Classical Conversations Challenge IV

Playing God:

The Slippery Slope of the Transgender Contagion

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Imagine a boy is playing house with friends and is pretending to be a dog. Now imagine that an adult notices this and comments, “Wow! You *must* be a dog!” The adult then starts to treat the boy like a dog; he is given dog food for meals, he is forced to live outside in a dog house, and he is even given a collar to wear. Throughout this time, the child is confused. If the adult is saying he is a dog, he *must* be. Now, a person in their right mind would be thinking, “That’s insane! Clearly, he is a human boy, and he can be nothing else.” This person would be correct. A human cannot change into something they are not. Today, however, people are attempting to do just that. While trying to be an animal is a topic for another day, it is still relatable to the current society: men and women are trying to change who they are biologically; they are trying to change their sex. Children are not exempt from this, and it has been proven to be detrimental to them. The transgender contagion has been destructive to the development of children.

“Transgender”, as defined by Medical News Today, is “a person [who] has a different gender identity than their assigned gender at birth”. They further add, “A healthcare professional usually assigns newborns either a male or female sex at birth. If people identify with a different gender to the one they were assigned, they may describe themselves as transgender” (Kuehnle and Sissons). “Contagion” is defined by the American Heritage Dictionary as the “spread of a behavior pattern, attitude, or emotion from person to person or group to group through suggestion, propaganda, rumor, or imitation” (American Heritage Dictionary). Together, these

definitions perfectly describe transgenderism today. The influence of this issue has become extremely prevalent in today's society. It has infiltrated social media, news, schools, and even books. The transgender activists are working hard to make sure it becomes normalized—and are indoctrinating children in the process.

There are numerous controversies on the issue of transgenderism. Many of these controversies are about whether or not parents should know what is being taught in public schools. Some controversies are with parents who are falling for the media's lies. Other controversies are related to the horror stories of detransitioners and the stories of those who transitioned and allegedly love it all.

Background

Transgenderism can be dated back to 1957. John Money, a sexologist and psychiatrist, believed that people had a "psychological sex", which he called "gender" (Grossman 3). He claimed children were gender neutral and their gender depended on how they were nurtured; they could be raised as the opposite sex. Money was able to experiment with this idea on "identical twin boys" Brian and Bruce Reimer (Grossman 7). When the twins' parents took them to be circumcised, the procedure went wrong for one of the boys. Bruce's entire penis was burned beyond repair. Desperate for help, the parents went to Money, who suggested Bruce be raised as a girl, so his name was changed to Brenda. "Bruce was the first child in the world with normal genitals to have sex reassignment surgery" (Grossman 8). Money bragged about his "twin case" to the American Association for the Advancement of Science in Washington, D.C. Because of this, Money received fame and fortune for the rest of his life. However, Brian and Bruce's parents told them the truth when they were fourteen, and "Brenda" immediately resumed living as a boy and changed his name to David. In 1997, at age thirty-two, he publicly presented himself as

David. During David and Brian's interview, they revealed that at their annual visits to see Dr. Money, "they'd been sexually abused by him" (Grossman 12).

Because of Money and his experiments,

> [k]ids have been indoctrinated with gender ideology since at least the nineties. Today's version of Money's gender identity—limitless options, fluid throughout life, a normal variant, oppressed by society—was hatched decades ago in the minds of activists. They opposed the structure, order, and morality of traditional society. Their strategy was and is to attack and destroy, without providing a constrictive, truth-based alternative (Grossman 18).

How has our culture gotten this deep into the transgender ideology? What began as allowing "legal" same-sex marriages has turned into indoctrination and mutilation of children.

In the last few years, gender dysphoria, which is "the distress induced by a strong desire to identify as something other than one's sex", has skyrocketed (Broyles et al. 55). London's Tavistock Gender Identity Disorder Service, the world's largest gender clinic, provides numbers for this:

> They saw only eighteen patients in five years between 2000 and 2005. In 2009-2010, they saw seventy-seven. By 2021-2022, that number exploded to 3,585 patients—an increase of 4,555 percent in just over ten years. But the true number is even higher, because the waiting list in 2021 exceeded 5,300 (Grossman 36).

