder_and_Psychosexual_Problems_in_Children_and_Adolescents))

#### D. Three large-scale studies compiled by Dr. James M. Cantor, PhD

1. Dr. James M. Cantor, PhD, is a sexual behavior scientists, studying and teaching sexology.
2. Dr. Cantor concluded that “despite the differences in country, culture, decade, and follow-up length and method, all of the studies have come to a remarkably similar conclusion: Only very few trans-kids still want to transition by the time they are adults... The exact number varies by study, but roughly 60-90% of trans-kids turn out no longer to be trans by adulthood.” (“Do trans-kids stay trans when they grow up?. *Sexology Today*. Cantor, James M., PhD. Jan. 11, 2016.<sup>49</sup>

([http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow\\_99.html](http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html))

#### E. Are puberty blockers truly “pausing puberty” as some claim?

1. “Behavioral and emotional problems and depressive symptoms decreased, while general functioning improved significantly during puberty suppression. Feelings of anxiety and anger did not change between T0 and T1. (Note that while they claim behavioral and emotional problems decreased, they admit that feelings of anxiety and anger did not change). Other studies (See [Tavistock Board Meeting Report](#) charts above)<sup>45</sup> have shown very little improvement in boys and mostly negative results for girls. **Gender dysphoria and body satisfaction did not change between T0 and T1. No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment.**” (de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex*



Med. 2011 Aug;8(8):2276-83. doi: 10.1111/j.1743-6109.2010.01943.x. Epub 2010 Jul 14. PMID: 20646177.)

2. If 100% (other studies have shown nearly 100%) of those who begin puberty blockers go on to take cross-sex hormones, then puberty blockers are a gateway, not a tool to assist in decision-making.

## F. The 2011 Dhejne [Swedish] Study

1. “The Dhejne team made extensive use of numerous, specified Swedish registries and examined data from 324 patients in Sweden over thirty years who underwent sex reassignment. They used population controls matched by birth year, birth sex, and reassigned sex. When followed out beyond ten years, the sex-reassigned group had nineteen times the rate of completed suicides and nearly three times the rate of all-cause mortality and inpatient psychiatric care, compared to the general population.”<sup>50</sup>

(<https://www.thepublicdiscourse.com/2020/09/71296/>)

2. “The overall mortality for sex-reassigned persons was higher during follow-up (aHR 2.8; 95% CI 1.8–4.3) than for controls of the same birth sex, particularly death from suicide (aHR 19.1; 95% CI 5.8–62.9). Sex-reassigned persons also had an increased risk for suicide attempts (aHR 4.9; 95% CI 2.9–8.5) and psychiatric inpatient care (aHR 2.8; 95% CI 2.0–3.9). Comparisons with controls matched on reassigned sex yielded similar results. Female-to-males, but not male-to-females, had a higher risk for criminal convictions than their respective birth sex controls.”<sup>51</sup> (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>)

## VII. Examples of Confusion in Children

### A. Zach Avery – then five years old:

1. ‘All this’ being the sorry saga of a boy who enjoyed dressing up in girls’ clothes ending up on the third floor of the Tavistock Clinic. Until shortly before his fourth birthday in December 2010, Zachy, as his mother calls him, was just a normal little boy. Suddenly, it seems, he became obsessed with the children’s TV character Dora the Explorer, began wearing female clothes and stopped playing with his Thomas The Tank Engine. Then, one day he announced: ‘Mummy, I’m a girl.’<sup>26</sup> (<https://www.dailymail.co.uk/news/article-2106215/Mixed-year-olds-alarming-growth-gender-identity-industry.html>)

### B. “Jazz” Jennings – at 2 years old asked his mother:

1. “Jazz” points back to a time at the age of two when he asked his mother, “When is the good fairy going to come with her magic wand and change my penis into a vagina?” This idea was based on a dream he had while sleeping in his sister’s bed.<sup>32</sup> (<https://time.com/4350574/jazz-jennings-transgender/>).
2. “Jazz” is a famous “trans-kid” that starred in his own tv show on TLC called “I Am Jazz”.

