

Are you perpetuating sexism? An open letter to RainbowYOUTH and InsideOUT

Dear RainbowYOUTH and InsideOUT,

I'm writing this letter in light of the influence your organisations have and work you do with youth in New Zealand, and in our schools and surrounding communities.

The InsideOUT website states the organisation works to “make Aotearoa a safer place for young people”. RainbowYOUTH claims to “support queer & gender diverse youth in Aotearoa”. While I believe that InsideOUT and RainbowYOUTH staff and volunteers are sincere, I have multiple concerns with the actual outcomes and impacts of the work of both your organisations on our youth, families and communities and would like to share these with you.

My concerns centre on the ideology of “gender identity” and transgenderism, and their impact on young people. This article [here](#), titled *The transgender experiment on kids*, elucidates one of them by exploring the experimental nature of the medical aspects of transgenderism. [This article](#), titled *Do youth transgender diagnoses put would be gay, lesbian, and bisexual adults at risk for unnecessary medical intervention?* explores the impact of this medical experiment specifically on children and young people who are statistically likely to be lesbian or gay.

The main puberty blocking drug used on young people, Lupron, is a prostate cancer drug that is prescribed for transitioning children only off-label and the long-term effects are as yet unknown. Do you think it is responsible to advertise taking drugs such as this as an empowering option for young people?

Your work certainly advocates measures like these, implicitly and explicitly, including through promotion of an ideology of “gender identity” and “gender diversity”. Here is an example of that promotion from the RainbowYOUTH website.

Gender refers to how you identify, someone can identify as male, female, in between, both, or neither. Gender identity can be influenced by culture, feelings, thoughts, clothing, people around us, and more. It can be helpful to think of gender as a continuum, with male and female at either end. Our ideas, and social constructs influence what male and female at either end of the spectrum look like, and you can identify anywhere in between.

It is unclear to me how RainbowYOUTH could find this fickle description tenable. Have your organisations conducted any sociological or historical research into the nature of gender and patriarchy? From statements like this, it does not appear that you have. The four sentences above conflate gender, identity, sex, culture, and whimsy, while simultaneously referring to gender as both a binary and a continuum. It reads more like an advertisement for an all-you-can-eat identity buffet than a viable description of gender.

Male supremacy constitutes a particularly blaring omission. Gender is not an identity-based binary, continuum or pick-n-mix or lolly scramble. It is a sex-based hierarchy by which men dominate women. That is why it is a social justice issue.

This informative podcast, titled [The trouble with transing kids](#), further elucidates the connection between promoting a gender identity model of sex education, and promoting a medical experiment geared toward sterilising young people who simply do not conform to everyday societal gender roles, expectations and stereotypes. Suggesting a child may need to socially or medically alter their sex, and in the long run consider highly invasive, irreversible surgery because his or her tastes and preferences are non-conforming, is in fact a dangerously narrow, conservative and punitive approach to sex and gender education.

There is currently increasing pressure – social and media pressure – on parents, too, to identify their children as transgender early on. Clinical social worker and Jungian analyst Lisa Marchiano calls it a “social contagion”. This is despite reports showing that [80% of children desist](#) with gender dysphoria if left alone or given proper therapy. It also happens despite reports showing that [early Lupron use can encourage](#) persistence of gender dysphoria and *create* a transgender outcome in young people by preventing normal puberty.

The irony is that second wave feminism alerted us to the problems of socialising children according to gender norms from earliest childhood, because the norms and socialisation processes themselves are based on a destructive model of dominance and subordination. Feminists encouraged us to consciously avoid socialising our children according to gender norms, and/or to see a little boy wanting to wear a dress as unremarkable.

I have seen countless examples of parents socially transitioning children as young as three simply because they [like to wear purple](#) and pink, have long hair and play with toys promoted to girls. I wish I was joking. This current [pressure](#) on parents to consider that their little children might now or at some later point need genital tuckers, Lupron, cross-sex hormones, breast binders, and their penis or uterus removed – just for not conforming to gender norms – seems extremely regressive. Yet if parents are not open to these measures, or ask questions of their peers – in the current climate, they may well be labelled ‘transphobic’, which is tantamount to being a fascist. Your organisations are contributing to this climate, which is why I have several questions to pose to you about your work.