In addition, "[O]ver 1.6 million people in the United States now [in 2023] identify as transgender, which equates to 0.5 percent of the population" (London 298). What has caused this sudden rise in children with gender dysphoria? Why is it so pervasive? Several factors come into play, and two areas are saturated in it: schools and social media.

> Boys and girls as young as kindergarteners are being exposed to gender theory ideology. Over four thousand US schools now teach gender theory under the guise of "Gender and Sexuality," Kindergarten students as young as four are now being taught about being nonbinary, preferred pronouns, sexual organs, changing gender, and are actively being encouraged to question their birth-assigned sex (London 198).

Grossman adds, "The grooming that's taking place in schools is ideological" (Grossman 126). Children learn from their parents and other authoritative figures in their lives. For many of them, they are in school six plus hours out of the day, come home to do homework, and then go to bed; they spend more time under their teachers' influence than under their parents'. Who is going to have more of an impact?

Transgenderism is also being blasted on social media handles, which are pushing these ideas for children to see, and allowing for more peer influence: "Over 86 percent of parents in [Dr. Littman's] survey reported their child . . . becoming dysphoric after binging on social media, having one or multiple friends come out as trans in quick succession, or both" (Grossman 42). Oli London, a destransitioner, says that "social media is without a doubt playing a major role in influencing the decisions of these [children]" (London 288). Additionally,

> YouTube, Instagram, Tumblr, Reddit, Twitter, Facebook, DeviantArt, and TikTok are all popular hubs for sharing and documenting a physical transformation, seething over transphobia, celebrating the superpowers conferred by testosterone, offering tips for procuring a prescription, and commiserating about how hard it is to be trans today (Shrier 44).

These are just two of the ways the transgender ideology has been pushed on children. States such as California and Washington are also passing bills that assist the transitioning of

children. Libraries around the country are adding LGBT books for children as young as two. Drag shows are being pushed across the U.S.

This issue *must* be addressed. Parents need to be educated on what their children are learning, seeing, and hearing. Children need to be protected both in mind and body. Citizens need to fight back against bills that are being pushed to pass and harm our children. It is important to understand the massive impact this has on our culture, those being influenced by it, and the destruction the ideology is wreaking.

The transgender contagion is destructive to the development of children for three reasons: it has led to the physical devastation and mutilation of children, the mental devastation and confusion of children, and the relational devastation and separation of children and their families.

The Physical Devastation and Mutilation of Children

Firstly, the transgender contagion is destructive to the development of children because it leads to the physical devastation and mutilation of children. There are four grotesque ways in which the contagion can do this, and just like with the snowball effect, one leads to another: binding and tucking, puberty blockers, cross-sex hormones, and sex reassignment surgery.

When children begin to explore the idea of being transgender, many influencers across platforms such as YouTube, Instagram, and Reddit suggest they begin the "experience" by binding their breasts or tucking their genitals.

> Nearly every female-to-male guru started her transformation with a binder—a spandex and polyester compression garment that, worn under clothing, effectively flattens breasts. Trans influencers show off the various styles, compare different brands' effectiveness at creating the impression of a male physique, and sometimes complain about "having" to wear them (Shrier 46).

However, the influencers rarely speak of the resulting side effects. “A large survey involving 1800 participants showed multiple adverse effects from binding. . . . Fully 97% experienced one or more side effects. These included pain, shortness of breath, digestive issues, and neurological issues” (“Binding and Tucking: Self Harm 101 — Genspect”). Shrier further adds that

> breasts—glandular tissue, fatty tissue, blood vessels, lymph vessels and lymph nodes, lobes, ducts, connective tissue, and ligaments—are not really meant to be squashed flat all day long. Fractured or bruised ribs, punctured or collapsed lungs, shortness of breath, back pain, and deformation of the breast tissue are side effects (Shrier 47).