### C. From the documentary *Transhood*<sup>53</sup> on HBO



1. Source: <https://www.hbo.com/documentaries/transhood>
2. This documentary followed the lives of 4 individuals who were or are transitioning. The youngest, Phoenix, began transitioning at the age of 4. It is clear throughout the film that Phoenix is not actually transgender, but a boy who likes wearing girl's clothes. In one scene the family is at a store picking out a Halloween costume and Phoenix laughs hysterically, looking in the mirror at himself, in exaggerated female clothing. He seems amused by girl's clothing rather than actually wanting to transition. My suspicions were correct as Phoenix fully desists and utterly rejects the transgender identity several years later, which the documentary captured evidence of.

Phoenix – is 4 when the documentary starts filming him, He looks like a little boy that is wearing a dress. It is so obvious he is a boy. His mother is holding him and reading him a very confusing book about gender. “Emily slid into a shiny yellow dress, while Jacob wriggled into a sparkly pink dress. What are you wearing? Asked Mom, It’s like a dress, I made it. Dad frowned. (Dad said) “You can’t go to school like that.” (Mom said) “Put on some shorts and a shirt under that dress thing,” Mom said. “and hurry, we’re late for school.” In the book Phoenix’s mother is reading she gets the sewing machine to help him finish it. One line says “there are all sorts of ways to be a boy.” Phoenix says, “Wait, I’m a boy.” And his Mom says, “I know (according to the subtitles, but it is sort of mumbles in a disappointed tone, although Phoenix had said “I’m a boy!” In a very excited tone)., and you’re a rainbow boy,” his mom clarifies. Phoenix continues, “And I’m also wearing girl’s clothes!” He said this with great excitement. His mother corrects him again, “They are your clothes, so they are boy clothes.” Phoenix clearly knows that he is a boy dressing as a girl, but his mother seems to be pushing this on him, “Phoenix corrects her and says, No, they’re girls’ clothes.” It is actually not that uncommon for children, especially at toddler age to want to dress up in all sorts of clothing, it’s like a game. This child does not act or seem to even want to be a girl, at least at this point. He seems to be a boy who enjoys dressing in girls’ clothes.

At a later interview he says, “I am girl-boy. A girl-boy is a boy who wants to be a girl.” Clearly he understands that he is a boy. He is sitting on the floor in a rainbow dress playing with a race car. He is acting like a very typical boy.

Phoenix’s mother says, “When he plays pretend he’s always a girl. He’s a queen, he’s a princess, he’s a mom, he’s a sister. But then, still, he’ll correct people. He says, ‘I’m a boy.’” We say, gender expansive, nonbinary, gender non-conforming, under the trans umbrella, gender-awesome, girl-boy, rainbow-boy. We don’t really have a good term.” They show a scene of him trying on costumes and he is laughing and giggling at himself in the mirror like it is a game.

Phoenix’s Dad, “We don’t really use his or her so much just because its kind of up in the air right now.”

But by 2017 Phoenix was insistent he was a boy. Phoenix’s Mom said “We have several theories on why Phoenix went back to boy. One is, was Zach encouraging it? (Zach is his father, but they are divorced). And now we live that with my Dad he has more regular male role models. Every time I ask what he wants for his birthday he’d say, ‘A gun!’”

## D. A Patient of Dr. Michelle Cretella’s

1. “I had one little boy, a patient we’ll call Andy. Between the ages of three and five, he increasingly played with girls and stereotypical girl toys and started saying he was a girl.” She referred him and his parents to a therapist. “In the middle one [therapy] session, Andy put down the toy truck, and held onto the Barbie, and said, ‘Mommy and Daddy don’t love me when I’m a boy.’ What the therapist learned is that when Andy was 3, his sister with special needs was born. She required significantly more of his parents care and attention. Andy misperceived this as ‘Mommy and Daddy love girls. If I want them to love me again, I have to be a girl.’ With family therapy, Andy got better... But without therapy Andy would likely have been on the path to medical transition.<sup>35</sup> (<https://www.youtube.com/watch?v=uGiMCQ1iKdc>).

## VIII. Substandard Medical Care

- A. Standards (according to the Mayo Clinic): To begin using pubertal blockers, a child must:

(<https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>)<sup>54</sup>

1. Show a long-lasting and intense pattern of gender nonconformity or gender dysphoria
2. Have gender dysphoria that began or worsened at the start of puberty
3. Address any psychological, medical or social problems that could interfere with treatment
4. Provide informed consent
5. Particularly when a child hasn't reached the age of medical consent, parents or other caretakers or guardians must consent to the treatment and support the adolescent through the treatment process.

