



Doctor: Trendiness of Transgenderism Is Driving Teens Toward It

According to an Australian expert on gender, children are being over-diagnosed as transgender as most will either outgrow the phase in which they are experiencing gender confusion or are simply “trying out being transgender” for attention because it is “trendy.”

Psychiatrist Stephen Stathis states that up to three-fourths of young patients who “present with gender variant interests and behaviors, or are gender diverse” will grow out of that phase and will not require treatment.



“You might get a six- or seven-year-old girl wanting to dress as a boy,” he said. “She may even say she wants to be a boy. When she hits puberty, she says, ‘No, I’m just a girl who likes to do boy things.’”

This statement of Stathis is in line with what several other scientists have said about transgenderism in children. Many children will be confused about gender at some point in their lives but will outgrow their confusion. Unfortunately, many of those children will be misdiagnosed as transgender and will be administered hormone treatments before they’ve had the opportunity to get through that confusing period.

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It is for this reason that Stathis indicates that he will give few minors a “gender dysphoria” diagnosis at the Brisbane’s Lady Cilento Children’s Hospital this year. Such a diagnosis is the first step toward transitioning, which can then be followed by hormonal therapy and eventually sex reassignment surgery.

Instead, Stathis requires children and adolescents to undergo intensive mental-health screenings with multiple psychiatrists before prescribing hormone blockers. Likewise, he requires that those individuals “socially transition” to their preferred gender for at least six months before starting them on hormone blockers.

The concerns of Stathis have been raised by other reputable scientists as well.

A 2016 report in *The New Atlantis Journal* by former Chief of Psychiatry at Johns Hopkins Hospital and Distinguished Service Professor of Psychiatry at Johns Hopkins University Dr. Paul McHugh and Arizona State University Professor of Statistics and Biostatistics Lawrence Mayer also objects to today’s medical treatment of gender dysphoria, particularly in children. “Children are a special case when addressing transgender issues. Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood,” the report stated.

“There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents, although some children may have improved



Written by [Raven Clabough](#) on April 20, 2017

psychological well-being if they are encouraged and supported in their cross-gender identification,” wrote the researchers. “There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender.”

The report argued that enabling acceptance of transgenderism through medical intervention is particularly harmful. “An area of particular concern involves medical interventions for gender-nonconforming youth. They are increasingly receiving therapies that affirm their felt genders, and even hormone treatments or surgical modifications at young ages,” the authors observed.

And according to a position statement released by the American College of Pediatricians last year entitled “Gender Ideology Harms Children,” any policies that foster the belief that gender dysphoria is anything beyond a psychological problem can be quite harmful.

The authors of that position statement made several scientific observations, including that human sexuality “is an objective biological binary trait.” Children who use hormones to attempt to mimic a sex that is not their own have a number of dangerous physical and mental risks, the position statement advised, adding that “conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful” can be classified as child abuse.

Stathis says that cases of gender dysphoria may not always be about confusion in children either. In fact, he has encountered teens who opted for transgenderism because it has become trendy.

Stathis told the *Courier Mail* earlier this month, “One said to me, ‘Dr. Steve ... I want to be transgender, it’s the new black.’”

Dr. Ken Zucker, head of the Gender Identity Service at the Centre for Addiction and Mental Health in Toronto, Canada, has observed the same phenomenon. “The No. 1 factor is the Internet,” he said. “If you’re struggling to find out where you fit, the Internet is filled with things about gender dysphoria.”

“When we ask, ‘When did you first learn about this label of gender dysphoria’, they’ll say, ‘Me and Mom watched Oprah,’ ” adds Dr. Hayley Wood, a member of Zucker’s team.

And it’s not only trendy among teens but among parents as well. Alice Dreger, a bioethicist and professor at Northwestern University’s Feinberg School of Medicine in Chicago, notes that parents who allow their children to change genders “are socially rewarded as wonderful and accepting,” while those who don’t are perceived as “unaccepting, lacking in affection and conservative.”

This is particularly troublesome as a study by the Centre for Addiction and Mental Health in Toronto, Canada found that transgenderism was more persistent in children when promoted by adults.

Sadly, these children are being set up for a difficult life, as the transgender community has an inordinately high rate of depression and suicide.

Unfortunately, despite the lack of science to support transgenderism as anything other than a mental disorder, social justice warriors will continue to forge ahead with their agenda to push transgenderism as a new norm, despite the harm it may do to children and adults alike.



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