Plastic surgeons from Belgium “noted decreased skin elasticity, resulting in ptosis, or sagging of breasts, typically seen in older women” (Grossman 167). According to one study of nearly 1,300 girls, “89 percent experienced at least one negative effect” (165). According to this statistic, out of the 1,300 girls in this study, approximately 1,157 would experience one negative thing.

Additionally, binding can lead to psychological effects. A woman trying to be a man states in a testimonial,

> The longer I used binding, the more I could feel my body deteriorating. The physical pain got worse but so did the emotional. Slowly I began living a life where I couldn’t not bind. The initial euphoria of flatness turned into never being able to get flat enough. My body aches every day, I no longer have the lung capacity I once had, and my ribs have inverted. I fear breaking one when I sneeze. I am getting surgery this year and it can’t come soon enough (Takenaga).

She is not alone in this kind of struggle. Chloe Cole, a woman who had top surgery and now speaks out against the contagion, commented that even though she was “binding and taking

testosterone to supposedly 'align' her body with her identity and get relief from her dysphoria, her dysphoria increased, especially about her misshapen breasts" (Grossman 166).

Tucking for males—"[pushing] his testicles into his inguinal canals, then [taping] his penis and scrotum together behind his legs"—is just as harmful (Grossman xxix). To understand the consequences of tucking, one must first understand the anatomy.

> To maintain their health and serve one of their primary functions – to produce healthy sperm (the other is to produce the male hormone testosterone) – the testicles must be maintained at a lower body temperature than is available inside the body. In a perfect example of the elegant function of the human body, the scrotum will automatically draw the testicles up or lower them down as needed according to the ambient temperature to maintain perfect conditions for health and sperm production. . . . There is a paucity of research about the potential harms of genital tucking. However, given the testicles' temperature requirements, tucking them against (or even inside) the body for long periods could certainly be expected to be harmful to their health and function (Genspect).

Studies have also revealed that tucking can lead to "infertility and testicular torsion" and that it has resulted in "multiple adverse effects including itching, rash, testicular pain, penile pain, and skin infections" (Genspect).

Influencers encourage children to "experience" being transgender by first binding or tucking, yet this "experience" leads to so many physically and mentally harmful effects. The influencers withhold this information from children, which results in a child, such as Chloe Cole, being permanently damaged.

Another way in which the contagion is physically destructive to children is by stopping puberty, which is accomplished by puberty blockers. Puberty blocker is "[a] colloquial term for a

cocktail of drugs (GnRH) that interrupts the body's natural physical changes that occur throughout adolescence" (Rutledge 20). Recently, many teenagers have used puberty blockers. "Over the past five years, the number of adolescent teens (under eighteen) on the record for having puberty blockers was 4,780 according to Komodo Health Research" (London 211). There is little data on the use of blockers in healthy children. In fact, puberty blockers were originally FDA-approved for "the use of GrNH diagnostics to treat prostate cancer" (London 211). They have also been "used for the relatively rare disorder of [puberty at an unusually early age]" (Grossman 66). From studies on children with early puberty, it has been shown that

> [s]ide effects include mood changes, headaches, nervousness, anxiety, agitation, confusion, delusions, insomnia, depression, mood swings, suicidal ideation, early menopause, lung disease, sexual dysfunction, inability to experience orgasms, and genital atrophy. . . . Puberty blockers can cause osteoporosis, the loss of bone density (Grossman 66).

In addition, boys' penises "will remain child-size ('micro-penis') because it was never exposed to the testosterone surge of puberty" (Grossman 176). As a result, he will be unable to orgasm. Puberty blockers lead to infertility; sperm and eggs require the surge of testosterone and estrogen during puberty to fully mature. Since blockers prevent the maturity of sperm and eggs, reproduction later in their life would be impossible.