- B. However, we know that this is not happening in many cases

1. According to *The Telegraph*, a reputable U.K. News Source, 35 clinicians have resigned from London’s GIDS at the Tavistock and Portman NHS Foundation Trust. “The whistleblowers said too many children were being put on puberty-blocking drugs when they should not have been given the diagnosis. Former staff said they were unable to properly assess patients over fears they will be branded ‘transphobic’.”<sup>2</sup>

(<https://www.telegraph.co.uk/news/2019/12/12/childrens-transgender-clinic-hit-35-resignations-three-years/>)

“At least 18 staff have reportedly quit the controversial clinic over the past three years, citing fears not enough checks are being done to correctly diagnose child patients... One of the clinicians told *The Times*: ‘I felt for the last two years what kept me in the job was the sense there was a huge number of children in danger. ‘I was there to protect children from being damaged.’”<sup>55</sup>(<https://www.dailymail.co.uk/news/article-6897269/Workers-transgender-clinic-quit-concerns-unregulated-live-experiments-children.html>)

2. There are *many* reports in articles and videos of teens and adults talking about how they received little to no psychiatric evaluation prior to treatment. Here are a couple of examples:
  - “‘All I said was I thought I was trans and I was prescribed [hormones] that day,’ says a source who has asked to remain anonymous for fear he’ll be attacked online. At just 20 years of age, this biological male began hormone replacement therapy (HRT) to transition into a female during 2017. Leading up to that decision, he spent years battling with confusion as to what gender he believed himself to be, and wandered into an online environment seeking help and advice. ‘I bounced around a lot in my confusion. Sometimes I thought I was trans, sometimes I didn’t,’ he said, before detailing how he fell into communities that helped convince him he was. It was these groups that pressured him into seeking medication, even though he had previously expressed some doubts. ‘Honestly, what cemented it were the people who said even if I’m not sure, I should get on HRT anyway because I’d miss my chance and I wouldn’t be able to look the way I want later in life.’ He continued: ‘So I booked an appointment at a clinic that specializes in LGBT [issues] and went [in].’”<sup>56</sup> (<https://www.rt.com/news/488389-prescription-hormones-transgender-medication/>)
  - James Shupe, first legally declared non-binary person, initially declared himself to be a transwoman (Male-to-Female transgender, MTF). Though he was an adult, there was still a blatant disregard for his *extensive* psychiatric past. “After convincing myself that I was a woman during a severe mental health crisis, I visited a licensed nurse practitioner in early 2013 and asked for a hormone prescription. “If you don’t give me the drugs, I’ll buy them off the internet,” I threatened. Although she’d never met me before, the nurse phoned in a prescription for 2 mg of oral estrogen and 200 mg of Spironolactone that very same day. The nurse practitioner ignored that I have chronic post-traumatic stress disorder, having previously served in the military for almost 18 years. All of my doctors agree on that. Others believe that I have bipolar disorder and possibly borderline personality disorder. I should have been stopped, but out-of-control, transgender activism had made the nurse practitioner too scared to say no.”<sup>18</sup> (<https://www.dailysignal.com/2019/03/10/i-was-americas-first-non-binary-person-it-was-all-a-sham/>)

### C. There are even laws being passed allowing children to transition without parental consent!

1. “Since January, children in Washington state ages 13 and up can obtain confidential treatment for mental health conditions and gender dysphoria using their parent’s insurance plan—without their parents’ consent. Now, the state is considering a [bill](#) to set up health clinics on middle and high school campuses. Parents fear these clinics will talk children into dangerous and irreversible medical treatments such as puberty blockers and cross-sex hormones to make their bodies look more like the opposite sex. ‘This bill would allow a child to make an appointment during the school day, and Mom and Dad would never know about it,’ said Jennifer Heine-Withee, a mother of three who runs Washington Parents Rights in Education.”<sup>57</sup> ([https://world.wng.org/content/washington\\_erasing\\_parents\\_from\\_the\\_equation](https://world.wng.org/content/washington_erasing_parents_from_the_equation))

2. “Oregon in 2015 passed a law allowing minors ages 15 and up to obtain taxpayer-funded puberty blockers, cross-sex hormones, and sex change surgeries without parental consent. California passed a similar bill for children in foster care in 2018. In March, California lawmakers introduced a separate bill, the Confidentiality of Medical Information Act, that would hold health insurance companies criminally liable if they disclosed sensitive medical information to parents about their dependents, including treatment and procedures that have been done without their knowledge.”<sup>58</sup> (<https://thebridgehead.ca/2020/12/15/states-working-to-help-children-gender-transition-without-parents-knowledge-and-other-stories/>).

