

Wanting to protect my daughter's health does not make me a bigot

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By Susan Nagel

Susan Nagel is the mom of a 17-year-old girl who identifies as transgender. Nagel wrote this essay as a way to educate people who assume she is transphobic because she is unsupportive of her daughter's desire to medically transition. She hopes others may find this essay helpful if they are trying to educate friends, family members, teachers, doctors, therapists, or journalists. Nagel is using a pseudonym to protect the identity of her daughter. No permission is needed to reprint and distribute this essay.

About a year ago my then 16-year-old daughter told us she believes she is transgender. Soon after, she began begging to take testosterone, to wear a breast binder, to have others call her by male pronouns, and to legally change her name. Nothing about her childhood prepared us for this; she always had stereotypically feminine interests and tastes. She loved stuffed animals, preferred skirts over pants for school, chose bright pink paint for her room, and experimented with makeup and curling her hair. Over the course of a month or two after coming out, she changed from a generally cheerful person to a morose one who spent hours crying and who told me to hide the knives.

Before I go further, I think you should know the lens through which I view things. I am a liberal, and I fully support equal access to housing, employment, education, and healthcare for all marginalized people, including transgender people. I do not think being transgender is immoral or that gender diversity is disturbing. Still after spending many sleepless nights researching the transgender movement, I have come to be very afraid for my daughter. My fears are about the rush to turn physically healthy teenage girls and young women into permanent medical patients and to do so before their brains are fully developed and with almost no oversight by mental health professionals.



I encounter many well-meaning people who believe the transgender movement is simply a civil rights movement. They do not understand my concerns and assume I am ignorant or a bigot. I think it is because most people's knowledge of the transgender movement is limited to mass media accounts focusing on discrimination against transgender people or on an individual's struggle to be true to his or her self. Below are some things I wish people understood about how the transgender movement is impacting the health of children and young people along with some questions I would like people to ponder.

- 1. Few children who experience gender dysphoria grow up to be transgender.**

Gender dysphoria, a feeling of discomfort or distress with a person's own biological sex, is a temporary issue for a sizeable majority of the children who experience it. Studies show that only between 6% and 27% of children who experience gender dysphoria will grow up to be transgender. These statistics do not come from a conservative source. They are from the World Professional Association for Transgender Health Standards of Care.ⁱ

2. The drug regimen used to treat pre-pubescent children with gender dysphoria causes permanent sterility.

Some parents whose young children experience gender dysphoria place their children on drugs called puberty blockers to stop the onset of puberty. The rationale: postponing puberty will give a child time to decide which gender the child is. If the child later decides to transition, the child will more easily pass as a member of the opposite sex because the normal development of secondary sex characteristics was blocked. If the child decides not to transition, the child stops the puberty blockers, and normal puberty occurs. Those wishing to complete medical transition, must follow puberty blockers with the hormones of the opposite sex. When puberty blockers are followed by cross sex hormones, the child never undergoes puberty for his/her birth sex and will be unable to produce viable ova or sperm as an adult.ⁱⁱ

Sterility is unlikely to be the only problem caused by the typical treatment route of puberty blockers plus cross-sex hormones. The drugs used to block puberty are being used off-label; i.e. they have not been approved for this use by the Food and Drug Administration (FDA). According to Eli Coleman, a psychologist who heads the human-sexuality program at the University of Minnesota Medical School quoted in *The New Yorker*, "We still don't know the subtle or potential long-term effects (of puberty blockers) on brain function or bone development. Many people recognize it's not a benign treatment."ⁱⁱⁱ

Puberty blockers have been used for a number of years to treat precocious puberty and to allow short kids more time to grow. The FDA is currently conducting a review of nervous system and psychiatric events as well as deadly seizures among pediatric patients using GnRH agonists including one of the most common puberty blockers, Lupron. Over 10,000 adverse event reports in relation to Lupron usage have been filed with the FDA. According to *Kaiser Health News*, "...thousands of women have joined Facebook groups or internet forums in recent years claiming that Lupron ruined their lives or left them crippled." Complaints include osteoporosis, degenerative disk disease, and deteriorating joints.^{iv}

My questions are: If your child had a medical condition with a 73 to 94 percent chance of remitting without treatment, would you agree to experimental therapies with known serious side effects? How can it possibly be ethical to sterilize children before they are old enough to give informed consent? What parent can predict whether his/her child will prefer to be fertile or to pass as the opposite sex as an adult?