Not only are puberty blockers physically harmful, but they are also mentally harmful. Preventing puberty affects the brain as well as the body. "The hormones of puberty, estrogen and testosterone, drive puberty's explosive growth and restructuring of the brain" (Grossman 71). Going through puberty as a teen also balances out adults' emotions and helps them control impulsivity and make better decisions. However, if puberty stops these things, it can prevent

"normal sexual development of the brain" (Rutledge 20). It has been shown that many children—between 61 and 98 percent—grow out of gender dysphoria in puberty (Broyles et al. 61).

As of March 13, 2024, England has banned the use of puberty blockers. According to *Fox News*, "Former U.K. Prime Minister Liz Truss touted the country's decision to ban puberty blockers for children through the National Health Service, citing concerns about the long-term impacts" (Hill). They are not alone in this; other European countries such as Sweden and Norway are reconsidering the use of puberty blockers for minors. Why, then, does the United States still allow children to take them? Why does the U.S. allow minors to stop puberty? Why are they helping children stop brain development and physical development?

The next step after puberty blockers is cross-sex hormones. Those who have already undergone natural puberty also take these in an effort to "change their sex". In "a clinical trial, 100 percent of children put on puberty blockers, proceeded to cross-sex hormones" (Shrier 165). The outcome of shooting cross-sex hormones into one's body is devastating. Yes, girls can have massive muscle gain, deeper voices, and more energy. Yes, boys can have more fat distribution around the waist and the hips and softer features. However, no one warns these children of the consequences that come with injecting foreign hormones into their bodies.

When taking doses of testosterone, or "T", girls do gain facial hair, more muscle, a sharper jawline, more energy, a deeper voice, and less fat around the hips and the waist. In some cases, they can even lose their period or have it very intermittently. Because of these changes, girls wishing to be men will rejoice, yet the long-term consequences are coming soon. In time,

> [t]hey face hair loss, elimination of menstruation, deepening of the voice, severe acne, high blood pressure, high cholesterol, and increased risk of type 2 diabetes, erythrocytosis

> (which includes symptoms of blurred vision, headaches, confusion, high blood pressure, nosebleeds, itching, weakness, and tiredness), cerebrovascular disease, hypertension, pelvic pain, and uterine cancer (Grossman 76).

Additionally, women on testosterone are "almost four times more likely to have a heart attack", and "clots in the veins . . . are five times more likely to happen" (Grossman 77). This evidence clearly shows that the negatives far outweigh the "benefits".

While there may be fewer known consequences for boys, there are still many that need to be shared with any male considering cross-sex hormones. Boys on estrogen experience fewer changes compared to what girls experience on testosterone. They have a chance of less body hair, more feminine features, and a redistribution of fat—more in the hips, the waist, and the chest. However, once again, it comes at a cost. A male pumping himself with estrogen can lead to

> decreased muscle mass and strength, decreased sexual desire, decreased sperm production, voice changes, decreased testicular volume, erectile dysfunction, infertility, deep vein blood clots, stroke, coronary artery disease, and cerebrovascular disease (Grossman 76).

Additionally, they are "forty-six times more likely to get breast cancer, twice as likely to have a stroke, [and] sixteen times as likely to have deep vein clots" (Grossman 76). Once again, the negative effects for boys on estrogen far outweigh the "benefits".

These detrimental side effects are things doctors will not tell children who are considering cross-sex hormones. Furthermore, these results are inconclusive as they do not yet know every possible long-term effect. "Doctors are using children as experimental guinea pigs" (Rutledge 21). Regardless of what the doctors claim, every single person has seven trillion cells

with a nucleus that has either “XX” or “XY” imprinted on it, and no amount of cross-sex hormones can change that. Instead, cross-sex hormones result in massive, irreversible complications. Anyone who considers taking cross-sex hormones needs to be told of these things before they permanently alter their bodies for the worse.

