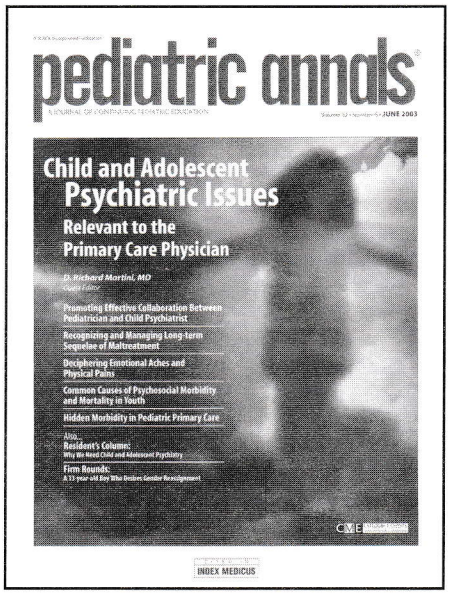
Pediatrician Says Childhood Gender Identity Disorder Requires Treatment, Not Sex-Change Surgery

The following letter was written by NARTH member Ross Olson, M.D. to a prominent professional journal.

The June 2003 issue of *Pediatric Annals* (Vol. 32, No. 6, pp. 378 - 382) contains a round table discussion of a case study called, "A 13-Year-Old Boy Who Desires Gender Reassignment." I read it with growing amazement as the story and the discussants' responses unfolded.



The narrative began with the note that the boy came requesting "hormone therapy so he could become a girl," then went on to state that "he is sexually active with male partners only and considers himself a heterosexual female." It also frighteningly continued, "he uses condoms 50% of the time for anal sex."

The discussion began with whether to address the subject as "he" or"she," and continued on to clarify the definition of gender-identity disorder and note the difference between this and homosexuality and possible hormonal correlates. It continued with delineation of the circumstances under which the subject would be considered competent to make a decision to receive the treatment he requests. This discussion noted the fact that he is in foster care because of physical abuse and that if he were on the street and considered emancipated, it might be easier to proceed. There was concern about "the enormous danger that these individuals face day to day just walking outside" because of being "teased and physically attacked."

Hello!!? What is missing from this discussion? Have we become so tolerant of alternative lifestyles that nobody noticed — or was it that nobody dared mention — that this is *a 13-year-old boy* who is being *sexually abused?*

I believe there are still laws on the books regarding age of consent although there is a concerted effort to change them in some segments of society, including the academic social sciences.

I would certainly hope that medical professionals, whose mission is supposedly to protect children, would be sensitive to victimization of the young. If the "elephant in the room" had been mentioned by *Pediatric Annals*, then a number of other obvious issues about this case might have arisen. These are all things that would have immediately come to the mind of any grandmother in Peoria, but there is a moratorium on public discussion of these topics and a widespread fear of offending powerful special-interest groups.

For example, in questioning why a 13-year-old boy is sexually active to the point that he can give statistics on frequency of condom use, one might ask, "With whom is he having sex?" Sexual abuse in foster care is a significant problem and is much more common in homosexual foster families. (See "Gay Foster Parents More Apt to Molest," by Paul Cameron, *Journal of the Family Research Institute*, Vol. 17 No. 7, Nov 2002, http://www.familyresearchinst.org/FRR_02_11.html)

At the very least, the supervision of such a young adolescent has to be brought into question. Why was notification of Child Protective Services not mentioned?

What is the relationship between the subject's sexual activity and his desire to be a girl? It is a question that begs to be asked, despite the party line that gender identity and sexual orientation are internal fixed phenomena. Here is a boy — *yes, a boy* — who apparently did not have a loving home of origin and had parental rights terminated. He has been in the notoriously impermanent foster care system for most of his life. The legitimate desire of young boys for fatherly affection is a risk factor for homosexual victimization.

Could it be that in the counterfeit love of sexual attention by male homosexuals, he thinks he has found the thing that was missing in his life?

Obviously his sexual abusers do not see him as a female, but it is not a stretch to see how he might turn his experience into a desire to become what he might consider a legitimate object of male sexual attention, ignoring his very young age. As to danger he will experience as a transsexual, it is a not-very-well-kept secret that the homosexual community experiences a great deal of violence that is not from outside gay bashers, but actually gay-on-gay. (See "Gay Domestic Violence Finally Measured," by Paul Cameron, Journal of the Family Research Institute, Vol. 16 No. 8, Dec 2001, http://www.familyresearchinst.org/FRR_01_12.html)

This only makes sense when considering the nearly institutionalized promiscuity that is a hallmark of gay life, combined with the common emotional responses to broken sexual relationships and the notorious tendency for males to transmute emotional stress into violence. If the discussants

continued

were worried about his safety, why was this not mentioned?

This piece was much more educational than *Pediatrics Annals* intended, and while I do not picture the panel as a group of perverts, their remarkable silence on the most important issues illustrates how political correctness can co-opt professionals into an enterprise that produces great harm to individuals and society.

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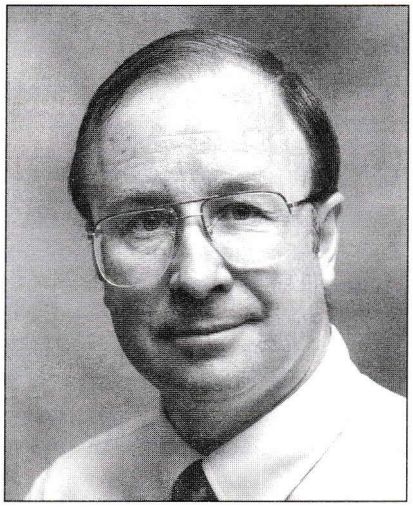

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