Gender Ideology

(Unfortunately, you have been fooled)

HARD-HITTING CONTENT FOR CURIOUS YOUTH

For ages 16 and over

Dr. Tal Croitoru

Have you been told that 'sex and gender are different things' or that 'female is sex’ and 'woman is gender'?

Let's debunk some nonsense that was sold to you by manipulative people pushing an agenda.

1. Mammalian and avian species reproduce sexually. They each have males and females for this purpose. For instance, a lioness, a hen, and a cow are all females. The word "female" describes members of any given species with egg-producing capacity. It does not only describe humans with this capacity.

2. Each species has a designated name for its female and male members. For example, hen and cock, lioness and lion, cow and bull. It is the same with humans. Our words for male and female humans are "man" and "woman". These denote species and sex, both objective biological facts.

The word "woman" does not refer to a feminine gender identity, or any other wholly subjective experience. It describes a dual biological reality, namely species and sex, for any given adult human female.

What is gender?

The meaning of the word 'gender' constantly changes.

The term used to be synonymous with the word 'sex', because 'sex' also refers to sexual intercourse. For example, the term 'gender equality' meant equality between the sexes.

After that, it was turned into a useful concept for social analysis. 'Gender' was used to mean the social roles and expectations assigned to sex, namely concepts of masculinity and femininity.

In recent years, the word has been virtually stripped of substantive meaning. It is used to mean a subjective sense of being male, female or something else entirely. However, sex is a material fact, not a state of mind. In short, 'gender' is now useless terminology.

In addition to the above, it is impossible to prove the existence of a state of mind. People can easily make false claims about their feelings. They may have all kinds of reasons to do so.

Further, subjectivity varies between individuals. So, 'gender identity' is really just based on sex role stereotypes. It is not reality-based, because reality is objective, not a mental state.

Finally, why should someone's subjectivity matter when it comes to biological and material facts? Must we also consider someone's mental state before their actual age? What if a 7-yearold boy feels 18 years old, or a fifty-year-old man claims he feels 12 years old and wants to join the sixth grade? What about body weight? Should one compete in sports based on their actual body weight or an
inner feeling about it?

What about an inner feeling of someone's height?
What about an inner feeling of someone's national or ethnic origin?
What about an inner feeling of someone's marital status?

We all have the right to our feelings, but should this really include the right to force everyone else to play along, regardless of the reality? What about other people's rights?

You don't have to feel like a man to be a man or feel like a woman to be a woman. The words "man" and "woman" refer to biological realties, not feelings. It is completely normal not to feel male, or female, because biological sex is not a feeling in the first place. You're not 'trans' if you don't have a feeling of being your sex. Anyone telling you otherwise is trying to sell you something, often medical interventions that don't benefit you.

Women can't be transwomen. Only men can be transwomen. Transwomen is a subgroup of men. The same is also true for women and transmen.

When men are made to believe the lie that they can be women, they are pushed towards an unattainable goal, which creates or heightens distress. They then try to make themselves feel better with more and more chemical and surgical interventions. They want a new face, a different body, a more feminine voice. Anything to feel better. Anything to fulfil an impossible dream.

There are varying degrees of success in employing medical procedures to pass as female. Most men will remain recognizably male, despite achieving some amount of physical feminization. However, the health costs are very heavy: shortened life expectancy, infertility, sexual dysfunction, risk of disability and various health issues.

Furthermore, it is impossible to close the gap between desire and reality. Even reducing it cosmetically requires continuous daily physical and mental effort. The same is true for women attempting to pass as men.

Who can be manipulated into believing that sex can be changed? Who can be rushed into chemical and physical castration (which causes much physical and mental suffering in the long run, once the initial euphoria passes)? Young children are especially vulnerable to this. Children are still figuring the world out. They are extremely likely to trust adults, even when what they say does not make sense. Certain adults push the agenda that it is possible to change sex, peddling this lie to children.

Gay men and lesbians experiencing societal and internalized homophobia are also vulnerable targets for this agenda. It offers them an opportunity to fit into heterosexual society and avoid discrimination. This is also true for people with mental, emotional and neurological issues. The idea of gender transition seemingly offers the opportunity to start again as someone new. It offers the fantasy of a complete solution.

Recently revealed data from the largest British youth gender clinic showed that over a third of clients were on the autism spectrum, over 80% were attracted to their own sex, and over 97% had one or more psychiatric, emotional or neurological problems

In general, there are four groups of ‘trans’ people who are very different from each other in characteristics and needs:

1.Young girls who suffer from mental distress that is diagnosed as gender dysphoria.

2. Gay boys with gender dysphoria due to societal or internalized homophobia.

3. Gifted children (often on the autism spectrum) with social difficulties that are framed as gender dysphoria.

4. Older men with autogynephilia. This is a fetish affecting heterosexual and bisexual men. Autogynephiliacs become sexually aroused by thinking of themselves as female.
They often refer to themselves as being “lesbians”. Some are sexually aroused by women's clothing. Others are aroused by pretending to have female biological functions (pregnancy, menstruation, pretending to undergo "abortion", "gynecological" tests, etc.).
Many are sexually aroused by pretending to be a "woman" during sexual intercourse.

Most Western trans-identified adult males are heterosexual autogynephiliacs.
Groups 1-3 of young people are fast-tracked into harmful medical “transition” procedures, including chemical castration and amputations. In contrast, only a tiny percentage of group 4 undergo genital surgery. Many of them do not undergo medical procedures of any kind, but nonetheless insist on being treated as women based on their own declaration.
This is called Self-ID.

Gender dysphoria.

Dysphoria is distress. Gender dysphoria is a person's emotional distress about their sex, sparked by an intense desire to be the other sex.

Gender ideology.

An ideology prioritizing subjective feelings about biological sex over the material reality.
This encompasses both the individual and wider societal policies.
The idea is that these feelings are innate, while sex is a social construct.
Medical interventions to "correct" the appearance of the body are pushed as part of this.
Euphemisms such as 'affirmative therapy' or 'gender affirming care' are used for these procedures.

In practice, treatment includes: 1. social transition (which has been clinically proven to preserve gender dysphoria). 2. chemical castration through the use of puberty-blocking drugs and cross-sex hormones. 3. amputation of healthy organs (e.g. the breasts or penis).
Advocates of this ideology claim that these procedures are needed as suicide prevention.
Additionally, advocates claim that dissenters from any of the above must be cut off and disowned, regardless of whether they are close family or friends.

Until a few years ago, gender dysphoria was a very rare phenomenon. In 2013, the incidence rate was 1:10,000 in boys and 1:30,000 in girls. The spread of gender ideology, especially on social media, sparked a meteoric increase of thousands of percent in the number of minors visiting gender clinics within a few years.

An American study performed in 2021 found a prevalence of 9:100 among high school students. Social contagion is common. For example, just a few months ago, a mother approached me and told me that, in her daughter's special education class, ten girls, including her daughter, came out together as trans.

But there have been transgender people since the dawn of history.

From the dawn of history, human diversity has existed, not modern notions of transgenderism.
"Masculine" women and "feminine" men have always been present.
The ideology which claims these people were born in the wrong body and must undergo medical mutilation is what’s new and toxic.

But what about intersex people?

“Intersex” is popular terminology for a number very rare medical conditions called DSDs disorders of sex development. These involve sex-based (though not necessarily genital-based) mutations. However, these people are either male or female, not both.