In most cases, gender reassignment surgery follows cross-sex hormones. This surgery also does not achieve a person’s desire to change sex; rather, “they become feminized men or masculinized women”—and these victims are left physically mutilated and emotionally fragile (Rutledge 21). The results of gender reassignment surgery are irreversible. There are two types of surgeries: top surgeries and bottom surgeries.

For girls, a top surgery is a mastectomy or a double mastectomy. The bottom surgery is a vaginectomy, in which the destruction of the vagina is followed by a faux, useless penis made from the girl’s forearm skin, leaving a massive visible scar. A 2022 review of eleven studies on this process, called phalloplasty, “found that nearly a third [of the girls] developed a serious complication, namely stricture or fistula” (Grossman 182). These surgeons are removing girls’ healthy breasts and their ability to conceive children; these girls are *children*. “In a study of 68 patients who underwent the [chest surgery] procedure at Children’s Hospital Los Angeles, almost half were girls between thirteen and seventeen, and that was way back in 2016.” Since then, between 2016 and 2019, “the annual number of ‘gender-affirming chest surgeries’ increased by 389 percent” (Grossman 158). At this age, girls cannot truly understand the consequences of sterilizing and mutilating themselves.

For boys, a bottom surgery involves testicle removal. The surgeon will also flay and invert his penis to make a “vaginal vault”. To make a faux vagina, for a boy who did not take puberty blockers, the tip of the penis becomes a “clitoris”. The “urethra, the tube through which he

eliminates urine, [is] shortened, and relocated." However, for the boy who has taken puberty blockers, "the penis will remain child-size ('micro-penis'). . . . There will be insufficient tissue to create a faux vagina (Grossman 176). As a result, "out of forty-nine patients who started blockers in early-to-mid puberty, 71 percent lacked sufficient tissue for construction of a 'vagina' and required . . . the grafting of part of the intestine" (Grossman 190). The body recognizes this "vagina" as an open wound and tries to close it. This requires the boy to dilate the hole daily so that it remains open. Over half of the patients at one post-vaginoplasty clinic reported pain, "over a third had sexual function concerns, and 42 percent were experiencing 'vaginal' bleeding" (Grossman 180)

Not only are these surgeries irreversible, but they also bring lifelong side effects with them. One of the few studies done has shown that three-quarters of patients feel as though they have to constantly urinate. In a study done on populations in San Francisco, it was found that

> amongst male-to-female persons: 35% were HIV positive, 22% had mental health hospitalization, 32% had made a suicide attempt, 62% suffered from depression, 65% had been incarcerated, 80% had engaged in sex work or survival sex, [and] 59% had been sexually assaulted;
>
> Amongst female-to-male persons: 2% were HIV positive, 20% had mental health hospitalization, 32% had made a suicide attempt, [and] 55% reported depression (Rutledge 23).

Suppose doctors warned children of the ramifications that come with "gender reassignment" surgery. Perhaps then, there would not be living and breathing Frankensteins walking around.

The Mental Devastation and Confusion of Children

Secondly, the transgender contagion has been destructive to the development of children because it leads to the mental devastation and confusion of children. Three main ways show why this is the case: gender dysphoria often does not go away after transitioning, these physical consequences lead to regret, and suicide rates are higher.

Children are told if they believe they are in the wrong body then they need to do all of the aforementioned things. This is a lie. Most of the children will outgrow their gender dysphoria during or after puberty. In fact, "in most cases—nearly 70 percent—childhood gender dysphoria resolves" (Shrier xxvii). Not only does gender dysphoria often go away during or after puberty, but also, for those who have transitioned, it often goes away. Shrier, who "conducted nearly two hundred interviews and spoke to over four dozen families of adolescents [with gender dysphoria]", says that "[e]ach of the desisters and detransitioners [she] talked to reported being 100 percent that they were definitely trans—until, suddenly, they weren't" (xxix, 201). To be more specific, "one major study published in 2021 found 84 percent of transgender children stopped identifying as transgender once they became adults" (London 227). Yet another study found that

> a staggering 85 percent of children studied who had severe gender dysphoria and cross-sex identification did not develop a transgender identity in adulthood. All of these children in the 85 percent group reverted back to their biological sex and the gender they were assigned at birth after becoming adults (London 265).