3. Not every person who medically transitions stays transitioned.

Although trans activists claim otherwise, it is not uncommon for transgender people who have transitioned, medically and/or socially (social transition includes adopting the dress, hairstyles,

names, and pronouns of the opposite sex) to eventually change their minds and detransition. For example, a 2016 survey on detransitioning posted online for only 10 days collected over 200 responses from detransitioned women.^v Blogs and videos of detransitioners are easy to find online.^{vi}

4. There is little research on the safety of the long-term use of cross-sex hormones for the purposes of sexual transition.

Using testosterone for the purposes of sexual transition is an off-label use of the drug.^{vii} One observational study of the immediate impact of testosterone treatment on females transitioning to male showed that testosterone impaired mitochondrial function and created a state of oxidative stress in the subjects' white blood cells.^{viii} Oxidative stress is associated with neurodegenerative diseases, gene mutations, cancers, heart and blood disorders, and inflammatory diseases among other pathologies.^{ix} Research on the long-term effects of using testosterone for transition is sparse.^x Given the effect testosterone has on the white blood cells of women, it seems reckless to me to prescribe this drug without further studies of its long-term effects.

Below are just a few items from a consent form that girls and women wishing to take testosterone must sign:

- “I understand that it is not known exactly what the effects of testosterone are on fertility...”
- “I understand that brain structures are affected by testosterone and estrogen. The long term effects of changing the levels of one’s natal estrogen through the use of testosterone therapy have not been scientifically studied and are impossible to predict. These effects may be beneficial, damaging, or both.”
- “I have been informed that using testosterone may increase my risk of developing diabetes in the future because of changes in my ovaries.”
- “I understand that the endometrium (lining of the uterus) is able to turn testosterone into estrogen and may increase the risk of cancer of the endometrium.”
- “I understand fatty tissue in the breasts and body is able to turn excess testosterone into estrogen, which may increase my risk of breast cancer and decrease or impede the desired effects of testosterone therapy.”
- “I have been informed that testosterone may lead to liver inflammation and damage. I have been informed that I will be monitored for liver problems before starting testosterone therapy and periodically during therapy.”^{xi}

My daughter sees nothing scary about this list. She is a teenager, and teenagers believe they are invincible. She reassures me that she would receive the treatments from a doctor, so in her mind, nothing could go wrong. She lacks the life experience that has taught me all medical treatments entail risks and side effects, many drugs are withdrawn from the market when they are later found unsafe, some medical professionals are motivated by profit, and that doctors make mistakes. In the study of detransitioned women mentioned above, the average age of transition was 17, and the average age of detransition was 22.^{xii} I suspect the timing of detransition had something to do with young women reaching sufficient maturity to calculate risks versus benefits.

In addition to the health risks, testosterone causes irreversible cosmetic changes. Male pattern baldness, facial hair, and a deepened voice follow transmen who detransition to reclaim womanhood.

I am shocked by how readily some friends accept the idea of using synthetic hormones for the purpose of transitioning teenagers. Some of these people avoid drinking milk from cows treated with bovine growth hormone and avoid eating inorganic vegetables or food tainted by genetically modified organisms. *If teenagers ingest risky chemicals for politically correct reasons, is the harm is somehow reduced?*

5. A thorough evaluation and therapy from a mental health professional are not required before a young adult medically transitions.

Several people have told me not to worry that my daughter might transition unnecessarily because a person must have a thorough evaluation by a therapist to assure he/she is truly transgender before receiving medical treatments. That may have been universally true at one time, but unfortunately it is no longer the case. In the survey of detransitioned women mentioned above, 117 of the surveyed women had medically transitioned. Only 41 (35%) of those women had received any therapy beforehand. The vast majority (68%) felt they had not received adequate counseling and accurate information about transition before transitioning.^{xiii} Some trans advocates say evaluation by a therapist should not be required for medical transition because they say being transgender is not a mental illness. Consequently, there has been a move toward informed-consent clinics. Under this scenario, any adult claiming to be transgender is allowed to receive medical transition treatments with a letter from a therapist stating they have been informed of the risks involved in transition and are capable of giving consent.