Indeterminate genitalia are rare and do not mean that the person is both sexes, or neither. Sex is not determined by genitalia. Rather, sex determines genital shape.

This also answers the question 'What do you care about what is in other people's pants?'. Sex is not determined by what others have in their pants. Rather, it determines what others have in their pants, just as it determines any other system, including facial appearance. Think about the people you see on the street. Can you immediately tell whether they are male or female? Or do you have no idea unless they are naked?

Sex is essentially about how our bodily systems are organized, whether this be around the potential (whether realized or not) for sperm or egg production.
There are only two gametes, sperm and egg. If anyone knows of a third, please hurry up and submit a nomination for the Nobel Prize.

The potential to produce either sperm or eggs affects all body systems. For example, even the angles of the knees are different between men and women, to support their different-sized pelvises. The length of the intestines is different.
Each cell is coded differently.

Furthermore, the vast majority of those with DSD are not transgender.
The vast majority of those wishing to be a different sex also do not have DSD.
“Intersex” is raised purely to divert and confuse in this context.
However, in practice it is generally totally irrelevant to transgenderism.
The existence of people with DSD does not mean that men are women if they say so.

But trans people exist!!

Zero people have changed their sex in all human history. It is impossible for humans and other mammalian species to change sex. If "gender" is how someone perceives themselves, it is not clear what is meant by "changed gender".

People who would like to change sex or be perceived as members of another sex exist.
People who have changed their sex do not.

Imagine a 50-year-old man who feels that he is twenty years old. Does he exist?
Of course he does! However, he exists as a 50-year-old man who feels that he is twenty years old.
He does not exist as a 20-year-old man.

But these are life-saving procdures!!!!

Do you want young people to kill themselves?????

To accept that these procedures save lives, we need strong evidence.
The data should show a lower life-expectancy and higher suicide rates before transition, and increased life-expectancy, with reduced suicide levels afterwards.

In practice, the data shows the opposite.

Chemical castration and unnecessary amputations do not "correct" anything.
These interventions cause immense physical damage and are associated with a shortened lifespan to the tune of 10 years or more. For example, the risk of heart attacks in males is doubled if they take female hormones. For females, taking testosterone creates a four to five-fold increase in heart attack risk. Cross-sex hormones create additional risk of stroke, blood clots, osteoporosis, metabolic diseases and various other forms of physical damage. In short, "transition" treatments are associated with cumulative and continuous serious physical risk.

The idea that these procedures "correct" "wrong" bodies is a lie.
The reality is that they damage, sicken and even disable previously healthy bodies.

The idea that castration, breast amputation and cross-hormonal "therapies" prevent suicide is also a lie. Suicides among minors with dysphoria are very rare prior to undergoing these procedures. They are at the same level as minors with other forms of mental distress.

For example, UK data collected over an 11-year period shows that, out of 15,000 minors who applied to the gender clinic (some having commenced treatment, with others remaining on the waiting list), 4 committed suicide. Not 4 per year, 4 in total, throughout the entire 11-year period (2010-2020). That is 0.0003% of this population. On the other hand, within a few years of undergoing surgical amputations and cross-sex hormones, we see a large increase in suicides, up to 19 times the rate of the general population.

The data claiming an 'improvement' in mental health is extremely shoddy.
These are short-term studies lacking a control group. It is therefore impossible to determine whether the ‘transition treatments’ are the cause of the improvement, and whether the improvement was transitory.
The improvements themselves are slight and come at the cost of substantial physical damage. Furthermore, the findings regarding improvements are not uniform. Some show worsening, some show improvement, and some show no change.

For example, a UK study showed that, after a year on puberty blockers, 37% of patients had no change in mental health indicators, 29% showed some improvement, and 34% worsened.

Finally, these studies involve a high number of dropouts, up to tens of percents.
This means that they do not provide a full picture.

In short, we are told that the promotion and practice of elective amputations and chemical castration saves lives. However, long-term data shows the opposite. These procedures are associated with shortened life-expectancy and increased suicides.

But it is reversible!

People with no medical training are pushing misinformation about the reversibility of puberty blockers.

Research has found that blockers preserve dysphoria, so that over 96% of those who take blockers will also take hormones. That is, in over 96% of cases (with percentages of 98% and 100% in some studies), blockers and hormones are a package deal. Hence, the blockers are not an 'evaluation phase' but, rather, an 'aiming phase'. Dysphoric youth who do not take blockers overwhelmingly desist from their "trans" identity and grow up to be lesbian, gay or bisexual.

However, let's consider the few who take blockers and then completely stop.
What happened to them?

The answer is that **there is not a single known published study that has followed up on this.**

Advocates of placing minors on the path of chemical castration and amputations claim that puberty blockers are "safe" drugs already used for other purposes. The other targets are cancer patients, chemical castration for sex offenders, endometriosis and pathologically early puberty.

Although these drugs are used as chemical castration for sex offenders, they have largely been abandoned for this purpose, because the side effects are seen as cruel.

When these drugs were used to treat endometriosis, a huge lawsuit ensued, due to the catastrophic damage done to women who took them.

In all cases where these drugs were used, they were used either given after the completion of puberty (cancer, chemical castration for sex offenders, endometriosis), or before this critical period begins. In the first case, puberty is over. In the second case, it is temporarily halted until the advent of adolescence and then allowed to begin, meaning that the normal window period still exists. This is completely different from stopping puberty in the limited window of time when it is supposed to occur.

On what basis are puberty blockers claimed to be reversible? The only proof provided has been studies on 'early puberty'. For the reasons above, this is not directly comparable.

Again and again, advocates of gender ideology try to convince us that the damage starts only after the age of 18, when the genitals are surgically mutilated, but the damage starts much earlier.
What is the fate of a child given blockers aged 11, who stops taking them in midadolescence? Does that child's body recover from missing that crucial window of development and laying down bone? On what basis can anyone claim that it does? If the answer isn't known, what is the proper term for this 'treatment'? It can only be called an experiment.

Yet, this is not what medical professionals are telling families. The claim that these procedures are 'evidence-based' is a lie. So is the claim that they are fully reversible. Families are falling straight into a trap.

In a support group for parents abroad, I heard about a 17-year-old who started taking blockers aged 11. He desisted from his 'trans' identity at 17 and did not get genital surgery. However, the period on puberty blockers had lasting effects. The former patient was left with a penis the size of an 11- year-old boy, which was devastating to him.

The director of a St Louis gender clinic has also disclosed that their young female patients develop deformed genitalia due to testosterone.

I read a case report of a young woman who took blockers from the ages of 12 to 16.
They caused her such terrible side effects that she decided to stop. She is now 19 years old.
She has no menstrual cycle and no sexual desire, even 3 years on. Her reproductive system seems to have sustained permanent damage. Will her period ever return? When? What evidence do trans ideology advocates rely on when they tell you that blockers are fully reversible?

In fact, there is no evidence that puberty blockers are reversible and that any damage done is only temporary. Hormones can cause irreversible damage. Amputations performed on minors cause irreversible damage. In Israel, mastectomies are performed on 14-year-old girls.
Vocal cord dissections are performed on 16-year-old boys, so as to raise the pitch of their voices. Those advocating these procedures try to lull you into a false sense of security with the claim that 'transitioning' minors is a harmless, reversible exercise. The reality does not match their words.

