**Child development theory: an inconvenient truth for gender affirmation treatment**

Many of us intuitively know that the gender affirmation treatment model, with the "trans child" at its heart is wrong, but lack evidence around child development theory to easily debunk its claims, and show it for what it is - a formerly well-meaning experimental treatment pathway that has been turned into an industry by those with ulterior motives. The following piece will scrutinise the assertions underpinning gender affirmation treatment through the lens of child development theory, and show that:

1. No child has an innate and immutable gender identity
2. Rather, that gender is a social construct around which children constantly adapt
3. Desistance from gender dysphoria is a natural part of child development
4. Puberty blockers are gender conversion therapy

We will start with the key fiction at the heart of this enterprise – the immutable and innate gender identity.

**1. Searching for the loci of gender identity in the child**

When analysed through the lens of child development theory, it becomes clear that there is no settled science to support the central and underpinning tenet of gender ideology, that a child has an innate, immutable gender identity. So even strong advocates such as Jack Turban have to admit that "*the precise etiology of gender identity has yet to be identified*" https://medium.com/@JLCederblom/the-lukewarm-perjury-of-jack-turban-abridged-version-e10b0c420f8e. Likewise a literature review in Endocrinol Metabolism Clinic North America from 2019 concluded.

> *…no genetic loci or specific neuroanatomic regions have been consistently identified as the single explanation for transgender identity.*

Korpaisarn S, Safer JD. Etiology of Gender Identity. Endocrinol Metab Clin North Am. 2019 Jun;48(2):323-329. doi: 10.1016/j.ecl.2019.01.002. Epub 2019 Mar 18. PMID: 31027542.

In other words, there is no settled scientific evidence that the immutable gender identity exists in the brain. It is an ideological assertion, a mere unproven hypothesis.

**2. If not inside the child where does gender originate?**

Perhaps surprisingly, the WHO is clear. It describes gender as "*the characteristics of women and men that are socially constructed, while sex refers to those that are biologically determined*." Gender (who.int). In other words, it is an external social construct. It continues "*People are born female or male, but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles*." So even the WHO, which can certainly be regarded as a trans friendly organisation, sees gender as an external social construct that is learned, rather than an innate immutable soul like thing.

**3. Child development theories**

This social construction of gender neatly leads to Piaget, Kohlberg, Bandura, Mischel, Erickson etc. These scientists studied child development through the Twentieth century. Their findings have changed the way we regard ALL aspects of childhood from principles of childcare, through paediatric

healthcare to education. It is their research that has created childhood as we know it now. Their empirical research unequivocally shows that gender is an external force or structure, and is one of many which impacts on and can be internalised by the child and adolescent as they grow, due to cognitive changes and social learning processes. Due to time constraints I will focus on two of these theorists Jean Piaget and Lawrence Kohlberg.

Piaget split the cognitive developmental stages of children into four main stages:

- Sensorimotor stage: birth to 18-24 months
- Preoperational stage: 2 to 7 years
- Concrete operational stage: 7 to 11 years
- Formal operational stage: ages 12 and up

According to Piaget's theory, how a 5 year old in the pre-operational phase regards their gender is very different to that of a 9 year old in the operational phase. Why? In the simplest terms it is because their brain and their cognitive processes have developed and matured. The 9yr old will have different cognitive processes and will have an enhanced schema - another term of Piaget's - which will have adapted to absorb and work with different information including gender structures.

This model is worth bearing in mind when considering why the vast majority of children desist from gender dysphoria. In the process of desisting, the gender dysphoric child simply will have gone through natural cognitive developmental processes and grown out of a previous childish phase and schema of gender, the very process that puberty blockers are prescribed to prevent. This theory also explains why these drugs invariably lead to the next stage of cross sex hormones. The child's natural maturation process is blocked by these drugs, such that they are then unable to form new cognitive pathways and schemas to move their lives on. They have been imprisoned in a developmental stage by chemical blockers and cannot mature out of it. It why I regard puberty blockers as a form of conversion therapy – more on that later.

Lawrence Kohlberg suggested that there were three stages that children went through in the process of developing gender constancy.

- First, **Gender labelling** (by age 3) children can accurately identify themselves and others as boys/men or girls/women.
- Second, **Gender stability** (by age 5) children can grasp gender/sex stability, the understanding that one's sex remains stable over time. That is, understanding that a baby girl will become an adult woman, and a baby boy will become an adult man.
- Third, **Gender constancy** (by age 7) children can understand gender consistency, a more sophisticated level of constancy than gender/sex stability. Gender/sex constancy refers to the understanding that despite superficial changes, a boy will remain a boy and a girl will remain a girl. For instance, even if a boy wears a dress, he will still remain a boy. His sex remains the same.

Time precludes giving a completed run down of the works of Bandura and Mischel (remember the marshmallows experiment on children?) as well as the works of Erik Erikson. All of them show the same thing that childhood is a time of great change and enterprise. The child's relationship to all aspects of their life evolves and flexes.