The website of RECLAIM, a St. Paul, Minnesota mental-health center for transgender youth ages 13 through 25, explains that the informed-consent process may take as little as two sessions to 10 or more. It also explains that the resulting letter to medical providers "...does not involve the evaluation of readiness..." for medical transition by the therapist.^{xiv} Call me old-fashioned, but I think most 18-year-olds could benefit from an evaluation of readiness.

The website of a St. Paul therapist specializing in gender issues, Bystrom Counseling and Consultation, tells potential clients that a number of Minnesota physicians "...are now comfortable prescribing hormones without written documentation of completion of (the) Global Review of risks and benefits from a therapist." The website goes on to list the medical clinics most often accessed for this purpose.^{xv}

University of Michigan Professor of Social Work Kathleen Levinstein wrote about her autistic daughter's medical transition for 4thWaveNow. Her daughter was a special-education student, who as an adult, qualifies for disability payments and is not capable of managing her own finances. She functions at such a level, that her mother had to explain to her that women who take testosterone do not grow penises. The day after her 18th birthday, the daughter's gender therapist approved a double mastectomy for the daughter after only two sessions together. The

daughter began testosterone treatments several months later. The daughter who also suffers from Crohn's Disease has been hospitalized three times due to adverse reactions to the hormone.^{xvi}

If transgender people are not ill, doesn't that make their treatments elective and therefore ineligible for insurance coverage? If transgender people are ill, don't they deserve a thorough evaluation and a diagnosis before undergoing medical treatments?

6. When children and teens experience gender dysphoria, they are often allowed to diagnose themselves as transgender.

Parents who convince a child to seek therapy before pursuing transition should know that many mental-health professionals especially those calling themselves gender therapists use an identity approach to treating gender dysphoria, also called the gender affirmative approach. Lisa Marchiano, a Philadelphia social worker, wrote an essay contrasting the identity model of therapy to the traditional mental-health model. Under the identity model, gender dysphoria can mean only one thing: that someone is transgender. Therapists are not allowed to use their own clinical judgement to analyze whether there might be other reasons people are feeling uncomfortable with their bodies. Marchiano states, "Our role as therapists becomes limited to enthusiastic affirmation only."^{xvii}

I witnessed the prevalence of this model in my own search for a therapist to help my daughter. I interviewed approximately ten therapists by phone before finding one who understood that teenagers experiment with identities and that teenagers' beliefs about who they are may change over time, something that used to be common sense and common knowledge.

In contrast to the gender-identity model of therapy, Marchiano says the mental-health model sees gender dysphoria as a symptom. The therapist's job is to help the client "...explore the symptoms without making assumptions about what the symptoms mean. In fact, while identity therapy knows what gender dysphoria means – i.e. that the client is trans – mental health therapy will start with the assumption that we have no idea what the symptom means. We must be open to the meaning that emerges for patients as we explore their experience with them."^{xviii}

What besides being transgender could cause gender dysphoria? In a letter to the American Psychological Association, Marchiano says the survey of detransitioned women in addition to the online writings and videos of detransitioners indicate "...that many who underwent transition feel that they were doing so as a maladaptive coping mechanism to deal with trauma, anxiety, social difficulties, or other issues. The majority of detransitioners speaking out online now identify as lesbian, and many of them feel that internalized homophobia played a part in their believing that they were men."^{xix}

As a woman, I fully understand the impulse to transition to stay safe and sane in a misogynistic world. But please, let's not view women attaining better camouflage through transition as progressive. Progress occurs when women no longer feel a need to hide.

Studies show most children no longer feel gender dysphoria as adults. It is easy to find examples of people detransitioning. ***So why do gender therapists assume that every instance of gender***