## IX. Additional Resources:

### A. Documentaries

1. “In His Image” – American Family Studios (American Family Association)
2. “I Want My Sex Back”
3. “Tranzformed”

### B. Websites:

1. [transgenderissues.org](http://transgenderissues.org)
2. [sexchangeregret.com](http://sexchangeregret.com)
3. [transgendertrend.com](http://transgendertrend.com)
4. [the Reddit detransition forum](#) – Note: these are mostly young very angry people. The stories are heart-breaking.

### C. Books:

1. [Trans Life Survivors](#) – Walt Heyer
2. [Paper Genders](#) – Walt Heyer
3. [When Harry Became Sally](#) (this book has been removed from Amazon) – Ryan T. Anderson
4. [Don't Get on the Plane](#) – Rene Jax
5. [Transgender to Transformed](#) – Laura Perry
6. [Irreversible Damage](#) – Abigail Shrier
7. [Affirming God's Image: Addressing the Transgender Question with Science and Scripture](#) – J. Alan Branch
8. [Transgender Identity: A View through a Wide Angle Lens](#) – Joseph W. Needham

## **X. Terms:**

### A. “Top surgery”:

1. “Top surgery”, is the removal of all breast tissue by a double mastectomy surgical procedure, referred to generally by natal females desiring to transition to male

### B. Puberty Blockers – also known as GnRHa (Gonadotrophin Releasing Hormone Agonistic Analogue):

1. “When taken regularly, GnRH analogues suppress the body's release of sex hormones, including testosterone and estrogen, during puberty... In those identified as male at birth, GnRH analogues decrease the growth of facial and body hair, prevent voice deepening, and limit the growth of genitalia. In those identified as female at birth, treatment limits or stops breast development and delays or stops menstruation.”<sup>36</sup>

(<https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>)

### C. FTM: Female-to-Male Transsexual

### D. GIDS (Gender Identity Development Service)

1. An NHS health program in England for the treatment of children and youth with Gender Dysphoria

### E. GnRHa – see Puberty Blockers

### F. MTF: Male-to-Female Transsexual

## XI. References:

1. Gordon, Amie. "Campaigners say 'common sense has prevailed' as High Court rules children under 16 are unlikely to be able to give 'informed consent' to take puberty blockers". *Daily Mail*. <https://www.dailymail.co.uk/news/article-9005007/High-Court-rules-puberty-blockers-transgender-clinics-landmark-case.html>. Published 01 December 2020
2. Puberty Blockers for Under 16s Ruled on by High Court Judges. *YouTube*. Uploaded by Channel 4 News (BBC). 1 December 2020. <https://www.youtube.com/watch?v=VtvbTKyPBno>
3. Arresting Child Development: Puberty Blockers on Trial. *Vimeo*. Uploaded by Family Watch International on familywatch.org/transgenderissues/. <https://vimeo.com/486878857> Dec. 2020.
4. Pullmann, Joy. "'Hundreds' Of Transgender People Want To Go Back To Their Birth Sex, Says Formerly Trans Woman". *The Federalist*. <https://thefederalist.com/2019/10/07/hundreds-of-transgender-people-want-to-go-back-to-their-birth-sex-says-formerly-trans-woman/>. 07 October, 2019.
5. "About Us". *Pique Resilience Project*. <https://www.piqueresproject.com/about.html>. Accessed 20 February 2021.
6. "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria" *Plos One*. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>. 06 August 2018.
7. Shrier, Abigail. *Irreversible Damage: The Transgender Craze Seducing Our Daughters*. Regnery Publishing. 30 June 2020.
8. "Deciding to Stop Transitioning After 18 Months of Hormone Therapy". *YouTube*. Uploaded by Channel 4 (BBC) Documentary. <https://www.youtube.com/watch?v=-voNd-WbkVo>. 21 February 2019.
9. Donnelly, Laura, Health Editor. "Children's transgender clinic hit by 35 resignations in three years as psychologists warn of gender dysphoria 'over-diagnoses'". 12 December 2019.
10. "Understanding Transgender Issues: Sydney's Story". *Vimeo*. Uploaded by Family Watch International on familywatch.org/transgenderissues. <https://vimeo.com/4815337802020>. November 2020
11. Kanturski, Pawel, M.D. "What would happen if you injected testosterone into you veins?". Quora. <https://www.quora.com/What-would-happen-if-you-injected-testosterone-into-you-veins?share=1>. 27 September 2018.
12. Topiwala, Shehzad. M.B.B.S., FCPS, MD, FACE. "What are the side effects of IV injection of testosterone cypionate?". Ask a Doctor – 24x7. <https://www.healthcaremagic.com/premiumquestions/What-are-the-side-effects-of-IV-injection-of-testosterone-cypionate/163363>. 26 March 2015.
13. "Why I Transitioned". *YouTube*. Uploaded by Elle Palmer. <https://www.youtube.com/watch?v=n0pVuZ0CT7Q>. 08 January 2020.