It is also worth noting that if an immutable gender identity existed, it would have been uncovered by these scientists. Not least because it would be almost the ONLY part of a child that remained

unchanged from birth to adulthood – ie the part of the child with a fully formed adult gender consciousness within it. In effect they would have found a person's immortal soul, around which all other aspects of development revolve, like stars around a planet.

### 4. What this means - Pathologising gender discomfort

If existing evidence shows that gender originates outside the body of the child, i.e. is a social construct, then an ethical and evidence-based treatment for gender dysphoria must also take this key consideration into account. It cannot ignore it and decide instead to concentrate just on "fixing" the body of the child. But that is precisely what gender affirmation treatment seeks to achieve. It internalises and pathologises the discomfort between the gender dysphoric child and their body and attempts to "fix" it by making the body more like that of the childish image. It ignores both the external factors that impact on a child's sense of their own gender and the developmental phases a child goes through. The message that comes from gender affirmative treatment is that it is **the child** who needs to fix their gender distress rather we as a society who have created these uncomfortable constructs which cause the distress.

We should be asking why as a society are so many children and adolescents feeling uncomfortable with their gender. Why the huge increase in girls being referred to Tavistock in recent years? What ever happened to gender non-conforming kids? Why do teenage girls feel so uncomfortable coming out as lesbian? Perhaps we should concentrate on the social construct that creates these conditions. But no, we choose to ignore the external and instead pathologise children as it is easier to medicalise children than look at what is wrong with our society.

### 5. Ignoring comorbidities

In addition, and unforgivably, by focussing just on internal feelings about gender, gender affirmation treatment ignores underlying comorbidities. So, the trauma of a five year old girl who was sexually abused and now wants to "be a boy" to protect herself through a process of magical thinking, is to be ignored. She is just a "trans child". Homosexuality and homophobia, autism, toxic family dynamics, and many other factors leading children to feel discomfort with their bodies and or their peer group, are similarly ignored, because the solution is always to, affirm gender. We are looking at 21st Century snake oil treatment for a very 21st Century Western social problem. And if as a practitioner I try and work with these comorbidities I am indulging in conversion therapy.

### 6. Enter gender conversion therapy

To quote Stonewall, gender conversion therapy seeks to "…*suppress a person's gender identity."* Conversion Therapy | Stonewall As we have seen, due to continuous cognitive developments the child's sense of their gender is far from fixed, so I would argue, considering this knowledge, that "suppression" now takes the form of preventing the next stage of cognitive and thus gender development taking place. Thus the role of puberty blocking drugs to supress gender development that would naturally occur. In other words, gender affirmation treatment becomes a form of conversion therapy when it suppresses the natural cognitive and physical development of the child. Through puberty blockers adults halt the development of the child's sense of gender at a stage that suits them, before the child can properly understand and consent to what is being done to them.

## 7. In summary

There is no evidence that a child has an innate and immutable gender that needs to be affirmed. That is **not** to dispute that children with painful and persistent gender dysphoria exist, and need treatment. Rather, it is to state that the source of their pain is external to them and originates in the social constructs we have created, and which they have then internalised. A child's development of a sense of gender is fluid and dynamic, responsive to cognitive and social changes like all other aspects of childhood development. In this context desistance from gender dysphoria is an expected outcome from rapidly developing cognitive processes as well as social learning. Puberty blockers prevent that natural desistance occurring.

A prepubescent child can have no conception of what their future gender iterations might be. They have no idea what adult they might develop into. Their cognitive development and social learning cannot support such hypothesising. How can they predict the life and loves of their teenage/twenty/thirty/fifty year old selves? How can they know how these iterations will fit in a society as yet unformed? The trajectory of their life is being altered forever now, to affirm the belief system of the adults around them. And once again the arguments for bodily autonomy for children, this time to promote the use of puberty blockers, are being used to facilitate what is, for many children, child abuse.

Finally, without the crux of an immutable gender identity, there is no defence for a gender affirmative approach with children. In fact, for most gender dysphoric or questioning children, this intervention is a cruel con trick which pathologises their discomfort - which would naturally resolve anyway due to cognitive development, ignores their comorbidities, and will lead to lifelong medical interventions. It is tantamount to conversion therapy on the terms of definition provided by Stonewall.

## 8. Postscript

Our response to the challenge of gender ideology is a mess. Instead of seeing gender for what it is in Western society, a patriarchal construct designed to oppress us all, we pander to it and have now set it up on a pedestal. We accept its dodgy science that gender is innate and immutable, ignore research about child development, and then, most unforgivably, we do to our children exactly what we accuse other more "primitive" societies of having done. We sacrifice them on an altar of a belief, one that has been designed to affirm adults. True we don't throw them down volcanoes or wells or burn or bury them alive. Rather we feed them to the gender transformation industry for a lifetime of medical interventions. This cannot be right.

This talk will be published on the EBSWA website after this conference

For the background research with references a paper has been put on the EBSWA website …..