For further reading https://gc-israel.org/pediatric-endocrinology/

But only a tiny percentage have regrets!!

If you rely only on short-term studies of a few months, or at most one to two years, when the median for regret is over eight years, you won't find much regret. When you give a narrow definition of regret, basing it solely on surgeon reports, when most patients don't provide updates, then you'll find low levels of regret. If you rely on studies with huge dropout rates (upwards of 10% to as much as 60%), then you will find a "minority of regret".

Only one study was performed without these failings. It was long-term and relied on actual behavior based on prescriptions. It turned out that, within 4 years of initial prescription, 30% stopped taking cross-sex hormones.

One Israeli detransitioner, who spent 8 years identifying as a "trans man", told me that, when she detransitioned in 2011, there were about 200-300 people in the English language support group for detransitioners. At the time of writing in 2023, a single English-speaking support group out of several exceeded 50,000 members.

A different angle can be provided via a follow-up of participants in the Dutch study that set off the process of subjecting minors to chemical castration and amputations. This is the so-called 'affirmative model'.

It should be noted that minors were subjected to chemical castration and amputations, not because the results for adults were successful, but exactly the opposite. These procedures yielded poor results for adults. The idea was that results might improve if 'transition' occurred at an earlier age.

The Dutch study is extremely problematic. In 2023, it became clear that it was financed by a company that produces puberty blockers.
It also turned out that 100% of the girls and 94% of the boys who took part were attracted to their own sex, meaning this study involved subjecting gay minors to chemical castration and amputations.

Furthermore, the researchers changed the questionnaire on gender dysphoria in the middle of the study. This meant that boys initially received a dysphoria questionnaire for males, then received a dysphoria questionnaire for girls in the study's second phase. Miraculously, these boys

were now not distressed at their menstruation. Meanwhile, girls were asked about distress occasioned by erections. Unsurprisingly, there was none. On this basis, the researchers reported decreases in dysphoria.

Clearly, a study performed in this manner sheds no light on whether and how much dysphoria has decreased. Providing dysphoria measurement scales to the wrong sexes obviously makes it impossible to get accurate data.

In addition, the Dutch study only included children whose gender dysphoria appeared early and who were otherwise mentally healthy. Nowadays, most minors who undergo chemical castration and amputations have co-morbidities and only experience dysphoria with the advent of puberty. In short, this shoddy study that applies to one population is being used to justify radical and harmful 'treatment' for another.

It also turned out that the results of the Dutch study could not be reproduced. An attempt to replicate the Dutch study in Britain yielded the opposite outcome to the original. After a year of taking blockers, there was a statistically significant increase in minors who admitted to intentionally self-harming or attempting suicide. The girls showed a significant increase in emotional and behavioral problems.

It was also discovered that, of the 70 participants, one died so horribly as to conjure up the worst kinds of horror films. The boy had been castrated at a young age, so did not have sufficient genital skin to approximate the appearance of a vulva and vagina. Parts of his intestines were used to create the appearance of female genitalia, increasing infection risk.
The young patient subsequently developed a severe genital infection. His infected parts were amputated, only to have the infection move elsewhere. The boy's body was sliced up like salami. He died within days.

Furthermore, because some dropped out of the Dutch study and much data was simply not collected, the results pertained to just 40 participants. That is only 57% of the original sample. There was no control group and physical health effects were not monitored.

However, let's focus on the false narrative that only a small portion of 'transitioned' children experience regret, while the rest are satisfied. On follow-up of this population 15 years later, some important data was found.

At the time of sterilization, aged 12-15, none of the children wanted to become parents in the future. On follow-up, aged 32, 56% said they would like children. It is possible that still more will want children as they grow older. However, they have, sadly, lost this capacity because it was taken from them when they were only children themselves.

21% said they were too young to understand what they were doing and what the consequences would be when they underwent these treatments. Others said they understood the consequences, but they just couldn't predict their adult desire to become parents when they themselves were still children or adolescents aged 12-15.

20% said their gender identity changed after surgery (although this group was initially selected for childhood as opposed to adolescent onset of 'trans' identity). Young autistic patients were more likely to experience change of identity, at 31%.

Data were presented regarding sexual function was only available for the male children.
- 76% experienced issues with libido.
- 71% had pain during intercourse.
- 67% could not orgasm.
- 58% experienced genital shame.
- 24% felt their bodies remained too masculine for sex.
- 60% had no formal or informal couple relationship by the age of 32.

This is the research on which the affirmation model is based.
These are its results. This is what is being framed as overwhelmingly successful, with only a small minority experiencing regrets.

https://pubmed.ncbi.nlm.nih.gov/36593754/

· Steensma, T. D., de Rooy, F. B. B., van der Meulen, I. S., Asseler, J. D., & van der Miesen, A. I. R. (2022, September 16–20). Transgender Care Over the Years: First Long-Term Follow-Up Studies and Exploration of Sex Ratio in the Amsterdam Child and Adolescent Gender Clinic [Conference presentation]. World Professional Association for Transgender Health Symposium, Montreal, QC, Canada.

Who benefits from fooling young people? Shame on them!

Firstly, there is a lot of money to be made from young people who internalize the toxic message that they are "born in the wrong body" and must "fix" this through chemical castration and amputations.

In practice, these procedures create chronic medical patients at best, and disability at worst. This brings in lots and lots of money, thanks to the procedures themselves, the repair procedures, the creation of chronic patients, the new complications that arise, and more.

The promise of a sex-change fantasy has become a thriving economic industry.
In 2019, it was valued at 361 million dollars. In 2021, it was valued at 1.9 billion dollars.
This rapid increase is only expected to continue.

Secondly, there are older people who are sexually aroused by encouraging others to undergo castration. It is more common in men, but sometimes also exists in women.
These people have a castration fetish that this ideology allows them to "celebrate".
Frequently, older autogynephiliacs (men who are sexually aroused by thinking of themselves as women) seek out young people in distress - some gay, some with dysphoria - and encourage them to harm themselves. This includes the use of hormones that cause genital deformities, radical mastectomies and surgical genital mutilation.

Admittedly, genital amputations take place after the age of 18. However, young adults can still experience mental distress that impairs their judgement. They may believe mutilation will improve their mental health. Young adults can still be groomed. They can also still be made to believe the false narrative that sex change is possible.

Thirdly, some people have severe issues around ego and self-worth. They are so eager to feel "enlightened", "special", "innovative" and "open-minded" that they will do whatever wins "likes" and social "points", even if it comes at the ultimate expense of children and young people.

Others don't actively promote gender ideology, but will play along out of fear. They prioritize peace over the mental and physical well-being of young people.

Think for a moment about all the people you have met online and in real life who support the idea of "trans" children. All the people who support the idea that some kids were born in the "wrong" body and need to "correct" it through chemical castration and amputations.

Which ones make money out of this?

Which ones have a sexual fetish and experience arousal from this?

Which ones are feeding their ego?

Which ones don't really believe it but co-operate out of cowardice?

Why not talk to real trans people?

It is totally possible to talk with any reasonably inoffensive person. However, talking doesn't change reality. Nor do feelings.

Like anyone else, 'transgender' people can be smart or stupid, charming or repulsive, nice or rude. None of this makes it possible to change sex. None of it means that anyone is born in the 'wrong' body.