14. “Regret is Real”. The Kelsey Coalition. [https://www.kelseycoalition.org/pubs/Regret-is-Real?fbclid=IwAR1Jcf1OvYMVk2SY37ek47VhOtxiuMilph\\_YqvMHjppq4gxknIlyIjKBo7Rg](https://www.kelseycoalition.org/pubs/Regret-is-Real?fbclid=IwAR1Jcf1OvYMVk2SY37ek47VhOtxiuMilph_YqvMHjppq4gxknIlyIjKBo7Rg). 20 January 2021.
15. The Reddit Destransitioner Forum. <https://www.reddit.com/r/detrans/>. Accessed 20 January 2021.
16. Heyer, Walt. “You Are Not Alone” (Home Page). <https://sexchangeregret.com/>. Accessed 20 January 2021.
17. Long Chu, Andrea. “My New Vagina Won’t Make Me Happy: And it Shouldn’t Have To”. *The New York Times* (Online). <https://www.nytimes.com/2018/11/24/opinion/sunday/vaginoplasty-transgender-medicine.html>. 24 November 2018.
18. Shupe, James. “I Was America’s First ‘Nonbinary’ Person. It Was All a Sham.” *The Daily Signal*. <https://www.dailysignal.com/2019/03/10/i-was-americas-first-non-binary-person-it-was-all-a-sham/>. 10 March 2019.
19. Heyer, Walt. Transgender Identities Are Not Always Permanent. *Public Discourse: The Journal of the Witherspoon Institute*. <https://www.thepublicdiscourse.com/2016/09/17753/> 27 September 2016.
20. Desmond, Perry. *Perry: A Transformed Transsexual*. Impact Christian Books, Jan. 1, 1978. Pg. 108 (Out of Print, I have a physical copy)
21. Heyer, Walt. *Trans Life Survivors*. 2018.
22. Laidlaw, Michael K., M.D. “Puberty Blockers: Toxic Conversion Therapy for Transgender Kids”. *YouTube*. Uploaded by M. Laidlaw. 06 October 2019.
23. “Evidence Base”. <https://gids.nhs.uk/evidence-base>. Accessed 20 February 2021.
24. Biggs, Michael, Ph.D. “Tavistock’s Experimentation with Puberty Blockers: Scrutinizing the Evidence”. *Transgender Trend*. <https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/>. 5 March 2019.
25. Laidlaw, Michael K., M.D. “Transgender Hormones and Kids: What They Don’t Want You to Know”. *YouTube*. Uploaded by M Laidlaw. <https://www.youtube.com/watch?v=K9jXIqCPqVY> 09 October 2019.
26. Bracchi, Paul. “Mixed-up five-year-olds and the alarming growth of the gender identity industry”. *The Daily Mail*. <https://www.dailymail.co.uk/news/article-2106215/Mixed-year-olds-alarming-growth-gender-identity-industry.html> 24 February 2012.
27. “Doctor on the Unknown Dangers of Puberty Blockers”. *YouTube*. Uploaded by *The Daily Signal*. [https://www.youtube.com/watch?v=u4B3dq-a7IA&fbclid=IwAR1muhhzkXt\\_vsGaMdGnaWVVQvfxbg68fXENAc6p8T5W1rxGYIOHnujooI](https://www.youtube.com/watch?v=u4B3dq-a7IA&fbclid=IwAR1muhhzkXt_vsGaMdGnaWVVQvfxbg68fXENAc6p8T5W1rxGYIOHnujooI). 10 May 2019.
28. “Gender Dysphoria”. NHS 11 Wales. <https://111.wales.nhs.uk/Genderdysphoria/>. Accessed 20 January 2021.