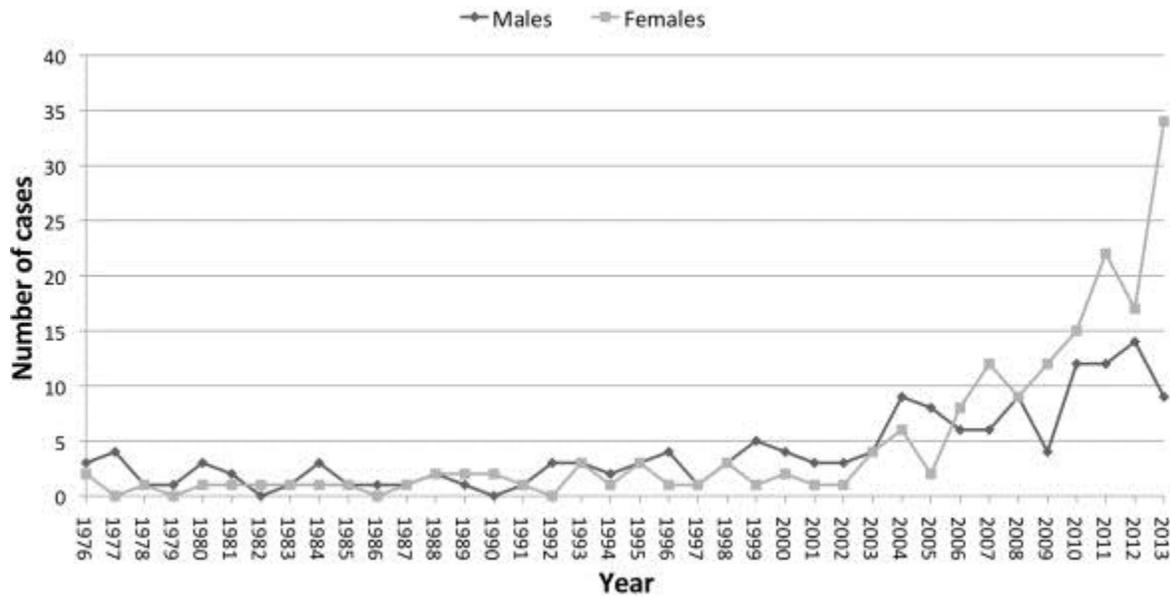
dysphoria indicates that a person is transgender? We used to require people to have advanced degrees and licenses to make mental-health diagnoses. *Why are we, in effect, allowing children and teenagers to diagnose themselves?*

7. There is no persuasive evidence that gender transition reduces suicidality in children with gender dysphoria.

One of the scariest things a parent in my position encounters is the widely reported increased risk of suicide among transgender people. Many people believe transition is the only way to prevent suicides among transgender youth. A common sentiment is, “Would you rather have a dead daughter or a live son?” I encourage anyone with this concern to read a recent essay by Michael Bailey and Ray Blanchard. Their key take-away is, “There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves. The idea that mental health problems—including suicidality—are caused by gender dysphoria rather than the other way around (i.e., mental health and personality issues cause a vulnerability to experience gender dysphoria) is currently popular and politically correct. It is, however, unproven and as likely to be false as true.”^{xx} There are, in fact, some studies that show higher suicide rates for transgender people who have transitioned compared to those who have not.^{xxi}

While there is no proof that transition reduces suicidality, teenagers are coached by others on sites such as reddit and Tumblr about how to use suicide threats as a bargaining chip. In one of the more chilling reddit exchanges reposted on the website *Transgender Reality*, an 18-year-old whose father is concerned about the wisdom of hormone therapy is asked by a commenter, “Are you ready to talk to him (the father) about the possibility of suicide? Or do you want to couch it more gently, and say you ‘can’t go on living like this’ etc.?”^{xxii} In another post, a 14-year-old is told, “...communicate to your parents that this is not optional. It is either this or depression, isolation, suicide.” Finally, a 13-year-old is told to tell his parents, “If you don’t help me like you need to as the parents who made me, I’ll wind up bitter, miserable or dead.”^{xxiii}

8. Some psychologists and mental health professionals believe teenage girls and young women are experiencing a new type of gender dysphoria caught from peers and through exposure to the concept online.



Graph from <https://4thwavenow.com/2015/07/10/why-are-more-girls-than-boys-presenting-to-gender-clinics/>

Up until about 7 years ago, more boys than girls presented with gender dysphoria at gender clinics in western countries. Around 2010, the number of girls started to exceed the number of boys and began to increase significantly.^{xxiv} Many girls experiencing gender dysphoria in the past decade have a different profile than they did in earlier years. In the past, girls with gender dysphoria began expressing discomfort with feminine clothes, interests and toys during preschool. Most would eventually become comfortable with their biological sex while dysphoria would persist into adulthood for some. Now many girls are first experiencing gender dysphoria suddenly in adolescence. Some researchers are calling this phenomenon rapid onset gender dysphoria (ROGD) and theorize it may be a kind of social contagion spread among friends and through the internet.^{xxv}