Some 'transgender' people have had very difficult experiences.
They may have intense negative emotions. Again, none of this alters the reality of sex or makes anyone's body 'wrong'. Nor are chemical castration and elective amputations 'corrections'. These things only cause sickness and disability.

But transgender people have the highest murder rate!!

The data in fact shows that this population is least at risk of murder, both in terms of numbers and percentages. They are murdered less frequently than women, as well as other groups of males.

However, even if this sub-group of men were murdered at the highest rate, that still would not make them women. In fact, men are murdered more frequently than women per se, though this is not the reason. The reason is that the word “woman” describes two immutable realities – human species and female sex. This is not determined or affected by murder rates or threats, whether real or imagined.

2021 was the deadliest year for transgender people since monitoring of murder data began. That year, **375** transgender people were killed, across the globe, for unknown reasons. Many of them were gay male prostitutes from South America. Transgender murders are exceedingly rare in Europe and quite rare in the USA.

The most recent year for which global data is available for other murders is 2017.
That year, **87,000** women and girls were murdered all over the world.

Social contagion

Some people use manipulation tactics in an effort to refute the existence of social contagion. They suggest that we are treating transgenderism like a disease, and that it does not function that way. However, social contagion is a widespread phenomenon across all types of human behavior. It simply means that we have adopted ideas from others in our environment. Transgenderism is no different to other social phenomena in this sense.

Three major ideas are spread between children and adolescents exposed to gender ideology. These ideas are conveyed via online mediums, school environments, youth activities and through adults who groom young people into trans ideology.

The three ideas are quoted in Dr. Miriam Grossman's book, LOST IN TRANS NATION. They originally came from Dr. Litman. They are as follows:

1. That almost every symptom, including those typical of adolescence, indicates gender dysphoria, and constitutes proof that the person is transgender.

2. That medical procedures are the only solution to gender dysphoria and are urgently necessary.

3. That anyone who does not accept your self-diagnosis, social transition or medicalization is "transphobic" and abusive, and you should cut all contact with them.

None these ideas were common until recent years. None of them are true.
Each and every one of these ideas hurts young people and their parents.

Why you can and should "disrespect" pronouns that don’t reflect reality:

First, it’s totally legitimate to respect reality over a stranger’s wishful thinking or subjective feeling.

Secondly, it’s as strange and disrespectful to dictate pronouns (that don’t reflect actual sex) as it would be to dictate adjectives. Essentially, it constitutes compelled speech.

Thirdly, even for those who initially didn’t mind ‘respecting’ pronouns, it’s now become apparent that this comes at a cost to women. Going along with lies has led to men in women’s prisons, men competing against women in sports, men using women’s locker rooms and showers, men admitted to women’s dormitories and medical wards, men using public toilets earmarked for women, and more.
What is this comparable to?

I wouldn’t mind saying “bro what's up?” to someone who wasn’t my brother, when we both know I am just using a figure of speech and there is no family relationship.

It would be different if the person I said “bro, what's up?” to resultantly thought he could now usurp rights belonging to a sibling (for example, by making demands of my parents). It would then become important for me to consistently clarify that he is not really my brother.

Similarly, when men demand access to women’s spaces and sports because they supposedly feel like women, it is very important to stress that they are men, not women.

The harms associated with “respecting” lies are even more serious for children. For instance, the clinical data shows that social transition - addressing children according to their preference rather than their actual sex - seriously harms their ability to recover from gender dysphoria.

From the 1970s to the present day, all studies on gender dysphoria have shown that most children with gender dysphoria, around 80%, recover from it. Most of them simply grow up to be homosexual. In a study in which children were socially transitioned, less than 3% recovered after 5 years, meaning 97% still had dysphoria.

When everyone around a deluded person constantly affirms the delusion, their chances of reconnecting to reality are low. It would be very difficult for an eating disordered girl to recover if everyone around her addressed her as “fatty”.

It is toxic to affirm the idea that a child was “born in the wrong body” instead of helping them to learn self-acceptance (which is a long and difficult process, especially with all the bodily
changes that take place during adolescence). Affirming the idea that these kids need to be “fixed” by maiming themselves is also toxic. There is no good reason to encourage this selfharm.

So, you don’t accept transgender people??

What does it mean to 'accept' transgender people? What does 'not accepting' them mean? There seem to be different opinions on this.

For example, Moses feels that he is a woman named Ruth. He truly may feel this way. However, the reality is that humans cannot change sex. At most, he can be a man who has changed his name to Ruth. He will never have functioning breasts, only silicone parts or approximations achieved with synthetic hormones. He won't ever have a vagina. He may have a surgical opening, in a different location from the vagina and without its functionality. He will experience severe pain and/or the need for painkillers due to the constant dilations needed to keep this surgical wound open. Often, dilation is inadequate, and the artificially created opening will collapse and shorten. The body's drive is to heal any wound, and surgical openings are no exception.

Similarly, a young woman will never be able to become a man. At most, she can be a woman who has had a double mastectomy and been medically sterilized with cross-sex hormones. Even if she doesn't get a hysterectomy, testosterone can cause her uterus to atrophy.

In short, nobody changes sex. What they can change is their appearance using cross-sex hormones and surgery. This can come at a heavy health cost, which must be accounted for if the person's consent is to be fully informed. The health consequences can include shortened life expectancy, increased heart attack risk, cancer, osteoporosis, metabolic diseases, teeth loss (due to high inflammation), and more.

It is the false promises of gender idealogues that lead to suicide risk. There is no such thing as changing one's sex. Changing one's appearance, contrary to their claims, comes with a whole host of health risks. Young people undergoing these procedures with starry eyes, only to come out the other side disillusioned and devastated, are at higher risk for suicide than they were before.

It is important to have open eyes in choosing to medically "transition". Concealing the realities of "transition" procedures, both from dysphoric people and the public at large, is not "acceptance" or "inclusion". It is misleading, deceptive conduct that carries an exceedingly high price in the medium and long-term, even if there is a short-term boost.

The social aspect of "acceptance" and "inclusion" as defined by gender ideology is also bogus. Let's return to our example of Moses, who wishes to be known as a woman named Ruth. If Moses does not deny his biological sex, there is no issue. Moses can be acknowledged as a "transgender" person, as he is clearly a man who wishes to be a woman.
That is congruent with reality. The problem comes when Moses expects to be accepted as a woman named Ruth.

Moses can be a woman the same way he can be a lamp or an eagle. That is, he can't ever be. The word "woman" refers to biological realities, including female sex. Moses simply does not have a female reproductive system. He never did and he never will. Even if the word "woman" is misused to mean a category that includes men, ultimately, nobody is truly fooled.
We all know who the female people are, regardless of what we call them, and we all know that Moses will never be one of them.

Moses is entitled to unequivocally expect freedom from violence. He deserves the same legal and moral protection as all of us. However, coddling the delusion that Moses should be accepted as female does him no favors. Doing that only makes his condition worse by drawing him deeper into an illusion. It also creates unrealistic expectations. It teaches Moses that strangers will subordinate the evidence of their senses to his subjective feelings and desires. Ultimately, this all alienates Moses from his environment, as his connection to reality is damaged. He cannot accept himself or bear to be accepted as who he is, a man named Moses. He needs to impose a false narrative on himself and others, which creates a hostile distance between him and the world.