Though they overlap, I have organised my concerns into five major categories in this letter. These are as follows:

- Health and medical
- Violence and safety
- Homophobia
- Systemic miseducation
- The institutionalisation of neoliberal “gender identity” politics

I would like to know what both of your organisations, dedicated to the health and well-being of young people, are doing to address each of the concerns outlined here, at present.

I am writing this because I am seeing increasing numbers of parents socially transitioning and considering sterilising their children, in the long term, for childhood behaviour that is, in fact, normal. It simply does not conform to conventional gender norms. I am also deeply concerned with the threats to women's safety transgender ideology poses, by the undermining of our rights to vitally necessary safe sex-segregated spaces.

Thank you in advance for your time and considered response. I trust you will not write this letter off as "transphobic" at the outset, but consider it constructively as part of your work.

HEALTH AND MEDICAL CONCERNS

Around the Western world, children as young as 6 are now being provided with genitalia tuckers for boys and penis prostheses for girls, reinforcing a child's dissociation with their own body from a very early age. The process has been shown to set in stone for children a sense of identity which is split off from the body, to [condition children](#) into a mind-body disconnect which is an indicator for mental ill-health. Having your support network participate in this process of disconnection can actually be a traumatic form of gaslighting and abuse.

For kids who begin transition before puberty, puberty blockers are available. The main puberty blocking drug used on young people, Lupron, is a prostate cancer drug that is prescribed for transitioning children only off-label, and the long-term effects are as yet unknown. The side effects of these drugs can include loss of bone density, because they stunt normal growth.

[This article](#) states that "Hormone blockers may actually cause a transgender outcome by preventing a normal puberty. The same may be true of placing a child in the 100% affirmation environments of modern-day gender clinics." Early Lupron use can *cause* gender dysphoria to persist rather than desist and *create* a transgender outcome for young people by preventing normal puberty. The 100% affirmation model also [runs completely counter](#) to a holistic mental health model, that takes account of a person's wider life experience before accepting self diagnosis.

What are you doing to examine this, and ensure that your work is not disingenuous and *coercive* in its liberal framing?

Statistically, before puberty, most children who are transitioned are [young boys who](#) behave in ways that don't have tastes and preferences that conform to conventional understandings of masculinity. They wear dresses, for instance, and play with toys [marketed at girls](#). This raises concerns about the medication of boys who aren't sufficiently "masculine".

From puberty, the ratio of girls to boys who transition is weighted dramatically toward the girls. It has been reported that nine teenage girls transition to every one boy. Female to male transition has been [compared to the anorexia](#) epidemic, as a way that teenage girls [reject their own](#)

[female bodies](#) due to routine sexual abuse, objectification, and self-loathing based on social pressure to conform to expectations that are dehumanising. This certainly provides a logical explanation for why so many more girls than boys would transition in puberty: it is a form of self-harm and rejection.

How do *you* explain these differences? If being trans is a definite and distinct individual reality, why does a pattern exist where so many boys and being transitioned as children, and so many, many more girls than boys are identifying as “trans” in puberty? Why does this pattern reverse again in adulthood?

What work are you doing to consider these patterns in relation to wider societal realities? Are you assessing the correlation between these patterns and global and historic trends of female self-harm, and finding their origin in the patriarchal oppression of women? If so, are you helping women to see these connections? Are you looking closely at accounts of female detransitioners who in hindsight recognise their own transition as self harm stemming from oppression, and not intrinsic trans identity? How is this informing your work?

I am deeply concerned about what I see as internalised self-loathing among women currently being re-packaged and celebrated as an expression of “gender diversity”.

Breast binding is an example of this. [The first medical study on breast binding has been conducted](#), and though it was conducted by a pro-breast-binding organization, The Binding Health Project, which donates money to providing free breast binders, the study still found 28 potential negative outcomes associated with breast binding, including compressed or broken ribs, build-up of fluid in the lungs, difficulty breathing, compression of the spine, and damaged breast tissue.

Tanveer Mann has [reported](#) that in the U.K., more and more girls “are being abused through the horrific practice of [breast ironing](#),” which stunts breast growth using hot pressing irons – large heated stones, hammers or spatulas. Wealthier families use a belt to stunt growth.

Some girls also take testosterone by injection, by skin patch or gel, and by pill.

The lowering of the voice and increased facial and body hair growth caused by testosterone is permanent. Long term hormone therapy can also cause liver disease. Women risk sterilisation on testosterone, and face it certainly if they take testosterone after taking puberty blockers.

