

Transgender conference is crucial

As a teacher with over thirty years' experience, I was perplexed when I began to notice, about four years ago, a sudden rise in students wanting to be the opposite sex. I started investigating and discovered that this phenomenon is apparent in all English-speaking countries. The rise in transgender identification, especially for teenage girls, is exponential.

- The United Kingdom Gender Identity Service (GIDS) had 138 children (mostly boys) referred in 2011. In 2021 2383 children were seen and the sex ratio had reversed, with 70% now being female.¹ (There are no statistics for Aotearoa.)
- Many of the children have pre-existing mental health, trauma-related, or neurological conditions. At the GIDS clinic about 35% are autistic when the figure for the general population is about 1%.²
- Studies have shown that gender dysphoric teens who are not socially transitioned or put on puberty blockers often grow up to be gay or lesbian.³

We need to talk about this urgently.

The affirmation-only treatment for gender dysphoria is contentious because it can lead to an unnecessary life-long dependence on medication, irreversible removal of healthy body parts, sexual dysfunction, and the possibility of sterility.

It is a *moral imperative* that the CATA conference goes ahead. Its purpose is to achieve better health care and better understanding of the needs of gender dysphoric youth, and youth in general. Any health care professional, parent, or educator should welcome that.

In some schools, children are being taught that it is possible to change sex. This follows the release in 2020 of the Ministry of Education's (MoE) new guidelines for teaching Relationships and Sexuality (RSE) from Year 1-13.⁴

It is now MoE policy to teach as fact, from the age of five, the belief that children can have a gender identity separate from their sexed bodies (RSE Guide p30). The glossary to the guide (from p48) states falsely that sex is 'assigned' at birth and that there are three sexes – male, female, and intersex. It says that 'gay' means same-gender attraction, thus denying the concept of same-sex attraction.

Parents deserve to be fully informed about this new policy so that they can meaningfully engage in the community consultation that every school is supposed to undertake every two years to determine the nature of relationship and sexuality education in their school.

In April this year, further RSE teaching resources were recommended, including the *Trans 101*⁵ video that states it is not even necessary to be diagnosed with gender dysphoria to be trans; all it takes is liking something that is usually associated with the opposite sex. The Ministry also advises schools that they can change a student's name and pronouns at school (with no lower age limit) and keep it a secret from their parents.⁶

Instead of celebrating diversity, these policies are teaching gender non-conforming children that there is something wrong with them if they don't match sex stereotypes and that the only way of fitting in is to alter their bodies. It is the opposite of acceptance and inclusion. All children should be able to express their personalities in dress and behaviour without discrimination, labelling, or medical intervention to 'fix' them.

The New Zealand Psychological Society (NZPS) is reported to have said that “being transgender was not a psychological illness or disorder, and was a healthy variation in human functioning and bodies.” Stuff made no attempt to question this radical statement.

A normal variation in human functioning would not require drugs and surgery. A normal variation would be seen in animals, as homosexuality is. A normal variation would be able to be objectively observed, rather than depending on a person’s self-diagnosis.

The NZPS statement implies that there is an international consensus for how best to treat those with gender dysphoria. There is not. In Sweden⁷, Finland⁸, France⁹, and Florida¹⁰ the enthusiastic use of puberty blockers has been curtailed. In the United Kingdom the Cass review into gender identity services for youth is underway and the interim report¹¹ was not complimentary. Even some clinicians who have specialised in transgender medicine are now saying it has “gone too far.”¹²

The Royal Australian and NZ College of Psychiatrists in its Position Statement 103 (August 2021) states: “Gender Dysphoria is an emerging field of research and, at present, there is a paucity of evidence. Better evidence in relation to outcomes, especially for children and adolescents is required.”¹³

The DSM-5 (the United States manual for diagnosing psychiatric disorders) lists gender dysphoria as a psychological illness and confirms that a diagnosis is needed to protect a person’s access to hormones, surgery, psychotherapy and counselling.¹⁴

We need to talk about these differing perspectives.

The Stuff article contains many other misrepresentations but one of the worst is the reference to the Conversion Practices Prohibition Act 2022 with the implication that the conference is somehow promoting conversion therapy and is therefore unlawful. In fact, the Act itself supports the discussion of gender ideas, stating in its preamble that a purpose of the Act is to, “promote respectful and open discussions regarding sexuality and gender.” The Act allows health professionals working within their area of competence to take any action that the health practitioner “considers in their reasonable professional judgement is appropriate” and which “complies with all legal, professional, and ethical standards.”¹⁵

The article seems to approve of the attempts being made to shut down a professional, lawful, and important conference about the health and well-being of children.

This is not a minor dispute. Children’s long-term mental and physical health and their future sexual function and fertility are at stake. Silence is not an option.

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