The expectation that others will subordinate the reality they see to Moses' personal feelings and desires is extremely unrealistic. Moses' inner circle may agree to humor him, but this cannot be expected from complete strangers.

Confusing Moses and alienating him from both reality and the world at large with the lie that he can change sex is conceptualized by some as "inclusion" and "acceptance".
The reality is the complete opposite. **Gender ideology puts Moses on an escalating path of suffering. The more Moses invests in delusions and unattainable goals (time, effort, pain, even the sacrifice of body parts), the more profound his loss when he inevitably collides with reality.** The mental health of men like Moses cannot depend on the collective denial of basic realities. This simply is not feasible.

True inclusion and acceptance would be to provide people like Moses with prompt assistance, so they can learn to distinguish feelings from facts. Others should accept that Moses feels as he does, and that he has the same human rights as anyone else does, regardless. Moses must accept that he has the right to his feelings, but no right to superimpose them over material reality, or the rights of others.

Real acceptance and inclusion involve the knowledge that 'feminine' boys and 'masculine' girls have always existed. What needs to go is the idea that this diversity means the body is 'wrong' or the soul is 'imprisoned' (to be 'fixed' through chemical castration and amputations). We also need to discard the idea that those who oppose mutilating healthy bodies and acknowledge the immutable reality of sex are "violent", "hating" or "not accepting".

Do you support conversion therapy???

I support an end to the deceit and manipulation (both emotional and verbal) practiced by gender idealogues. This includes labelling calls for self-acceptance and body-acceptance as "conversion therapy". It also includes labelling chemical castration and amputations (which shorten the lifespan) as ways to become one's "authentic self".

Gender ideology turns everything upside down, engaging heavily in projection and reversals. In its hall of mirrors, those who oppose mutilating minors are considered "hateful". Meanwhile, celebrating unnecessary medical procedures which sterilize and maim young people is termed "loving".

I call on each of my readers to oppose the real conversion treatments – the ones that involve chemically castrating minors and lopping off their healthy body parts.

Are you implying that I'm stupid?

You don't have to be 'stupid' or 'dumb' to fall into the gender cult, or to consider harming your body. In fact, the data shows the opposite:
gifted people are disproportionately represented in the gender movement.

I had a conversation with "D", regarding the large number of highly intelligent individuals who get caught up in this ideology. "D" is closely familiar with this issue, and the following points came up:

1. Autism is highly associated with vulnerability to gender ideology. Young autistic people are especially susceptible. Data from the Tavistock clinic in Great Britain showed that 35% of applicants to the youth gender clinic were on the autism spectrum. By contrast, only about 1% of the general youth population has an autism diagnosis.

2. Sometimes, giftedness is accompanied by difficulties that create increased vulnerability, especially in young people. Some examples are ADHD and developmental disabilities.

3. Feeling different from others and exploring reasons why.

4. Feelings of difference sparking off a search for a group to belong to.

5. Finding "patterns" where they may not exist (for example, seeing "signs" that "prove").

6. Finding value in intelligence and wisdom. Manipulative adults may sound smarter than they really are, especially to young people.

7. Transgenderism can be a way to feel 'special' rather than 'awkward'.

8. Gifted people tend towards large, abstract ideas.

9. Because of the gap between cognitive abilities and emotional maturity, gifted youth may be perceived as more emotionally mature than they really are.
They may also perceive themselves that way.

Here are several links regarding the prevalence of gifted people in the gender cult:

https://podcasts.apple.com/nz/podcast/-13are-brilliant-people-more-likely-trans/id1542655295?i=1000511689895

https://www.thirdfactor.org/intensity-gender-dysphoria/?fbclid

https://4thwavenow.com/2017/06/25/gender-dysphoria-and-gifted-children/?fbclid
42If it is not 'stupidity', what makes young people vulnerable to the toxic ideas of the gender cult?

There is a concept called co-morbidity, meaning 'double pathology'.
It refers to the simultaneous existence of two or more conditions.
There is evidence that people who fall prey to toxic ideas of 'being born in the wrong body' generally have pre-existing conditions, which help to create that vulnerability.

These include:
1. Psychological and psychiatric disorders.
2. Sexual, physical, and emotional traumas.
3. Neurological conditions such as ADHD and autism.
4. Homosexuality, when coupled with homophobia. This is the case whether the homophobia is internalized, external, or a combination of both.

The data at Tavistock, the youth gender clinic in Great Britain, showed that 97.5% of applicants had at least one co-morbidity. 70% had more than 5 co-morbid diagnoses.

But I don't want to be homophobic.

Rightfully so!

Those who really care about gay men and lesbians should oppose the gender ideology the most!

This is a toxic and homophobic ideology. Gay and lesbian youth are increasingly subjected to
chemical castration and amputations. Gay males are often "feminine", and lesbians are often "masculine", meaning that they are highly susceptible to being “transitioned”.
Did you know that, at the gender clinic in Great Britain, 80-90% of the minors who applied were attracted to members of their own sex?

Did you know that in the Dutch study - the first study in which minors were subjected to chemical castration and amputations - 100% of the girls and 94% of the boys in the study were attracted to members of their own sex? So, the study really involved experimental mutilation of gay and lesbian youth.

Did you know that most children with gender dysphoria recover from it on their own within a few years? Most of them simply grow up to be gay.

I don't want to be a hateful or a bigoted person! I don’t want to be called transphobic!

There is nothing hateful or bigoted about being connected to reality and knowing that it is impossible to change sex. It is the opposite of hateful to eschew a homophobic ideology that says some children are born in the 'wrong body' and must be 'fixed' through amputations and chemical castration. This stance is based in both reality and caring. Caring is not compatible with mutilating children.

Transphobia was once a word with a real meaning. It meant discrimination against and violence towards transgender people. Its meaning was genuinely negative.
Today, any connection to reality is defined as "transphobia". This includes any recognition of biological sex. Any opposition to subjecting minors to chemical castration and amputations is called "transphobic". So is the maintenance of women's human rights to privacy, safety and fairness. So are concerns about harm to gays and lesbians. In short, the word has lost all meaning in practice. It is purely used as emotional blackmail and to silence critique.
I recommend rejecting this attemptto manipulate.

My own responses to false accusations such as "you are afraid of trans people" and "you instill fear towards trans people" follow.

Who is afraid of what and why? Mapping.

"Transphobia" used to mean hatred and violence towards people who identify as transgender. Today, the term is used to mean any expression of disagreement with gender ideology.

What really scares me about transgenderism? Someone who wants to dress as the opposite sex is not scary.

An adult who seeks to castrate himself chemically and physically through cross-sex hormones and amputating surgeries is not a threat to me. Rather, these procedures seriously threaten his own health. 'Transition' treatments come with only partial information about what is achievable, and what the risks and side-effects are. These procedures have been found to shorten life expectancy. They have various health complications and can cause permanent disability.

A man who claims to "feel" female and therefore seeks to compete in women's sports and enter spaces where women and girls are naked and vulnerable is indeed frightening. This is not because of his claim to be a woman, but because he is in fact a man.

A man's claim that his feelings make him female does not actually change his sex. He remains a man. Women have good reasons to fear men in intimate spaces with them, whether or not they pretend to be somehow female.