In sex reassignment surgery, something transactivists are seeking to increase availability to in New Zealand – women’s breasts, uterus and ovaries are removed. For boys and men, sex reassignment surgery opens the scrotum to remove testicles, and removes the penis from its skin. It can also open up the throat to have the Adam’s apple “shaved down”. This is a process of sterilisation, if sterilisation hasn’t already occurred through drugs.

After sex reassignment, people have considerably higher risks for mortality, suicidal behaviour, and suicidal ideation than the general population. Why do your organisations promote this path to young people as empowering? On what basis?

VIOLENCE AND SAFETY

Because of the conventional gender roles society promotes, transgenderism in adult men can be connected to [autogynephilia](#), the condition that sees men aroused by wearing women's clothing. It is of course not the only reason why men might transition. Yet the oversexualisation of women in society perhaps "makes literally *possessing* womanhood the most intimate way of "getting inside" a woman, or purely *embodying sex*, as it were." Men like Bruce Jenner posing as Caitlyn in women's magazines are an example of how transgenderism actually [buys into the hypersexualisation](#) of women in our culture. Are you examining this link at all?

Are you examining the reasons why significantly more adult men than adult women transition? Does this pattern itself not raise questions about the nature of trans "identity"?

There have also been multiple sex abuse cases against women involving men who are transgender; the rate of violence against women committed by males [is the same](#), whether those males identify as women or not. The violence is the same. What are you doing to shed light on this, and to ensure that women remain safe from male sexual predators, by encouraging conversation about this kind of sexual violence against women as part of your work? What are you doing to ensure that your "gender identity" framework is not obscuring vital discussions about male violence in our communities?

HOMOPHOBIA

It has been suggested that transgenderism as a movement is a form of covert gay eugenics and a [human rights violation](#) against the gay and lesbian community. "There is ample evidence," states [this article](#), "that most gender dysphoric children (including ones with an official gender identity disorder diagnosis) grow out of dysphoria, and are significantly more likely to be gay, lesbian or even bisexual adults."

What are you doing to discuss dangers to this effect, and to ensure that your work is not engaging in a form of covert gay eugenics or conversion therapy, particularly in light of [reports](#) demonstrating that [it is](#)?

Another form of homophobia transactivism engages in routinely is in the form of its attack on lesbian community.

The lesbian community is frequently targeted, as men who identify as transwomen discover that lesbians do not wish to have sex with them. Men who are trans, and transactivists, call this transphobic, and have responded with pressure and coercion. What is the stance of RainbowYOUTH and InsideOUT on this, and are you doing work to ensure that lesbian women are affirmed in your programmes? What are you doing to ensure lesbian women are not put under pressure to have sex with men, trans or not trans, either implicitly or explicitly, through the ideology of gender identity?

SYSTEMIC MISEDUCATION

What evidence do your organisations draw on to support the concept of [gender as an identity](#), a spectrum, and an internal state? This flies in the face of both neuroscience and feminism, which say there is [no such thing](#) as a 'male' or 'female' brain.

Many transgender people, as well as people who have or are in the process of detransitioning, have begun developing vocal critical perspectives of the gender identity model. Many voice regret about transition. Others do not regret transition, but still come to accept that their biological sex will never change, and recognise that it is in fact dangerous to pronounce otherwise. There is much critique from this community of the “100% affirmation model” in transition therapy, with detransitioners are stating that in fact “[there needs to be](#) a standard of care that includes ruling out less invasive forms of treatment”.

Do RainbowYOUTH and InsideOUT, as organisations celebrating diversity and dialogue, support the 100% affirmation model regardless of these critiques? Do you allow these critical perspectives to inform your work, and welcome discussion of them?

The “gender identity” framework and understanding of sex, gender and sexual oppression seems not only unscientific, but also ahistorical and lacking in social analysis.

Girls who are sold into child marriage, raped then re-traumatised by the legal system, prostituted from childhood, trafficked in the sex trade, gang raped for pornography, and stuck in abusive relationships, are being forced to conform to the gender role of “sex object” that patriarchy assigns to females on the basis of our biological sex. A girl sold into child marriage does not *identify* with this role and cannot *identify* her way out of it. It is not *privilege* for her to have been born into her life situation. She is female, and that means she is part of an oppressed class.

It would seem that only through a significant dose of privilege can anyone claim to be able to “identify” their way in or out of gender.