To sum it up, "[e]leven studies over four decades have shown a majority of patients become comfortable with their biological sex by puberty or young adulthood" (Grossman 38). To further make this point, an Amsterdam study has also shown that "100 percent of the children that were

put on puberty blockers at the onset of puberty persisted in dealing with gender dysphoria" (Bauwens 17). The chances of leaving gender dysphoria behind are high. Why is it then that puberty blockers and cross-sex hormones are pushed on children struggling with gender dysphoria? If individuals wait for a few years until puberty has passed or they are in adulthood, there is a strong likelihood they might change their minds then. Why take the risk when minors are too young to understand the consequences?

These consequences often lead to regret, as has been shown by numerous detransitioners. A follow-up study conducted on transitioners found that "[n]early 60 percent were ashamed of their genital appearance. Significant numbers—44 percent of females and 35 percent of males—regretted losing their fertility" (Grossman 87). There are numerous accounts from detransitioners themselves now speaking out against the contagion. One of these is Oli London. He said, "Less than a year after publicly announcing my transition, I realized I had made a tremendous mistake . . ." He continued later on in the book, "I had mutilated myself beyond recognition, altered every single part of me both physically and mentally, and I was not the same person on the inside" (London xii, 176). Almost all the destransitioners Shrier spoke with "are plagued with regret" (Shrier 201). Chloe Cole, a destransitioner, stated, ". . . one night I just kinda broke down crying, and I realized that I regretted my transition. . . . I had a lot of guilt; I had a lot of shame" (Peterson). Laura Smalts, another detransitioner, described herself as being "left empty and broken" (Smalts 117). Walt Heyer, a destransitioner who helps those regretting gender change, said, "I live with the scars and effects of unnecessary surgery and its long-lasting consequences" (Heyer). These stories are just a few of many who regret their surgeries and are detransitioning—and the numbers are rising. "Some studies have shown that up to a fifth of people will regret their decision" (Rutledge 23). Up to twenty percent of those who undergo

gender surgeries—which cannot be undone—have remorse over their decision (Heyers). Living with this kind of regret must be nothing short of mental anguish.

Additionally, suicide rates are higher. This is contrary to what activists, who often try to fearmonger parents into allowing their child to transition, tout: "Would you rather have a living son or a dead daughter?" Of course, parents do not want their child to commit suicide, and *of course*, they do not want to be the reason their child dies! These activists do not show the actual statistics to refute this idea.There is no evidence showing that "the only alternative to early medical transition for a child with gender dysphoria is suicide" (Grossman xxiii). A long-term follow-up of transitioners reveals that "adults who took such hormones or underwent 'sex reassignment surgery' had actually substantially higher rates of mortality, suicide, suicide attempts, and psychiatric hospitalizations" (Broyles et al. 60). As previously mentioned, a San Francisco study on its population showed that "32% had made a suicide attempt" (Rutledge 22). A long-term Swedish study found that

> ten years after gender transition surgery, trans-identified people were nearly 5 times more likely to attempt suicide and 19 times more likely to commit suicide than the gender population (Broyles et al. 18).

Chloe Cole testified, "It wasn't until after I started treatments that I started feeling like committing suicide" (Peterson). The previously mentioned Reimer twins are also examples. "Brian overdosed at age thirty-six, and David committed suicide when he was thirty-eight" (Grossman 12). Once again, children are not told of the entire consequences, or even a few of them. If they were given the information, many would realize they are more likely to commit suicide if they choose to transition rather than if they remain their God-given biological sex.