Lying to children that sex can be changed and convincing them to undergo "transition" procedures is scary, not for me personally, but for the children. Children are innocent enough to be deceived, but in truth, humans cannot change their sex. The attempt to do so involves chemical sterilization and the removal of healthy body parts. This is associated with shortened life expectancy, disabilities, health complications, and a sharply increased long-term suicide risk.

Forcing people to pretend, to ignore reality and address men as if they are women is scary. It violates freedom of expression. It also constitutes brainwashing and coercion.

Men claiming to be women who make false accusations of "hate" and "violence" against opponents of gender ideology are indeed frightening, not simply because they are lying about their sex, but because of their psychological profile. In the minds of such men, it is acceptable torespond to the imagined "violence" of ideological dissent with real, physical violence.

This transphobe -

JK Rowling

(author of Harry Potter).

Have you ever heard of the "transphobe", JK Rowling?
Did you ever actually read what she really said?

For me, it was extremely disillusioning to do so. When I checked what she said against the lies being told, I could no longer believe anything coming from the liars. I checked everything for myself.

In the following link you can read what she really wrote.

J.K. Rowling Writes about her Reasons for Speaking out on Sex and Gender Issues - J.K.Rowling (jkrowling.com)
https://www.jkrowling.com/opinions/j-k-rowling-writes-about-her-reasons-for-speaking-out-on-sex-and-gender-issues/

Have you found even a shred of anything genuinely "hateful" or "transphobic" in what she's written?

I recommend that you share this link with anyone who has accused J.K. Rowling of "transphobia" and ask them to try and find quotes proving it there or anywhere else.

When they fail to do so, check their response to that. Are they more thoughtful about this now? Will they check matters for themselves in future? Or would they rather recite the party line than be moored in reality?

If they prefer to adopt a party line, you need to consider everything else they say carefully and check it for yourself.
They have proven that their claims cannot be trusted.
Truth and reality are not a high priority for them.

How did this new and baseless idea that everyone has a "gender identity" separate from sex become popular?

The originator of this idea was Dr. John Money, a sexologist.

In the 1960s, Dr. Money conducted an experiment on twin brothers. He falsified the results and caused sexual harm to the boys. He wrote books, spreading and popularizing his ideas, before the brothers were able to share the truth.
One of the twins was mechanically circumcised. The procedure was botched and his penis was destroyed. The other twin did not undergo circumcision after this experience.

The parents were at a loss. They were referred to Dr. Money, who offered them a “solution”. The injured boy would undergo genital surgery, creating an artificial opening. He would then be raised as a girl. He would not be told that he was in fact male, and, according to Dr. Money’s theory, would simply accept his sex of rearing, regardless of his actual sex. Obviously, he wouldnot menstruate or be able to bear children. He would be given estrogen in adolescence to facilitate breast development and a feminine body shape. The family followed Dr. Money’s advice. Dr. Money framed this experiment as a success in his writing. He claimed it reified his theory of gender identity, that social environment trumped the influence of biological sex.

Dr. Money periodically performed “tests” on the twins, and made further publication of the results, again framing the experiment as successful.
In actuality, the boy who was raised as a girl, David Reimer, had a very difficult, sad childhood. He constantly felt that something was wrong. He did not want to wear dresses or play with dolls.He was bullied by other children for his masculine gait and behavior.

Both boys were extremely troubled by adolescence. David became suicidally depressed. At 13, he said he would kill himself if he had to see Dr. Money again. On the advice of a psychiatrist, when David was 14, his parents finally told him the truth. David then began living as male, undergoing a series of painful treatments to reverse the “gender reassignment” imposed on him.
The twins further disclosed that Dr. Money would force them to engage in sexual role-play as part of his “tests”. They were made to strip and perform sex acts on one another and were photographed in sexual positions.
Dr. Money’s gender identity theory was popularized due to his experiments on the twins and his publications claiming success. In actuality, the experiments were a terrible failure. They also caused severe damage to the boys. Their mental state became increasingly worse as time wenton.
Both twins died in their 30s. David committed suicide by gunshot. His twin brother, Brian, died after an overdose of anti-depressants. Brian’s overdose may have also been a suicide.
Their parents stated that Dr. Money’s “therapy” led to both deaths. The whole family was destroyed by Dr. Money’s experiments, with the mother also becoming suicidal and the father descending into alcoholism

A young man wrote to me, saying that he had always felt that he was meant to be the opposite sex. His whole life felt confusing and discouraging. Here's what I told him:

Glossary of abbreviations:
(f) - fact, (o) - opinion, and (e) experience (relies on real life reports)

1. (f) Emotion is not a fact. It is impossible to be born as the 'wrong sex' or in the 'wrong body', just one cannot be born as the 'wrong race'.

2. (f) Sex cannot be changed.

3. (f) A man can never be a woman. A woman is an adult human female. If you play with the definitions, anyone can be anything, depending on the type of change. For instance, a European woman can be called a sharpener, a hedgehog, a Korean or a baby if you play definitional games. It does not make her any of these things.

4. (f) A woman is not a feeling, a desire, or a wish that a man can have. The word "woman" is a description of biological reality. It refers to adult females of the human species.

5. (f) A man can choose to be a transwoman. Only men can be transwomen. However, this need not involve genital amputation. Over 90% of transwomen keep their penis.

6. (f + o) Men should be aware that the inability to change sex has physiological implications. Taking female hormones is a health hazard in males. It increases risk of stroke. It also can cause metabolic diseases, depression, cancer, blood clots, osteoporosis, cardiac issues, and more. The physical damage must be weighed up against the emotional benefit (i.e. pleasure in achieving a more feminine-looking body). It is also worth discerning whether the emotional benefit may be achieved by less physically damaging means.

7. (f) It is impossible to make a female genital organ for a man. The technology does not exist. Surgeons amputate the penis and testicles, creating a surgical opening that the body perceives as a wound and therefore tries to heal. This means that the patient must undergo a very painful mechanical opening process with respect to the incision for the rest of his life. Each time he opens the wound, there is a risk of infection and scarring. Despite all this, the surgery often fails.The risk of complications is high. Corrective surgery is frequently required.

Most patients report problems with sexual functioning afterwards, with a range of effects from genital numbness to pain. Many also report urinary problems, leading to issues with urination control.

8. (e) A regretful transwoman who I provide with real life support had this to say:
"Consultations with transwomen before my penile amputation involved many hours in cafés. There, I was plied with fairytale stories about 'female orgasms', pleasures, how good sex would be once I had my surgery. Once my penis was removed, every post-op transwoman I met admitted to lying about their post-surgical condition. Some even said that everyone regrets it. It seems that it's mostly gay and bisexual men who tend to regret undergoing genital amputations.The few who didn't express regret were mostly autogynephiles – heterosexual men aroused by the thought of themselves as women. They claim to be "lesbians"."

9. (e) Reports from post-op transwomen (including those who regret surgery) make it clear that genital amputation will not attract straight men and that longed-for relationship. In truth, these surgeries greatly reduce the pool of potential partners.
10. (f + o) There is nothing wrong with being a feminine man. There is also nothing wrong with seeking a same-sex partner. Both feminine and masculine men have always existed. Human diversity is not new. What is new is the toxic and homophobic view that effeminate men were "born in the wrong body", requiring "correction" through chemical castration and penile amputation.