29. “Treatment: Gender Dysphoria”. NHS. <https://www.nhs.uk/conditions/gender-dysphoria/treatment/>. Accessed 20 January 2021.
30. “Understanding Transgender Issues: An Interview with Dr. Quentin Van Meter”. *Vimeo*. <https://vimeo.com/498157689>. January 2021.
31. “‘Biology of trans athletes does not change’, says professor”. *The Christian Institute*. <https://www.christian.org.uk/news/biology-trans-athletes-not-change-says-professor/> 15 August 2017.
32. “Doctor Challenges Transgender Activism & Talks Effects On Children”. *YouTube*. Uploaded by “No one”. [https://www.youtube.com/watch?v=T91EEEn\\_TjOQ](https://www.youtube.com/watch?v=T91EEEn_TjOQ). 18 May 2019.
33. “Podcast: Love, Truth & Happiness: A Christian response to Gender Dysphoria w/ Dr. Patrick Lappert”. *YouTube*. Uploaded by Diocese of Lansing. <https://www.youtube.com/watch?v=YK9Bvrl8bYk>. 27 January 2021.
34. “Understanding Transgender Issues: An Interview with Dr. Patrick Lappert. *Vimeo*. Uploaded by Family Watch International on familywatch.org/transgenderissues <https://vimeo.com/498679928>. January 2021.
35. “Pediatrician Shuts Down Leftists on Puberty Blockers video (from Facebook)”. *YouTube*. Uploaded by Jolly Jester. <https://www.youtube.com/watch?v=uGiMCQ1iKdc>. 18 December 2017.
36. Entwistle, Kirsty, Former GIDS Clinician. “An open letter to Dr Polly Carmichael from a former GIDS clinician”. *Medium*. <https://medium.com/@kirstyentwistle/an-open-letter-to-dr-polly-carmichael-from-a-former-gids-clinician-53c541276b8d>. 18 July 2019.
37. “Puberty Blockers: What Parents Should Know”. *YouTube*. Uploaded by CBN News. <https://www.youtube.com/watch?v=HokQQ539Zjs>. 3 June 2015.
38. “Gender dysphoria in children: puberty blockers study draws further criticism”. *The British Medical Journal*. BMJ 2019;366:l5647. <https://www.bmj.com/content/366/bmj.l5647/rapid-responses>. 20 September 2019.
39. “LUPRON DEPOT-PED may be the right option for your child”. *LupronMed.com*. [https://www.lupronped.com/about-lupron-depot-ped.html?cid=ppc\\_ppd\\_msft\\_lupron\\_peds\\_br\\_2017\\_info\\_for\\_Lupron\\_Phrase\\_2021924621\\_&&msclkid=e9ebac6dcc221a3b45adcc5ca2d1a2f7](https://www.lupronped.com/about-lupron-depot-ped.html?cid=ppc_ppd_msft_lupron_peds_br_2017_info_for_Lupron_Phrase_2021924621_&&msclkid=e9ebac6dcc221a3b45adcc5ca2d1a2f7). Accessed 20 January 2021. Note: this resource is in reference to treating CPP, not for off-label gender dysphoric use.
40. Fletcher, Jenna. Medically Reviewed by Zara Risoldi Cochrane, Pharm.D., M.S., FASCP. “What to expect from Lupron treatment”. *Medical News Today*. <https://www.medicalnewstoday.com/articles/324480>. 18 February 2019.
41. An anonymous mother of a male-to-female transgender that was placed on puberty blockers. “I have no clue what to do, daughter can't get the bottom surgery and is becoming suicidal.” *Reddit*. [https://www.reddit.com/r/asktransgender/comments/79i5q5/i\\_have\\_no\\_clue\\_what\\_to\\_do\\_daughter\\_cant\\_get\\_the/](https://www.reddit.com/r/asktransgender/comments/79i5q5/i_have_no_clue_what_to_do_daughter_cant_get_the/). 2017.

