Health chiefs can’t ignore ‘global epidemic’ of transgender teens

By Bernard Lane

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With the coronavirus dominating the news, Queensland’s health authorities have been urged to confront an under-reported global contagion involving troubled teenage girls declaring they are “born in the wrong body”.

University of Queensland law dean Patrick Parkinson, speaking in a personal capacity, conceded authorities would be worried and busy with the coronavirus but said the explosion in transgender-identifying teenagers, chiefly girls, was “[another epidemic](https://www.theaustralian.com.au/inquirer/affirm-and-medicate-cookiecutter-gender-clinics-for-troubled-teens/news-story/9e8222edc2b22516e8c488ed3d5c199b)” — one that had “so far escaped public attention”.

“Social contagion” via online platforms — such as Tumblr, reddit and YouTube — and peer groups is suspected to be a factor in the rapid rise of atypical teenage cases of the condition “gender dysphoria”, or distress about the conflict between the body and an inner feeling of “gender identity”.

The youth gender clinic at the Queensland Children’s Hospital, which gives “gender affirming” drugs to block “the wrong puberty” followed by opposite-sex hormones, recorded a dramatic surge in patient numbers last year.

The total caseload rose to 611 young people, 404 more than the previous year, notching up a 1,172 per cent increase since 2014, according to new FOI data.

The clinic had the equivalent of 6.3 full-time staff.

There were at least 216 patients on controversial puberty blocker drugs (up 108-fold over six years).

The clinic refuses to reveal birth sex data but 94 per cent of the 84 under-18s on opposite-sex hormones were taking testosterone, meaning they were born female.

These are minimum figures, with the hospital saying an unknown additional number of gender clinic patients get scripts filled somewhere other than the in-house pharmacy.

The “affirmative” treatment model claims that changing the body to reflect self-declared gender identity can save trans youth from suicide.

The Weekend Australian asked the office of Health Minister Steven Miles if the government was troubled by the rapid increase in patients with gender dysphoria but there was no reply. The affirmative model insists busy gender clinics simply reflect greater social acceptance of trans identity, plus more awareness of treatment options.

On Friday, Professor Parkinson was among those to give evidence at a Queensland parliamentary [committee inquiry](https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/current-inquiries/HealthLAB2019) into a draft law to impose a maximum 18 month prison sentence on anyone carrying out “gay conversion therapy”.

Addressing young people last year, Mr Miles said: “If one day you fall in love with someone the same gender as you, there is nothing wrong with you — you cannot be fixed because you are not broken.

“I am proud that Queensland is leading the way to ensure the protection of our LGBTIQ community.”

Critics acknowledge the harm done by coercive, sometimes brutal conversion therapy in the past but say the government has no credible evidence that any Queensland therapists today try to undo the fixed sexual orientation of gay adults.

And opponents of the bill say the real worry is a deceptive widening of the term conversion therapy to criminalise any attempt to “change” the inherently changeable “gender identity” of very young children and those navigating the turbulent teenage years. This is said to be a global tactic of trans activists.

The internationally recognised sex researcher, Ray Blanchard, joined online debate about the Queensland bill, [tweeting](https://twitter.com/BlanchardPhD/status/1226520984162906113): “Conversion therapy laws are Trojan Horses, ostensibly about banning attempts to change sexual orientation in adults, actually about banning therapy to help gender-dysphoric children and youth become comfortable with their anatomic sex”.

\* Listen to Canadian psychologist Ken Zucker, a world authority on gender dysphoria, [unpack conversion therapy](https://omny.fm/shows/danielle-smith/gender-dysphoria). He talks just after the 4 minute mark.

Professor Parkinson told the committee that the bill was a good time to ask what Queensland Health was doing to respond to the global “epidemic” in gender dysphoria, which so far had “escaped public attention”.

“The epidemic to which I refer is one of ever larger numbers of teenage girls who are now identifying as transgender (being diagnosed with gender dysphoria), and seeking very invasive medical treatments to transform their bodies irreversibly to take on a male appearance and voice and often later regretting it,” he said.

“There is quite a large number, a growing number, of young adults, of women, who have gone through this process and have reverted to their original gender (as ‘detransitioners’).”