11. (o) I would recommend seeking therapy to encourage acceptance of male femininity. Dysphoric gay men also need to know that other gay men can be masculine as well as feminine. Men wanting a masculine male partner therefore need not try to attract a straight man.They can find the kind of partner they want with the body they have.
12. (o) The difficulty in accepting male femininity, and in accepting ourselves and our bodies as they are, often isn't the starting point, but rather the result of previous experiences. It is therefore often necessary for therapists to treat the whole person and their background to facilitate recovery.

13. (f + o) It is critical to choose a therapist who doesn't affirm gender identity. This means that they will treat the client and won't pretend a man is a woman just because he says so. Unfortunately, these days, many therapists will prioritize affirmation and political correctness over clients' long and medium-term well-being. You will recall that chemical castration and organ removal are linked to significant reductions in life-expectancy due to health problems, as well as longer-term suicide risk. In short, these practices are, at best, questionable in terms of supporting the mental and physical health of clients.

14. (o) Accepting male femininity allows men to find comfortable forms of gender expression without harming their bodies. It means they can make realistic efforts towards finding a partner and redirect energies into other aspects of life. The futile effort to become "female" means beingstuck in an endless loop of failure and discouragement, searching for a straight male partner, instead of focusing realistically on forming a relationship with a suitable gay man.

Why do some parents support child transition?

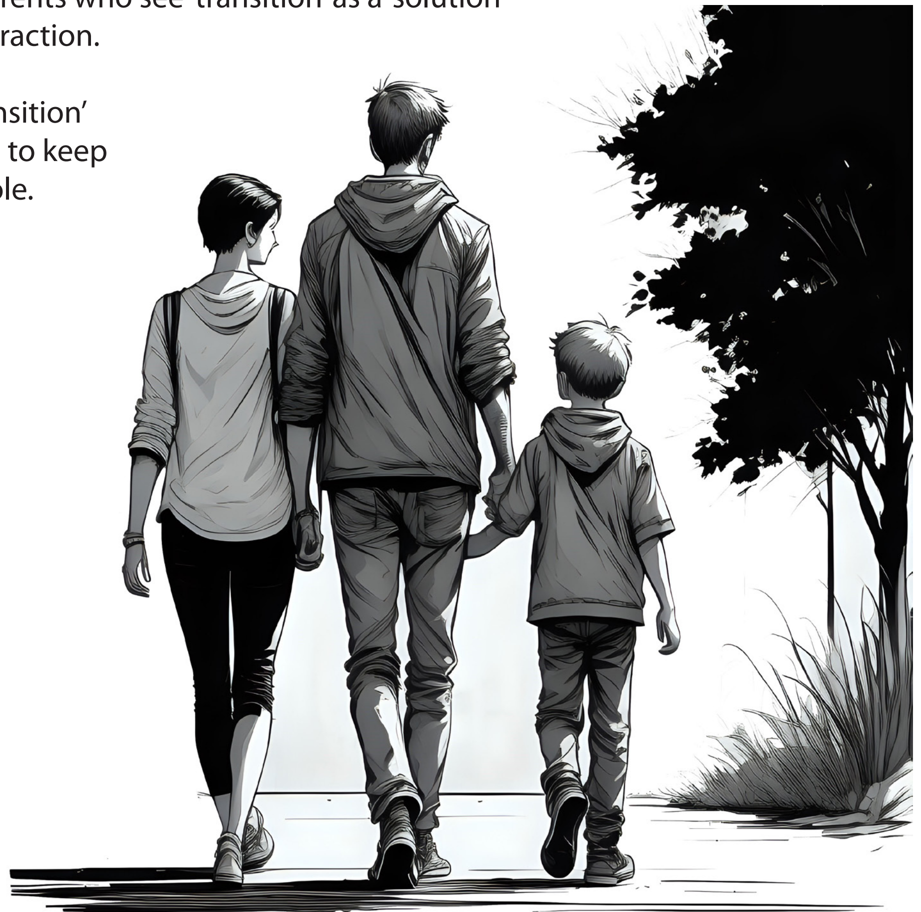
The lie that 'trans' children are at high risk of suicide or self-harm without undergoing 'transition' leads some parents to go along with puberty blockers and/or cross-sex hormones. They believe they could lose their child if they don't.

Some parents fear negative official or social responses, and therefore co-operate despite their own disbelief or doubts. These people often see no alternative.

Other parents have emotional issues of their own. They may encourage transgenderism in their children so as to gain social support, or to feel special and 'enlightened'.

There are also homophobic parents who see 'transition' as a 'solution' to their children's same-sex attraction.

Finally, some parents fight 'transition' with all their might in an effort to keep their children healthy and whole.



So what do you suggest??

1. Sex is innate and immutable. Documents, databases and records should reflect that reality. The ability to replace sex with “gender identity” in any form of official documentation should be revoked.

This measure would end the phenomena of men in women's sports, prisons, locker rooms, emergency shelters, showers, toilets, hospital wards and other single-sex spaces earmarked forwomen. It would also prevent potential harms stemming from health officials sending incorrect instructions to patients (such as recommendations for folic acid or pregnancy screening tests formen). Records accurately reflecting sex would ensure proper instructions for all patients.

2. Prohibition of irreversible steps on minors. These include institutional social transition, puberty blockers, cross-sex hormones and surgeries for “gender” reasons.

3. Since chemical castration and amputations are associated with significant life-expectancy reduction and heightened suicide risk, they should be excluded from health coverage. The public must not be forced to finance procedures that harm physical health and produce chronic patients, not only as a complication but also by default.

4. Holding a public discussion about the levels of body mutilation that can be performed in private medical practice.

5. Providing full explanations regarding chemical castration and amputations, with an examination of what these procedures entail. There should also be open discussion of the implications of ‘transition’ treatments. The public must be informed that there is no long-term research evidence showing that ‘transition’ procedures improve the mental state of patients or ease dysphoria, and that they may in fact worsen both.

6. Psychological treatments for gender dysphoria and its co-morbidities (parallel mental health conditions very common among dysphoric people, including depression, anxiety, eating disorders, trauma, previous sexual assaults, ADHD, and more) should be covered by health insurance.
Often these co-morbidities precede the onset of dysphoria by several years.

7. Collecting and publishing data on all ‘transition’ procedures performed, so as to provide professionals and the public with full, transparent information.

About the author

My name is Dr. Tal Croitoru. I am involved in activism to protect children, women and LGB people from the harms of gender ideology.

I have a bachelor's degree in education from Tel Aviv University, a master's degree in clinical social work and a PHD in social work from Haifa University. I have other degrees (having spent 18 years in academia), but they are less relevant to this topic.

During my studies, I worked as both a research assistant and a researcher at the academy. My primary field of work is trauma therapy, which I have been engaged in for about 15 years, having begun in 2009.

I came to the field of gender ideology and its harms by chance, at the end of 2019. I had a sparemoment and decided to check out what the "transphobe" J.K. Rowling had been saying. I discovered a huge gap between what was reported to me and what Ms. Rowling actually said. My curiosity was piqued. I wanted to know more. What else had I been deceived about? Where did this gap between the reports and reality come from?

Unfortunately, in 2020, I underwent a continuous health crisis, which forced me to reduce the scope of my work. At times, I was confined to bed. All my free time was spent diving into this topic. Since 2020, I have spent many daily hours reading articles, reviews of articles, testimonies of parents and detransitioners, participating in international discussion and debate groups with supporters and opponents of gender ideology. I follow dozens of groups and pages devoted to this issue.

