

How 'gender identity theory' is harming children: one party member's research journey

A member article



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16 JAN 2023



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114



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[Commenting turned off at 10 a.m., 19 January 2023.]

Recently, Linda Gale and Rohan Leppert – both respected, hard-working members of the Party – were attacked both publicly and within the Party over their views, and perceived views, on trans rights issues. I was outraged by the public nature of these attacks and the use of social media to make them. I know both members quite well from working with them on various Party committees, and was bewildered at the vitriol hurled at them, including the accusations that they were 'anti-trans bigots' and 'TERFS' ('trans exclusionary radical feminists').

These events launched me on a research journey about what I now know is called 'gender identity theory' (GIT), which is what party policy supports and promotes. My main contention in this article is that we must allow respectful and nuanced discussion within the Party about trans rights issues and the current party policy in respect of them.

It is important to understand exactly what the ideology behind GIT is. Disturbingly, I discovered that at the heart of GIT is a denial of the scientific reality that there are two biological sexes: male and female. This is a scientific fact acknowledged by evolutionary biologists (see [here](#) and [here](#)), medicine and the law. There are indeed some people born as intersex, but the numbers are tiny (0.018%) and in any event do not give rise to the existence of additional sexes. (There are also a number of other chromosomal variations which can result in medical conditions but these are not different sexes either.) However, according to GIT, this is not the case. Rather GIT holds that babies are merely 'assigned' a biological sex at birth by their doctor or

parents based on what their 'observed' genitals are. GIT states that if you feel uncomfortable with aspects of traditional gender stereotypes then you are in the wrong body and need to 'align' your body with how you feel. Significant medical and surgical treatment is then recommended with lifelong dependence on high impact medication. I have not yet seen any scientific evidence to support GIT, which has been developed by **academics from the humanities disciplines, not scientists**.

There is no problem with anyone expressing how they feel and behaving in ways that do not fit gender stereotypes. When I was young, I too rebelled against gender stereotypes. That led me into feminism because, in my view, such cultural and societal stereotypes were the problem. These days, I have discovered, many gender non-conforming children are told by those who follow GIT that they may not be the sex they were 'assigned' and that any distress they feel about their bodies may be explained by a trans identity. In some cases, these children will indeed adopt a trans identity, and a subset of these may also wish to pursue hormonal and physical changes.

You may wonder why any of this presents a problem? You may be thinking, if the concept of gender identity is a useful way of alleviating distress among gender non-conforming people, especially children, then perhaps we should go along with it. You may also consider it imperative if we are to uphold our commitment to inclusivity and diversity. But acceptance of this ideology leads to real world consequences which are harmful. There are legitimate questions around single-sex spaces for biological women being infringed upon and there is a debate to be had around this. But my main concern here is the harm being done to children in the name of GIT.

A recent development is that the UK's National Health Service (NHS) has decided to close the Tavistock Gender Identity Development Service (**Tavistock GIDS**) in London following a damning **review of its practices** by a leading paediatrician, **Dr Hillary Cass** (**Cass Review**). The Cass Review highlighted significant issues with the way that children and teenagers were being treated under the 'gender affirming care model'. This model, promoted by activists and **party policy**, and currently **the law in Victoria**, holds that any person (including a child) who feels that their gender identity is different to their sex must be 'affirmed' in this belief and must not be prevented from pursuing significant medical and surgical treatment that involves a lifetime on medication. The affirmation model assumes the individual has 'discovered their true

gender identity' and too often excludes the exploration of other psychological problems or factors that may have contributed to the child's distress.

This is a common theme running through the harrowing accounts of the increasing numbers of 'detransitioners' – people who cease or reverse their transgender identification or gender transition – who are now telling their stories. Significant medical and surgical interventions have left them with physical health problems, as well as psychological problems (see [here](#) and [here](#)). While the extent of detransition is disputed, nobody denies that detransitioners exist. The fact of their existence is enough for us to be concerned about potential risks and harms in the affirmation model.

For children, transition often starts with the use of puberty blocking drugs, to prevent the onset or development of puberty. These powerful drugs were previously only used to treat rare conditions such as precocious puberty or to chemically castrate sex offenders. Early justification for using puberty blockers rested on the principle of 'first, do no harm', and so, if a child believes or knows themselves to not be the gender their pubescent body will develop towards, it is better to pause that development until the child is old enough to make a mature decision. After all, it was thought, the puberty blockers did no permanent damage – their effects could later be reversed if the individual changed their mind.