A 2016 survey of 164 parents of transgender adolescents and young adults demonstrates the current contagious nature of gender dysphoria among young women. Eighty-five percent of the parents surveyed had transgender youth who were biologically female with an average age of 15. In the general population, less than one percent of young adults would be expected to be transgender, however, many of the parents in this survey said that multiple members of their child’s pre-existing friend group were also declaring themselves transgender. To be exact, 50 percent of a youth’s pre-existing friend group became transgender in close to 40 percent of the friend groups described in the study. The average number of friends becoming transgender was 3.5.^{xxvi}

Psychologists Ray Blanchard and Michael Bailey recently reported that young people with ROGD (primarily girls) falsely come to believe that all their problems are due gender dysphoria. Girls with ROGD often become obsessed with the idea of transition, and their mental health and social relationships deteriorate. The subculture surrounding ROGD includes attributes found in cults including an “... expectation of absolute ideological agreement ...and encouragement to cut off ties with family and friends...” who do not agree with them.” Since ROGD is “...based on a false belief acquired through social means,” Bailey and Blanchard believe transition will not help

youth with this condition. They pull no punches: “If knowledge is power, then lack of knowledge is malpractice. The ignorance of some leading gender clinicians regarding all scientific aspects of gender dysphoria is scandalous.”^{xxvii}

My own daughter’s experience of gender dysphoria matches the description of ROGD closely. She first began experiencing gender dysphoria as a teenager. Four member of her pre-existing friend group also began identifying as transgender in their teens. Because I have expressed doubts about her transgender identity and voiced opposition to medical transition, she refuses to talk to me about those subjects much as a cult member refuses to listen to anything that contradicts his/her beliefs. Her mental health and relationships with family have suffered.

9. Many people stand to gain financially by the boom in children, teens and young adults seeking medical transition.

Quite an industry has built up around the treatment of transgender people. In 2007, there was one transgender clinic that served children in the United States; now there are 40.^{xxviii} Transgender people who medically transition become permanent medical patients. To maintain their transitions, they must take hormones and have regular blood tests for the rest of their lives. Puberty blockers, hormone treatments, blood tests, genital electrolysis, facial electrolysis, laser body hair reduction, breast augmentation, facial feminization surgery, orchiectomies, vaginoplasties, colovaginoplasties, metoidioplasties, phalloplasties, and double mastectomies are some of the expensive treatments that may be pursued by transgender people.

Additional treatments may be needed to address complications resulting from medical transition treatments. The Truth About Transition Tumblr blog has compiled posts by female to male transitioners who have experienced difficulties. One trans man posts a video about multiple doctor visits he made recently to correct his testosterone levels and stop bleeding, leading him to 1) increase his testosterone dosage, 2) start taking progesterone, and 3) to go on Lupron, usually used as a puberty blocker. Another young trans man expresses his weariness anticipating his 20th transition-related surgery. The latest surgery is a third attempt to treat an abscess that developed during his surgical pursuit of a penis.^{xxix}

Revenue from testosterone sales has increased dramatically in recent years. Testosterone sales generated \$2.4 billion in revenue in the United States in 2013. The projection for 2018 sales is \$3.8 billion, a 58 percent increase.^{xxx} While testosterone is used for purposes other than sexual transition, the increase in revenue correlates with the proliferation of gender clinics.

In addition to risky medical treatments, many girls and women use binders to compress their breasts and make their chests appear flatter. Binders have side effects such as back pain, shortness of breath, and rib fractures. When I Googled the term, “binder risks,” the first site that popped up was a plastic surgery clinic that does “top surgeries” for girls/women who want to transition to male. Yes, the folks who will profit by cutting off girls’ healthy breasts want to make very sure girls and their families understand the risks of binders.^{xxxi}

What other civil rights movement has involved supporting body modifications for minors and young adults?

I have never felt so alone. People who would normally be allies for parents of a troubled child including therapists, doctors, teachers, and friends support this madness. I can only assume it is because they believe some or all of the following:

- Only transgender people experience gender dysphoria.
- Being transgender is always an innate and permanent condition.
- People with gender dysphoria receive careful evaluation and therapy before being allowed to medically modify their bodies.
- Transgender minors are not being allowed to make permanent changes to their bodies.
- Transition-related medical treatments are well-tested and proven safe.
- Children, youth and adults always fully understand why they are feeling dysphoric.
- Physicians and drug companies would never experiment on children or put profit ahead of patients' best interests.
- Research has proven that transition prevents suicide.