Brisbane-based child and adolescent psychiatrist Peter Parry [argued](https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2019/HealthLAB2019/submissions/117.pdf) in his submission that the government’s draft law “does not provide sufficient protection for therapists to assist young people — in the area of gender dysphoria — to explore possible family, psychological or social dynamic causes of their gender dysphoria”.

The Australian Medical Association Queensland has [endorsed](https://www.theaustralian.com.au/nation/ama-lends-weight-to-fears-on-trans-kids-medicine/news-story/f4b4a1d6e16080d3cc08966833879300) his concerns.

Dr Parry supported the AMA suggestion to recast the draft law’s definition of conversion therapy as “a treatment for which the only intent (of the clinician or therapist) is to attempt to change or suppress a person’s sexual orientation or gender identity”.

He pointed out that many children grew out of gender dysphoria, becoming “more comfortable with birth gender or a same-sex orientation”. Clinicians say this is a reason to be cautious about medical interventions.

‘Denying social contagion’

Psychologist Dianna Kenny, who treats gender dysphoric youth, [told the committee](http://tv.parliament.qld.gov.au/Committees?committee=HCDSDFVPC) that trans activists “vehemently denied the role of social contagion in the spread of gender dysphoria in young people because it flies in the face of their flawed ideology that children are the experts regarding their own gender identity”.

Dr Kenny, a specialist in developmental psychology and a former professor at Sydney University, said beliefs and attitudes were especially contagious in centralised social networks.

“This network is highly centralised with only one voice — the trans activist lobby — being heard above the desperate cries of terrified parents and horrified academics, doctors, psychologists and psychotherapists.”

She said this social contagion was affecting not just children and adolescents but also medical practitioners, legislators and educators.

“Transgender activists have persuaded gender clinics to lower the barrier age-groups to social transition, puberty blockers, cross-sex hormones and even mutilating surgery, many without requiring parental consent,” Dr Kenny said.

Professor Parkinson, who has expertise in child protection and family law, said Queensland’s new criminal offence would scare off responsible therapists willing to explore any underlying reasons for troubled young people declaring trans status. This would deny them the help they “desperately need”.

“(As a lawyer) I would have to advise (a cautious practitioner) that continuing this work, helping young people understand where problems come from other than being ‘born in the wrong body’, risks prosecution,” he said.

“We owe such a debt of gratitude to these wonderful professionals and to put them through that (risk), to threaten them with that, is frankly an abomination.”

Professor Parkinson said the law might lead medical insurers to refuse cover for practitioners working with these vulnerable young people.

A spokesman for the Queensland Law Society said conversion therapy was “reprehensible” but the government had “no cogent data” about it to justify a new criminal offence, above and beyond existing health regulation.

The QLS alerted the committee to multiple problems of drafting and construction in the bill, including the possibility that its operation might criminalise prison programs to “change” inmates’ sexual attraction to children.

The draft law was “unworkable, almost hopelessly unworkable”, the QLS spokesman said.

Some critics see the bill as an attempt to shut down cautious responses to gender dysphoria, entrenching pro-trans “affirmative” medical interventions with life-altering side-effects including sterility.

The Queensland health department denies this, saying a range of legitimate treatments will be allowed — as long as they can be “reasonably considered clinically appropriate”. The affirmative model, endorsed by many medical bodies, frames previous more cautious approaches as “conversion therapy”.

‘Medico-legal time bomb”

Professor Parkinson said “gender affirming” medical intervention was “a [medico-legal time bomb](https://www.theaustralian.com.au/nation/lawyers-zone-in-on-transgender-drug-therapy/news-story/d4ab60db3f6f4867f03711ec01e4216a)” with the risk that children from the Brisbane gender clinic will emerge as regretful young adult “detransitioners” and “sue the Queensland government for serious medical negligence”.

Although trans activists have popularised the term “LGBT conversion therapy”, the alphabet community is under severe strain, with LGB dissidents complaining lobby groups such as Equality Australia (like Stonewall in the UK and GLAAD in the US) have ignored safeguards and conflicts of rights in the rush to assert the claims of purely self-identified trans status.

Many of the regretful young adult “detransitioners” now emerging are lesbians who say medicalised gender change was a [trans closet](https://www.theaustralian.com.au/inquirer/about-a-girl-and-the-decision-to-detransition/news-story/1fbe4fa35298d3a639ef8b188bf13d11) damaging to body and soul. Other detransitioners say gender clinics ignored their autism, mental health problems, family trauma or history of sex abuse.