I believe that there are few people in my country who have devoted as much study time to the subject as I have. My unique circumstances have allowed me to delve into this issue in unusual depth.

For the first year and a half, I just read and asked questions in various English language forums.Only towards the middle of 2021 did I start writing about this topic in Hebrew. Up to that point, I had assumed that gender ideology had yet to reach Israel. However, in July

2021, I came across a PR article by Ichilov. Ichilov wrote that children aged 11-13 were having eggs and sperm collected prior to taking cross-sex hormones and were attending Israeli gender clinics from the age of 4 and a half. Once again, I woke up to the toxicity of gender ideology. I realized it was at my own doorstep. I felt obliged to be more active in protecting women, children and LGB people from its ravages.

Despite the above, for months, on my weaker days, my Hebrew writing was confined to what I could type with one finger on Facebook from bed. At my strongest, I worked with patients, but remained unable to sit at a computer and write for long periods. Only in the last few months, when my health improved, did I start to write more frequently. I also started to give lectures (in various settings) on gender ideology and child 'transition'.

I lecture mainly on the harms of social transition and the toxic myth of medicalization or death. Social transition is presented as reversible and harmless. However, research and clinical practice shows that it preserves and even worsens gender dysphoria. It therefore predisposes children to chemical and physical castration.

I think my shock at the current state of toxicity was one reason it took me a year and a half to start writing about it. I had done 16 years of volunteer work with transgender people in the past, and the gap between that and the present state of things was enormous.

My background with the transgender community.

I began my acquaintance with the transgender community in 2003. Before that, I was close to the LGB community, and I considered this the next logical step. From 2003 to 2011, I was in very close contact with transgender people. This included social as well as professional contact.I had some wonderful trans-identified friends and, after completing my master's degree in 2006, I spent several years volunteering as a professional facilitator for an emergency LGBT hotline. I've also facilitated online and real-life support groups for transgender people, including youth and Arab populations.

My private clinic was defined from day one as 'trans friendly'. I provided therapy for transgender clients, socialized with transgender people (drag king performances, 'trans sushi', social gatherings and calls), participated in demonstrations and marches for transgender rights, and more.

In 2011, I was focusing on employing other trauma therapists. The scope of my volunteering decreased significantly. I also had much less time to socialize. However, from 2011-2019, among other things, I still offered free treatment to transgender people, affirmatively sought to hire them in back-office positions and donated to trans scholarships.

What differences have emerged in recent years?

1.In the past, biological sex was not denied. Transgender people simply wished to live as a member of the opposite sex. Men didn't claim that their feelings made them female. Trans people acknowledged their sex. They didn't claim to be a sex they weren't.

2.In the past, transgender people tried to fit into society as best they could as a member ofthe opposite sex. They asked for understanding and acceptance. Trans people went to great efforts to integrate and to show their sincerity. They did not attempt to coerce others into ignoring the evidence of their senses. They did not harass those who refusedto pretend.

3.In the past, children were not poisoned with messages that their body is 'wrong'. Children were not put on a path of social transition, followed by chemical and physical castration. The invention of the 'trans child' as a means to justify the trans adult is a relatively recent one.

4.In the past, being trans was not the be-all and end-all. It was treated as one aspect of life. For example, in support groups, we worked on maintaining good family and social relationships, avoiding the pitfalls of prostitution and drugs, finding a job, staying in school and continuing on to university. Today, it is common to encourage disconnection from a 'transphobic' family of origin and any friends who acknowledge biological reality.

Prostitution has been whitewashed into 'sex work'. I have even heard of some transgender adults grooming (and, in some cases, actually pimping out) younger trans people into prostitution. This is done under the guise of "financing treatments" with black-market hormones in a rush to immediate medicalization (despite the availability of healthcoverage for these treatments).

In short, instead of societal integration, gender cult enclaves are being created, cut off from other people. Impaired functioning in various aspects of life not only goes untreated, but is normalized.

5.In the past, co-morbidities were far less common. Any that did exist were treated. Today, many mental disorders are labeled as dysphoria.

6.Most of the trans people I met in the past were very masculine lesbians and very feminine gay men. Today, most trans-identified men attempting to impinge on women-only spaces are autogynephilic heterosexuals (i.e. men who are sexually aroused by the thought of themselves as women). In the past, straight male cross-dressers kept their fetishes to the private sphere. Today, thanks to the toxic messages of gender ideology, they have been encouraged to call themselves 'women', and to impose on women-only spaces.

Unfortunately, in the past, I was unaware of the serious medical damages of medicalization. Furthermore, I was given false and contradictory information.

This, together with the fact that I met and worked with adults, meant that, in meetings, we failed to tackle issues such as background or reason for the desire to be the opposite sex. It was treated as one piece in that person's puzzle. We dealt with the other pieces of the puzzle at the clinic. These included, among other things, family, social and spousal relationships, career, exam stress, treatment for trauma and anxiety.

As explained, today's situation is entirely different, and ultimately endangers all of society.

Do you have a question that hasn't been answered yet?
You can contact me and ask it at: drtalgc@gmail.com

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Studies showing shortened life expectancy due to these procedures.

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A phenomenon that has grown by thousands of percent in just a few years.
In 2013, the prevalence of gender dysphoria was published in the DSM. For males, the figure was about 1:10,000. For females, it was 2-3 per 100,000. In 2017, 3-4 out of 100 teenagers in the US reported that they were or might be transgender. In 2021, the figure rose to 9 in 100:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm
https://publications.aap.org/pediatrics/article/147/6/e2020049823/180292/Prevalence-of-Gender Diverse-Youth-in-an-Urban

The majority (about 80%) recover from childhood gender dysphoria within a few years, even without treatment.

http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-theygrow_99.html?m=1&fbclid=IwAR2jTNF4X2Ht0PNyOV3MifO371blzyh2ctozKfxIQEBLU8a7Hs3G4_-RsA

https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full?fbclid=IwAR3rafhDmu9RazX3RULAR4saJvxZPIIRSNRhbfmfrJmrabw_qqFCY8JKLSM

With social transition, the chances of recovery drop to 2.5%.

https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition?autologincheck=redirected

With the use of puberty blockers, the chances of recovery drop to 2%.

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The suicide narrative is unfounded

Completed suicides in minors with gender dysphoria are very rare. Only one study examined this. It was performed in the United Kingdom.
Of about 15,000 children and young people with gender dysphoria referred to a gender clinic over an 11-year period (2010-2020), 4 committed suicide. That is 0.0003% of this population This was regardless of whether they started had treatment or were still on the waiting list.

https://www.researchgate.net/publication/357916352_Suicide_by_Clinic-%20Referred_Transgender_Adolescents_in_the_United_Kingdom

The suicides peak a few years after medicalization, at a rate of 19 times the general population:
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885

The growing lack of consensus in the field and policy change among European countries
https://www.bmj.com/content/380/bmj.p382

Recommendations for further reading/watching:

1. Irreversible Damage by Abigail Schreier

2. Viewing recommendation: the movie "WHAT IS A WOMAN", created by Matt Walsh. The film interviews dozens of adults who are asked the same simple question: "What is a woman?". They use circularities and offer bizarre ideas in an effort to avoid the dictionary definition. The film is a sad and funny demonstration of the absurdities of gender ideology, and the cowardice of those who embrace it (including experts).