Comment on harmful practices: the transgendering of children as a harmful emerging practice in Australia

For the attention of:

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The practice of transgendering children is on the rise in Australia and internationally and should be understood as an 'emerging' harmful cultural practice. In this practice children are diagnosed by psychiatrists as suffering from 'gender identity disorder in childhood' and placed on puberty delaying drugs until they reach 16 years old, and cross sex hormones from then until they are 18, when it is expected that they will

have their sexual organs surgically removed. This practice affects both girls and boys, and does not, therefore, fit neatly into the criteria for the recognition of a harmful cultural practice i.e. 'harmful to the health of women and girls'. However, the practice arises from the same source as practices harmful to women and girls, the imposition of stereotypical notions of gender and should, on that basis, be included.

This practice was carried out on three children in Australia in the last decade. Alex, a 13 year old girl, was transgendered after a Family Court of Australia order in 2004 (Family Court of Australia, 2004; Jeffreys, 2006). Brodie, a 12 year old girl, was transgendered after such an order in 2008 (Family Court of Australia, 2008), and Jamie, a 10 year old boy, in 2011 (Family Court of Australia, 2011). Other children under the age of 18 have also been transgendered in this period, but these three cases have received most attention because of the young age of those so treated. The practice of transgendering children before puberty is on the rise in western countries as a result of a campaign by adult transgendered persons in organisations such as the Gender Identity Research and Education Society (GIRES) in the UK. They argue that this practice obviates the need for expensive and difficult surgeries later, when they expect that the children will become adult transgendered persons and require the removal of sexual characteristics. They consider that it will enable the males, in particular, to more easily pass as women, without the height and bone structure that would otherwise make this difficult.

The transgendering of children should be understood as one of those 'customs and practices' which constitute discrimination, not necessarily 'against women' but certainly on the basis of sex (CEDAW, Article 2 (f)). This is an increasing practice

which originates in ‘prejudices’ which are based on the idea of ‘stereotyped roles for men and women’ (CEDAW, Article 5 (a)). The diagnostic criteria proposed for gender identity disorder in childhood (to be called ‘gender dysphoria’) for the new version of the US Diagnostic and Statistical Manual, which mental health professionals rely upon, consist specifically of stereotyped roles for the sexes:

- in boys, a strong preference for cross-dressing or simulating female attire
- in girls, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- a strong preference for cross-gender roles in make-believe or fantasy play
- a strong preference for the toys, games, or activities typical of the other gender
- a strong preference for playmates of the other gender
- in boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play
- in girls a strong rejection of typically feminine toys, games, and activities (DSM5, 2011).

These criteria render gendered characteristics essential and attach them securely to particular biological sexes in ways which the women’s rights as human rights movement has always challenged.

The case of ‘Jamie’ in the Family Court of Australia provides a useful example of how this works. Jamie was one of twin boys of 10 years and 10 months old. Agreement in the Court to the transgendering of Jamie was straightforward because he was identified as ‘a very attractive young girl with long blonde hair’, that is he conformed really well with cultural stereotypes of what a girl should look like (Family Court of Australia, 2011, Reasons for Judgment, 2). Jamie’s parents gave the

necessary evidence to prove that Jamie had the disorder, saying that he 'first began identifying with the female gender when she (the transcript uses female pronouns) was about 2 ½ to 3 ½ years old. She chose female orientated toys, began to identity with female characters on television or in movies, and told her mother: "Mummy, I don't want a willy, I want a vagina." (Family Court of Australia, 2011, Reasons for Judgment, 12). He also 'sought the friendship of girls' (Family Court of Australia, 2011, Reasons for Judgment, 14). According to his mother, the 'turning point' was when Jamie wanted to wear a 'ball gown' on an outing to see "Phantom of the Opera" (Family Court of Australia, 2011, Reasons for Judgment, 17). Jamie was taken to see a psychiatrist in October, 2007 when he was seven years old, and was diagnosed as having gender identity disorder in December that year.

Harmful traditional practices are, in the UN definition, damaging to the health of women and girls. The damaging health consequences of the practice of transgenderism are considerable. For children the practice makes them sterile, because if the children are not permitted to experience puberty their ova and semen do not mature (Brill and Pepper, 2008). Forced sterilisation and sterilisation of those too young to give consent has been opposed in an international campaign which includes the aim of ending the sterilisation of girls with intellectual disabilities at the behest of their parents. Arguments against the sterilisation of children should be extended to the sterilisation of children through transgendering them. The transgendering of children damages bone health, it alters height, it leads, in girls to early hysterectomies at 18 years, or whenever the surgery to remove sexual organs is carried out, and menopause if the administration of testosterone is interrupted. The lifelong drugs involved have

numerous harmful health consequences, such as the danger of liver cancer (Jeffreys, 2006).

A handbook for parents and professionals on the transgendering of children speaks of other serious effects of the transgendering of children. It says that birth defects may occur in children born to 'transmen taking testosterone prior to pregnancy' (Brill and Pepper, 2008, p. 219). There is no research on this but there is 'anecdotal evidence' of an increased incidence. They also warn that genital surgery can lead to the absence of sexual feeling, and comments that young people may not understand the importance of this. There is no research to indicate how the treatment of prepubertal children will affect their future health because the practice is new and untested. Indeed the international Endocrine Society in its 2009 guidelines on gender identity disorder which recommend puberty delaying drugs for children, does comment that nothing is known about the long term effects of this treatment on the health of the children involved (Endocrine Society, The, 2009).

Other aspects of harmful cultural practices are clearly applicable to the transgendering of children. For example, a 1995 UN Factsheet says that harmful cultural practices "reflect values and beliefs held by members of a community for periods often spanning generations" and they are for the "benefit of men" (United Nations, 1995, p. 3). The belief that gender roles are biological is a foundational value of male dominant societies, and benefits men because their gender role entitles them to benefits and privileges including servicing by women, and political power. In the case of the transgendering of children, it is assumed that the biologically determined gender role has somehow mistakenly migrated to a child of the wrong sex. Since the

role is seen as correct and the body ‘wrong’, the incongruity is treated by the chemical and surgical reconstruction of the body. The practice of transgendering children shores up stereotypical gender roles and helps to delay the considerable, and inevitable, changes that result from women’s greater equality.

Harmful cultural practices “persist” the Factsheet tells us, “because they are not questioned and take on an aura of morality in the eyes of those practicing them” (United Nations, 1995, p. 3). The practice of transgendering children reveals that stereotypical gender roles are still widely believed, particularly by the medical profession which diagnoses and treats the children, to be desirable and unavoidable. Those who treat children with body changing drugs believe that this is the morally correct course.

The transgendering of children is increasingly practised in western countries, and at younger and younger ages, consonant with the fact that the age of puberty is becoming younger. The age at which the surgery is performed is beginning to be reduced also, though the Endocrine Society’s guidelines say it should not be performed before 18 years (Endocrine Society, The, 2009). In Germany in 2009 a 16 year old boy had his genitals removed to become a ‘girl’ (The Telegraph, 2009). The severity and significant consequences of this practice, such as sterilisation, suggest that it should be understood as a most egregious harmful cultural practice. Such an understanding would be useful towards bringing this practice to an end.

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