



# Challenging the Establishment on Childhood Gender Transitions

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A 23-year-old woman named Keira Bell recently brought a pivotal lawsuit against the National Health Services Gender Identity Development Clinic in London, better known as the Tavistock Clinic. Keira experienced significant personal harm from puberty blockers, testosterone and an operation to remove her breasts. She claims the medical staff at the clinic failed to challenge her seriously about her decision as a teenager to transition to a male. In a landmark ruling delivered in December 2020, a British court upheld her claim that she'd been rushed through gender reassignment without proper safeguards.

Keira represents the leading edge of a new class of young people struggling with gender dysphoria who, as they become adults, are starting to push back against various "gender affirmation" interventions perpetrated against them, even, in some cases, seeking legal recourse and financial redress. As these intrepid individuals challenge the status quo, they are becoming known as "trans-desisters" or "de-transitioners."

When Keira was 16 and struggling with gender dysphoria, she was referred to the Tavistock Clinic and was almost immediately launched down the medical path.

After three one-hour long visits to the medical facility, she was prescribed puberty blockers, powerful drugs that delay the development of signs of puberty. In an interview with the British Broadcasting Corporation, she stated that there hadn't been adequate investigation or therapy prior to that stage.

"I should have been challenged on the proposals or the claims that I was making for myself," she said. "I think that would have made a big difference."

Later she was prescribed the male hormone testosterone, to help her develop male features like a beard, moustache and a deep voice. A few years later she underwent a mastectomy.

"Initially I felt very relieved and happy about things, but I think as the years go on, you start to feel less and less enthusiastic or even happy about things."

"You can continue to dig yourself deeper into this hole or you can choose to come out of it and have the weight lifted off your shoulders."

She stopped taking the cross-sex hormones at age 22 and says she has come to accept being female now. She remains upset, however, about what had happened to her over the last decade.

# Making Sense of Bioethics

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"I was allowed to run with this idea that I had, almost like a fantasy, as a teenager.... and it has affected me in the long run as an adult."

Vulnerable young people, caught up in the pressure of the moment, have too easily been drawn into life-altering pathways involving medications and scalpels with their frequently irreversible effects. Puberty blockers, cross-sex hormones and complex surgeries can all lead to permanent damage, even the destruction of a young person's reproductive organs and fertility.

Now in her early 20s, Keira soberly observes, "I'm very young. I've only just stepped into adulthood and I have to deal with this kind of burden or radical difference."

Parents have a serious obligation to protect their children from the gender-reassignment industry, which profits handsomely from the lucrative, long term hormone prescriptions and the multiple complex surgeries. When parents give consent for cross-sex interventions on their children, they will often do so under pressure from clinicians and professional societies like the American Academy of Pediatrics (AAP).

Keira and other detransitioners insist that extended waiting periods,

with appropriate questioning and challenging of young people, need to occur as part of a good psychotherapeutic response to claims of gender dysphoria. The AAP, meanwhile, strongly discourages such approaches, telling pediatric primary care providers, in an official statement, "to be a reliable source of validation, support, and reassurance," and exclusively to pursue "affirmation-based approaches" for children's mental health services, including pharmacological and surgical interventions.

As James Cantor, Director of the Toronto Sexuality Centre, noted in a critical review of the AAP statement,

Although almost all clinics and professional associations in the world use what's called the watchful waiting approach to helping gender-diverse children, the AAP statement instead rejected that consensus, endorsing gender affirmation as the only acceptable approach.

The available studies reveal, moreover, that the majority of pre-adolescent children who present as "trans" eventually revert to the iden-

tity that accords with their biological sex. Those studies indicate at least 67 percent of gender diverse children cease wanting to transition by puberty as long as "gender affirmation" approaches are not pursued or advocated.

Keira sums up her experience this way:

I look back with a lot of sadness. There was nothing wrong with my body. I was just lost and without proper support. Transition gave me the facility to hide from myself even more than before. It was a temporary fix.

These first-hand testimonies from brave and outspoken detransitioners like Keira Bell should prompt us to listen closely to their stories and beware of "affirmation-based approaches" that often cloak the betrayal of our gender-confused youth.

*Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.*