42. “More women come forward with complaints about Lupron side effects.” *KTNV Las Vegas*. <https://www.ktnv.com/news/investigations/more-women-come-forward-with-complaints-about-lupron-side-effects>. 11 February 2019.
43. Berry, Dr. Susan. “FDA: Thousands of Deaths Linked to Puberty Blockers”. *Breitbart*. <https://www.breitbart.com/politics/2019/10/02/fda-thousands-of-deaths-linked-to-puberty-blockers/>. 2 October 2019.
44. Schober, Justine, M.D. *ClinicalTrials.gov*. <https://clinicaltrials.gov/ct2/show/NCT00220350>. 22 September 2005.
45. “Board meetings and board papers – 23 June 2015”. NHS The Tavistock and Portman NHS Foundation Trust. <https://tavistockandportman.nhs.uk/about-us/governance/board-of-directors/meetings/>. Accessed 19 February 2021.
46. “Transgender treatment: Puberty blockers study under investigation - BBC Newsnight”. *YouTube*. Uploaded by BBC Newsnight. <https://www.youtube.com/watch?v=1bIt5MQIozc>. 22 July 2019.
47. Bradley, Susan J., M.D. and Zucker, Kenneth J., Ph.D. “Gender Identity Disorder and Psychosexual Problems in Children and Adolescents (Full Text). *The Guilford Press*. (Description from Amazon store on [https://www.amazon.com/gp/product/0898622662/ref=ppx\\_yo\\_dt\\_b\\_asin\\_title\\_o00\\_s00?ie=UTF8&psc=1](https://www.amazon.com/gp/product/0898622662/ref=ppx_yo_dt_b_asin_title_o00_s00?ie=UTF8&psc=1)). 13 October 1995.
48. Zucker, Kenneth J. “[Overview of] Gender Identity Disorder and Psychosexual Problems in Children and Adolescents”. *Canadian Journal of Psychiatry. Revue Canadienne de psychiatrie*. [https://www.researchgate.net/publication/20948042\\_Gender\\_Identity\\_Disorder\\_and\\_Psychosexual\\_Problems\\_in\\_Children\\_and\\_Adolescents](https://www.researchgate.net/publication/20948042_Gender_Identity_Disorder_and_Psychosexual_Problems_in_Children_and_Adolescents). September 1990.
49. Cantor, James, Ph.D. “Do trans- kids stay trans- when they grow up?”. *Sexology Today*. [http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow\\_99.html](http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html). 11 January 2016.
50. Van Mol, Andre, M.D. et al. “Correction: Transgender Surgery Provides No Mental Health Benefit.” *Public Discourse*, 13 Sept. 2020, <https://www.thepublicdiscourse.com/2020/09/71296/>. 13 September 2020.
51. Dhejne, Cecilia, MD, PhD, et al. “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden”. *Plos One*. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>. 22 February 11.
52. Jennings, Jazz. “When did you first know?”. *Time*. <https://time.com/4350574/jazz-jennings-transgender/>. 31 May 2016. (This article was adapted from *Being Jazz: My Life as a (Transgender) Teen*. Text copyright 2016 by Jazz Jennings. All rights reserved).
53. *Transhood*. HBO. Originally aired 12 March 2020.
54. “Pubertal blockers for transgender and gender diverse youth”. *Mayo Clinic*. <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>. Accessed 20 January 2021.

55. Dyer, Chris. “End the transgender 'unregulated live experiment on children' say whistleblowing workers who have quit clinic treating patients as young as THREE”. *The Daily Mail*. <https://www.dailymail.co.uk/news/article-6897269/Workers-transgender-clinic-quit-concerns-unregulated-live-experiments-children.html>. 7 April 2019.
56. Narwitz, Sophia. “‘I said I was trans and was prescribed hormones that day’: De-transitioner opens up about the ease of getting body-altering drugs”. RT. <https://www.rt.com/news/488389-prescription-hormones-transgender-medication/>. 12 May 2020.
57. Jackson, Mary. “Washington state erases parents from the equation”. *World*. [https://world.wng.org/content/washington\\_erasing\\_parents\\_from\\_the\\_equation](https://world.wng.org/content/washington_erasing_parents_from_the_equation). 13 November 2020.
58. Van Maren, Jonathon. “States working to help children gender transition without parents’ knowledge (and other stories)”. *The Bridge Head*. <https://thebridgehead.ca/2020/12/15/states-working-to-help-children-gender-transition-without-parents-knowledge-and-other-stories/>. 15 December 2020.