Socialising boys into masculinity, and teaching them to dominate – through media, pornography, and sports for instance – is a way that patriarchy perpetuates rape culture. Masculinity is toxic; it is not simply one of many equivalent options to select from in order to build a self-image. As Andrea Dworkin states, *rape itself* is a direct consequence of our polar definitions of men and women:

Men are defined as aggressive, dominant, powerful. Women are defined as passive, submissive, powerless... Rape occurs when a man who is dominant by definition, takes a woman who, according to men and all the organs of their culture, was put on earth for his use.

RainbowYOUTH though, rather than raising a challenge to masculinity, suggests that if a boy does not conform to it, he may be transgender. “Transgender is... used to describe people who were assigned a sex at birth and identify with a different gender identity”, says the website. In fact, very few people naturally or fully align with the moulds of masculinity or femininity we are

ascribed. They are restrictive, and together form a hierarchy of dominance and subordination that perpetuates abuse and misogyny.

The way to challenge hierarchies is to support those on the bottom to dismantle the structures that keep those on top in power. That is why feminism exists. Feminism seeks to dismantle masculinity and male dominance in order to liberate girls and women from rape, abuse and other routine forms of sex-based oppression.

If young people are truly being educated about gender and sex oppression in these programmes – why is there a remarkable increase occurring in young people seeking sex transitions as a result, but not a remarkable increase in young people seeking to end male violence, child marriage or sex trafficking, or improve educational or life chances for women and girls globally? Are these young people actually learning about gender as a real, global, social system, and if so can you **please elucidate?**

Many women and feminists have become critical of transgenderism because of all of these concerns. We are dealing with bullying, job loss, threats, ostracisation, accusations of bigotry, smear campaigns and worse. This in turn is scaring people out of presenting critical views, further skewing the narrative, which again amounts to deceiving and pressuring young people, mothers and parents. What are your organisations doing to ensure it is safe for youth and other community members to present critical views on transgenderism and gender identity, and that anyone considering transition has access to valuable critical perspectives? As stated, many detransitioners are now saying that they wish they had such access.

INSTITUTIONALISATION OF NEOLIBERAL “GENDER IDENTITY” POLITICS

There is no limit to the impact of promoting transgender ideology. In four European countries, it is already legal to nominate your gender based on preference and not biological sex. This has huge implications for women.

First of all, it is serving to distort, obscure, obfuscate vital discussions about male violence. The media is already regularly attributing incidents of male violence to women, because they've been committed by a man who claims female identity. Many women have a hard time shedding light on male violence, because the concept of “gender identity” doesn't allow them to. This while women are being raped by men every minute of every day all over the world – in child marriage, in sex trafficking, in their homes, in the streets. They never see justice. What are you doing to ensure that your work is not obscuring the discussion about male violence, thereby preventing its end?

Reproductive rights organisations, like Planned Parenthood in the States and ALRANZ in New Zealand, also now refer to “pregnant people” to avoid offending men and placate women who want to identify as men. Women are being referred to, by their own organisations, as “menstruators” and “incubators”. Since you work to keep Aotearoa safe, what are you doing to

ensure young women are not learning to talk about and perceive themselves in these objectifying and **thoroughly dehumanising** ways?

At least one New Zealand school now already allows males into female bathrooms. While many transactivists claim that women's fear of abuse from transitioned men is irrational stigma – it is not, and such dismissals amount to silencing. As stated, the rate of violence against women committed by males [is the same](#), whether those males identify as women or not. There is nothing to suggest that men who claim a female identity are safer than any other man, and bathrooms are separated for safety. There are plenty of [reports](#) of the “bathroom bill” being abused by men who are trans.

Female sexual assault victims have [spoken out](#) against the bathroom bills – but such women are being ignored. A North Carolina newspaper [told girls](#) to attempt “overcoming discomfort” at the sight of “male genitalia” in changing rooms, under transgender bathroom laws. Does it need stating that this kind of pressure is entirely counterproductive to discussions feminists are trying to raise about consent and women's right to refusal? At the same time as this pressure is being applied to young women, they are being told they are not even allowed to *mention* their menstrual cycles or female reproductive anatomy, in case men are offended. This is a dangerous, **gross** double standard.

What are RainbowYOUTH and InsideOUT doing to ensure they are not perpetuating it, and perpetuating sexism, which is and has always been based on biological sex?

Many thanks, RainbowYOUTH and InsideOUT, for considering all of these points and I look forward to your responses.

Nga mihi,

Renée