The Relational Devastation and Separation of Children and Their Families

Lastly, the transgender contagion has been destructive to the development of children because it has led to the relational devastation and separation of children and their families. Transgender ideology is bent on destroying the family dynamic—and it often succeeds. The main way in which this happens is by separating children from their parents. This is accomplished both emotionally and physically, usually in that order.

The most common ways begin in schools where parents do not always know what is being taught to their children or being hidden from them as the parents. As previously stated, over four thousand schools are pushing "transgender ideas into K-12 classrooms via teacher trainings, anti-bullying initiatives, and student clubs" (Broyles et al. 22). In more than one incident, schools have been hiding from parents the usage of a child's preferred pronouns. Even organizations are bent on hiding things from parents:

> [The National Association of School Psychologists] is in the bag for hiding your child's identity from you. Their guidelines instruct school psychologists to "maintain confidentiality of the student's birth sex, gender identity, and gender expression by keeping identifying records separate and limiting unnecessary disclosure, doing so only with the explicit assent of the student" . . .
>
> The National Association of Secondary School Principals (NASSP) calls for schools to allow social transition—including cross-sex dressing and use of opposite sex locker rooms, restrooms, and overnight facilities. If parents wonder what's going on, NASSP threatens "disclosure of [transgender status] to other school staff or parents could violate the school's obligations under FERPA or constitutional privacy protections" (Grossman 123).

Many schools are following these guidelines: ". . . at least 1,000 districts nationwide . . . have enacted secrecy policies for kids who express gender dysphoria" (Torres).

Studies have shown that teenagers need to have strong emotional bonds with their parents to fare better. However, when schools affirm a child's transgender ideas unbeknownst to parents, "it encourages secrecy, distrust, and a 'double life.' This is unhealthy, will increase tension and conflict in the home, and may precipitate emotional struggles" (Grossman 127).

Schools are not the only separating factor. Influencers also work to divide parents and their children, claiming that "[i]f you question your daughter's sudden insistence that she is 'transgender,' you do not really love your daughter. What is more, you are imminently replaceable" by a "queer family" (Shrier 50). Activists strive to drive wedges between parents and their children; an emotional wedge makes it easier to physically separate them.

All across the United States, parents are in a legal battle for their child or children, or they have already lost them. "A Montana mom and dad who lost custody of their daughter after they refused to transition her gender have told DailyMail.com the ordeal 'has torn their family apart'" (Tilley). She continued further by saying,

> It's been horrible... Our family unit will never be the same. Even if they returned our daughter to us now, you're not going to have the same family unit... it's created a lot of animosity on [my daughter's] part towards us, she doesn't believe she has to listen to us as her parents anymore (Tilley).

Not only did these parents lose their daughter physically to CPS, but they also lost her emotionally. The state of Montana created the "animosity" from the daughter towards her parents. Another family in Indiana lost "custody of their son in June 2021 after they refused, for

religious reasons, for him to start identifying as a girl" (Tilley). These families are not the only two fighting legal battles for parental rights.

Families around the nation are fighting, and all of this is a result of them *not* affirming their child's gender identity. Parents and biology are seen as wrong and secondary to what states or courts proclaim. Because of this, they are "found guilty of emotional abuse and medical neglect. A judge could then 'rehome' [their] child" (Grossman 138). Different states have passed bills that crush parental rights:

> In states like Oregon, teens are allowed to "consent" as young as age fifteen to undergo gender reassignment surgeries without even the permission of their parents. . . .
>
> In 2022, California passed Senate Bill 107, which will give legal sanctuary to any one parent or child who decides to flee a state such as Alabama, Idaho, or Texas that has laws to prevent gender-affirming care in minors [such as hormone therapy, puberty blockers, and gender reassignment surgery]. . . .
>
> Washington has also introduced HB 1469, which would make it a sanctuary state for teens traveling from other states to undergo gender-affirming care and receive access to hormones and surgeries (London 202, 203, 210).