None of it is true.

A friend told me recently that I have nothing to gain by resisting my daughter's desire to transition. I strongly disagree. If resistance means my daughter postpones medical treatments until she can weigh the risks versus the benefits with more maturity, I gain plenty. If I can buy more time for her to discern whether her dysphoria really means she is transgender or whether something else precipitates her discomfort, I gain plenty.

I feel genuine rage toward the therapists and doctors who are complicit in the pursuit of medical transitions for kids, teenagers and young adults. You swore you would first do no harm. *You should be ashamed!*

If anyone working in the malpractice insurance industry happens to read this story, I have one final question specifically for you. ***Is it wise to cover the therapists and doctors involved in the transition of children and youth?*** When the lawsuits begin, I hope the settlements are breathtaking.

Resources:

Additional information on Rapid Onset Gender Dysphoria may be found at:

<http://quillette.com/2017/10/06/misunderstanding-new-kind-gender-dysphoria/>

<https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

<https://thejungsoul.com/new-guidance-for-rapid-onset-gender-dysphoria/>

<https://thejungsoul.com/guidance-for-parents-of-teens-with-rapid-onset-gender-dysphoria/>

Parents of kids with ROGD can find support at the online forum, Gender Critical Support Board, at: <https://gendercriticalresources.com/Support/forumdisplay.php?fid=24>

Parents of kids with ROGD can seek a local support group at:

<https://www.parentsofrogdkids.com/support-groups>

Websites for gender critical parents:

<https://4thwavenow.com/>

<https://www.transgendertrend.com/>

Endnotes:

ⁱ http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

ⁱⁱ <http://wpath2016.conferencespot.org/62620-wpathv2-1.3138789/t002-1.3139895/f029-1.3139992/0706-000235-1.3139994>

ⁱⁱⁱ <https://www.newyorker.com/magazine/2013/03/18/about-a-boy-2>

^{iv} <https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>

^v <http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

^{vi} <https://purplesagefem.wordpress.com/tag/ftm-detransitioners/>

^{vii} <https://www.fda.gov/Drugs/DrugSafety/ucm436259.htm>

^{viii} <https://www.ncbi.nlm.nih.gov/pubmed/24251401>

^{ix} <https://www.news-medical.net/health/What-is-Oxidative-Stress.aspx>

^x <https://4thwavenow.com/2015/04/14/the-testosterone-guinea-pigs-arent-being-recruited/>

^{xi} http://fenwayhealth.org/documents/medical/transgender-resources/Informed_Consent_-_Testosterone_Therapy.pdf

^{xii} <http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

^{xiii} <http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

^{xiv} <https://reclaim.care/informed-consent/>

^{xv} <http://www.janetbystrom.com/gender-identity-and>

^{xvi} <https://4thwavenow.com/2016/05/06/social-work-prof-speaks-out-on-behalf-of-her-ftm-autistic-daughter/>

^{xvii} <https://thejungsoul.com/layersofmeaning/>

^{xviii} <https://thejungsoul.com/layersofmeaning/>

^{xix} <https://youthtranscriticalprofessionals.org/2017/03/08/a-letter-to-the-apa/>

^{xx} <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>

^{xxi} <https://youthtranscriticalprofessionals.org/2017/03/08/a-letter-to-the-apa/>

^{xxii} <https://transgenderreality.com/2015/04/17/just-tell-her-to-shut-the-fuck-up/>

^{xxiii} <https://transgenderreality.com/2015/03/04/when-suicide-is-presented-as-the-logical-alternative/>

^{xxiv} <https://www.ncbi.nlm.nih.gov/pubmed/25612159>

^{xxv} <http://quillette.com/2017/10/06/misunderstanding-new-kind-gender-dysphoria/>

^{xxvi} [http://www.jahonline.org/article/S1054-139X\(16\)30765-0/fulltext](http://www.jahonline.org/article/S1054-139X(16)30765-0/fulltext)

^{xxvii} <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

^{xxviii} <https://thriving.childrenshospital.org/norman-spack-saving-transgender-lives/>

^{xxix} <http://truth-about-transition.tumblr.com/>

^{xxx} <https://www.statista.com/statistics/320301/predicted-annual-testosterone-drug-revenues-in-the-us/>

^{xxxi} <http://www.ftmtopsurgery.ca/blog/ftm-faq/health-consequences-chest-binding/>