Unfortunately, the evidence is now mounting that puberty blockers are themselves doing irreversible harm. The Cass Review expressed concerns about the use of puberty blockers, and recent research (catalogued [here](#)) indicates that they are not reversible. They may disrupt brain development and bone density growth, and lead to health problems like osteoporosis. Concerns about cognitive, metabolic and cardiovascular effects have also been expressed by a [Harvard University professor of medicine](#). This treatment has now been suspended or paused in many countries – including Sweden and Finland, countries noted for their progressive attitude towards transgender people – pending further research into whether there is any benefit to taking them. Meanwhile, [the risks are becoming clearer](#). The NHS, in the wake of the Cass Review, has issued [new draft guidelines](#) for the treatment of minors who declare they have gender confusion, and is pausing the use of puberty blockers and recommending psychological assessment and care instead. According to these new guidelines, ['in most pre-pubertal children, gender incongruence does not persist into adolescence'](#). Here in Australia, however, puberty blockers are still being used by

gender clinics like the Royal Children's Hospital Gender Service (RCHGS) which continues to claim that they are 'reversible'.

The next 'stage' in transitioning involves the use of cross-sex hormones such as testosterone and oestrogen. These can also have lasting health effects and may lead to infertility. The last stage is surgery which is largely irreversible. Examples include double mastectomy, removal of the penis, or surgical creation of a vagina.

In the UK, over the decade to 2018, referrals for gender treatment increased by 45 times for girls and 12.5 times for boys. Previously, most of those who transitioned were adult males. In Australia, over the 8 years to 2021, children being treated in public adolescent gender clinics increased by 9.8 times. This figure does not include children treated in private practice, and so is likely to be significantly less than the total. Referrals to the RCHGS over the decade to 2021 increased by 45 times. Such rapid increases should serve as a red flag that there could be other issues present. Pre-adolescent and teenage girls, for example, are very concerned about body image issues and often experience psychological problems such as eating disorders. Some of those treating children wishing to transition are now concerned about the influence of social media and 'social contagion'. In my view, the precautionary principle should be followed.

All of this is now starting to show up in a number of court cases against gender clinics, doctors and psychiatrists who used the gender affirming care model. In the UK, there is speculation that there may be over 1,000 medical negligence claims against the Tavistock GIDS. In Australia, a court case has been launched by a detransitioner against her psychiatrist alleging negligence in not assessing her case properly and rushing her into cross-sex hormones and surgery including a double mastectomy and the removal of her ovaries, fallopian tubes and uterus. She is now unable to have children.

(Further recent information on the medical science regarding youth gender transitions can be found [here](#).)

In light of these developments and evidence of harm, it is essential that respectful discussion occurs in the Party around the current party policy of support for GIT and the gender affirming care model. At present, any attempts to have such discussion are immediately shut down with cries of 'transphobia' and 'bigotry', and the plea that it is too upsetting for transgender members who feel that their existence is being denied.

This is not the case. Language always matters, and it is important to understand that those labelled 'gender critical' and called transphobic and anti-trans are primarily stating their acceptance of the dimorphic nature of biological sex as supported by science. This does not constitute denying the existence of transgender people or their right to exist or live as they please. One of the more unfortunate aspects of this debate has been that most people reported as opposing GIT publicly have been from the right-wing or conservative side of politics. Some of these critics do use harmful and abusive language, and indeed some are bigots. But now anyone who criticises GIT is improperly grouped with them. Thus, **it is even more important that we hear voices from the left** (e.g. feminists and from within the Party) who are prepared to raise the scientific facts around biological sex as a starting point to discussion.

I fully support anyone who has transitioned or any adult who wishes to do so. But, as a party that professes an evidence-based approach, the Party must ground any discussion in science, just as we do with climate change. It is not 'denying the existence' of transgender people to work from a scientific basis. The mounting evidence of harm caused to children by the unconditional support of the gender affirming care model should concern all of us and must be examined. We can no longer accept statements from trans activists and certain members who hold public office that this issue is 'not up for debate', and that anyone who does not completely agree with them is a hateful, transphobic bigot.

Two questions need to be asked and answered. First, is it transphobic to accept the scientific basis for two biological sexes? Secondly, is it transphobic to raise concerns about the medical care provided to children? I think that the answers are clearly 'no' and 'no'. I challenge fellow party members to ask and answer these questions for themselves. Discussion of these and other sex and gender related matters is not only desirable, it is necessary if we are to convince the electorate of the merit of our policies and succeed as a political party.

26 Likes



A guest post by

Marian Smedley

Australian feminist and Greens member since 2010 who has just discovered how harmful this 'gender identity theory' is. Joined the Greens

in 2010 and has been active in the Victorian Greens until recently moving to WA.

114 Comments

Commenting has been turned off for this post



Hailey Somerville Jan 17 · edited Jan 17

I contacted Marian in private yesterday to discuss this article. I had a few direct questions to ask her about the claims she makes in this article.

Marian avoided answering several of my questions, instead telling me I should read the references, before ending our conversation with a one sentence email: "My 'claims' are scientific fact Hailey as stated in the references"

It is often said, including by Marian in this very article, that we need a respectful discussion and debate in the party about these matters. So I am surprised that when engaged politely, Marian refuses to directly substantiate her own claims.

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1 reply



Effy Elden Jan 16

A critique of this article has been published at

<https://severalproblems.press/2023/01/16/several-problems-how-gender-identity-theory-is-harming-children/>.

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