These laws have caused many parents to not only lose their children but also experience great heartache. It begins with emotional separation and moves to the physical.

Refutation

Activists say that gender-affirming care is needed for children, which would include all of the aforementioned things. Many argue that transgender people who lack gender affirming care face significantly higher suicide rates than people who identify with their biological sex. They

also add that someone can detransition down the road if they decide to. These are common misconceptions upheld by many transgender activists and sold to the ignorant.

Firstly, some say gender-affirming care is needed for children because trans-identifying people who have not transitioned face significantly higher suicide rates than those who have transitioned. According to CNN, a collection of studies done in the U.S. shows that "82% of people who identify as transgender said they considered killing themselves, and 40% have attempted suicide, with the highest numbers of suicides among trans youth" (Christensen). While CNN does not give a reason for why this could be, it does suggest it is a result of "'minority stress,' in which people are bullied, discriminated against, socially excluded or faced with general prejudice for who they are" (Christensen).

However, there is no evidence showing that "the only alternative to early medical transition for a child with gender dysphoria is suicide" (Grossman xxiii). A long-term Swedish study found that "ten years after gender transition surgery, trans-identified people were nearly 5 times more likely to attempt suicide and 19 times more likely to commit suicide than the gender population" (Broyles et al. 18). Activists claim the trans-identifying need to transition or they commit suicide. Although, as can be seen, while some trans-identifying people do experience suicidal thoughts, those who transition have higher suicide rates. Additionally, there is no evidence to show the only alternative to suicide *is* to transition.

Secondly, some say gender-affirming care is needed for children because someone can detransition down the road if they change their mind. They claim "the interventions that doctors would recommend for kids this young are completely safe and reversible" (Turban). At a young age, kids should stick with "social transition", such as a new name and pronouns. With the

cross-sex hormones, Turban claims that they are "not easily reversible"—implying they *can* be undone—and "are mostly cosmetic"—*mostly* (Turban). He does state that surgeries are irreversible.

On the contrary, social transition, or affirmation, will often lead to the physical things and take on a snowball effect. Not only that, but cross-sex hormones are also irreversible. Once girls' vocal cords thicken, these girls will always have deep voices, sharper jawlines, facial hair, and health problems that come with "T" and can never be reversed. Boys will also always keep their feminine features, along with all of the health problems that result from the estrogen hormones.

Activists continue to argue that gender-affirming care is needed for children because transgender people face significantly higher suicide rates than people who identify with their biological sex and someone can detransition down the road if they decide to return to their biological sex. As has been shown, studies from Broyles and Grossman refute these ideas.

In conclusion, the transgender contagion has been destructive to the development of children because it has led to the physical devastation and mutilation of children, the mental devastation and confusion of children, and the relational devastation and separation of children and their families. These statements are important for all adults to know, especially parents. Children are being brainwashed into thinking they were born into the wrong body and, as a result, are mutilating themselves.

From a young age, children explore the world around them, discover who they are, and dream about their future. They are known for their antics and imagination. While at times they may pretend to be something they are not, such as a dog, eventually, they will grow up to become who they were created to be. Biologically speaking, boys will grow up to be men and girls will

grow up to be women. That is . . . if those around them encourage them in the truth of their biology.

In this great country, citizens still have the freedom of speech. In today's culture, one must use it rightly, speak out against this contagion, and prevent any more children from destroying themselves. As Charlie Kirk said, "There are infants, protectors of infants, and predators." Be a protector. Stand up and speak out for truth—for the innocent who cannot speak for themselves. Biology cannot be denied. Do not sit on the sidelines and watch as generations fall at the hands of the predators. It is pure evil, so stand up and speak out. As Dietrich Bonhoeffer proclaimed, "Silence in the face of evil is evil itself."

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