Justine Kreher, from a new US-based LGBT group [Gender Health Query](https://www.genderhq.org/) worried about overdiagnosis of gender dysphoria and medicalisation of minors, said most LGBT people were not aware of the risks.

“The evidence is strong that early social transition (living as the opposite sex) and use of hormone blockers will lead to the over-medicalisation — or ‘conversion’ — of LGB minors who would have outgrown gender dysphoria with maturation,” she said.

“It’s already happening as known cases are mounting. The question is, how high will the percentage be?”

‘False positives are inevitable’

Gender Health Query’s international board includes trans adult Miranda Yardley and lesbian feminist philosopher Holly Lawford-Smith from the University of Melbourne.

The group highlights risks inherent in the novel “gender affirmative” approach, which has been rapidly adopted in health systems but is little known to the general public.

“In this model, the gender identity of the young person is immediately validated,” the Gender Health Query website says.

“Social and medical transition (even in minors) is supported and treated as a human right, rather than treating gender dysphoria as a mental health issue, where medical treatment should be avoided if possible.

“While this may have some benefits for trans-identified youth, false positives are inevitable, and regret rates are likely to rise.

“This will disproportionately affect gay, lesbian, and bisexual youth, who are more likely to experience gender dysphoria than the general population.

“There are also health consequences for young people who medically transition, regardless of how stable their trans identification may be.”

Ms Kreher, a board member with Gender Health Query, said LGBT lobbies and progressive media refused to discuss “the reality that for many gender-nonconforming youths, or even adults, there isn’t a clear line between gay and trans”.

“Trans people argue transition as a minor is a human right (but concerned) LGB people would argue the right to mature and accept oneself, without being medically defaced by the psychology and medical profession, is a human right.”

Ms Kreher said activist promotion of medicalised gender change had been “extremely effective in inducing [suicide terror](https://www.genderhq.org/trans-youth-suicide-statistics-kill-themselves-manipulate-parents) in the public”.

“People should take suicide risk seriously, but it is also exaggerated and employed to manipulate people to not care about serious risks to minors who may (grow out of gender dysphoria) with time,” she said.

“These risks include sterilisation, loss of sexual function, impacts on bone and circulatory health, and a reduction in IQ if they take hormone blockers.”

‘No comment’

The federal Human Rights Commission, which promotes self-ID trans rights as an “LGBTI” cause, has refused to comment on the risks to youth struggling with same-sex attraction, women and girls.

The Australian Psychological Society, which claims it is “[scientifically incorrect](https://www.theaustralian.com.au/nation/shrinks-reject-social-media-trans-influence/news-story/1bfdc0cd08043b5ca8258bd2f699036f)” to suggest a role for social media and peer group “contagion” among teenagers identifying as trans, is a champion of the Queensland bill. The affirmative model regards children as “experts” in their gender identity, and tends to dismiss detransition as mythical or coerced.

In its submission, the state’s Human Rights Commission says: “Regardless of the prevalence of conversion therapy practices, the extent of the harm alone justifies a strong legislative response”.

Deputy commissioner Neroli Holmes cited a 2015 [US survey](https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF)suggesting a link between “transgender conversion therapy” in adults and suicide attempts.

This anonymous online survey aimed at over-18s, and carried out by a transgender activist group, included “pressure” to detransition as an example of conversion therapy.

The sample was large (27,715 respondents) but the report acknowledged it was not representative and might capture people with “vastly different health and life experiences”.

The LGBTI Legal Service Inc backs the bill’s conversion therapy ban extending beyond sexual orientation: “Conversion therapy was once often referred to as ‘gay conversion therapy’, but modern manifestations of such practices also target the suppression of the gender identities of transgender and gender diverse people within the community”.

Transwoman Roe Johnson, from the Melbourne-based [Brave Network](https://thebravenetwork.org/) for “LGBTIQ people of faith”, told the committee hearing she had been “put through very difficult experiences that continually told me that was broken, that I was wrong, that I was fundamentally flawed” — and this was not through any formal therapy but “very much in the pastor’s office”.