

Media Supports Demonizing of Trans Children, Silent on Trans Reparative Therapy

By Cristan Williams

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Abstract

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Article



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The United Kingdom's conservative weekly magazine, *The Spectator*, recently published a post written by Brendan O'Neill (Editor of *Sp!ked*). The piece's title gives you a hint to its tone: Trans activists are effectively experimenting on children. Could there be anything crueler?

Can you think of anything more cruel than telling a five-year-old boy who likes Lady Gaga that he might have gender dysphoria? Or telling a nine-year-old tomboy who hates Barbie and loves Beckham that she might really be male - in spirit - and therefore she should think about putting off puberty and possibly

transitioning to her ‘correct gender’?

O’Neill has a history of overseeing transgender hit pieces like “No, Bradley Manning, you are not a woman, Trans: the phoniest community in Britain?”, and The Daily Mail did not kill Lucy Meadows, but he isn’t the only journalist focused on debating against professional advice concerning transgender children. The Mirror recently blasted the following headline “NHS treating transgender kids aged just three as sex change doctors see soaring numbers of under 10s”. Without an explanation of the “treatment” of transgender children, the inference is that children are being put on the same track as adult transgender patients.

LBC radio presenter, Nick Ferrari, chastised a caller who identified herself as a support assistant that works with trans children saying:

Kate, you sound a lovely woman, and you sound very well educated. Please don’t try to persuade me a child knows at three it wants to be a girl and not a boy. Come on. This is dangerous twaddle.

First off, there’s a conflation here between the treatment of children and adolescents. Small children are simply allowed to express their gender identity without shame. There are no hormones or surgery involved when treating children. Kelley Winters, Ph.D., author of *Gender Madness in American Psychiatry: Essays from the Struggle for Dignity* (2008), puts it this way:

It is important to note that for preadolescent children, transition refers to a change in social gender role and not medical or surgical intervention.

Secondly, the assertion of the assertion that clinicians are “experimenting” on trans children is false. Again from Winters:

There are no drugs or medical interventions on young children. Allowing trans kids freedom for social expression and behaviors that are ordinary or even exemplary for all other children is not “experimentation.” It is simply letting them be themselves authentically.

The real “experiment” is the historically recent Western tradition of enforcing two binary gender roles, based on apparent birth anatomy. The majority of indigenous cultures in human history recognized more than two genders and respected gender roles that differed from those associated with birth sex.

It would seem that mainstream media outlets like the BBC are using transgender children to manufacture a debate on the right for transgender children to receive treatment:

1. *I was approached yesterday by @BBCWomansHour to ‘debate’ trans children’s access to supportive, age-appropriate care. They rescinded... -- CN Lester (@cnlester) April 9, 2015*
2. *...the offer when they found out I wouldn’t be the ‘anti’ to their ‘pro’. No knowledge of the issue at hand, researchers in the field...-- CN Lester (@cnlester) April 9, 2015*
3. *...or interest in evidence/real world experience. No interest in presenting the discussion as it stands, but only in presenting their...-- CN Lester (@cnlester) April 9, 2015*

4. ...own uninformed idea of what the ‘debate’ was. No duty of care, and a poor interpretation of broadcasting standards.-- CN Lester (@cnlester) April 9, 2015

CN Lester explains this in detail here.

If a child presents to a therapist with gender dysphoria, it would seem that there are three choices:

1. Do nothing.
- Gender therapy
- Reparative or conversion therapy.

The American Medical Association points to WPATH’s Standards of Care as the guiding document for treating transgender patients. The Standards of Care clearly state that gender-conversion therapies are not ethical practice:

Treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long term. Such treatment is no longer considered ethical.

The President of the United States, Barack Obama, said of conversion therapy:

When assessing the validity of conversion therapy, or other practices that seek to change an individual’s gender identity or sexual orientation, it is as imperative to seek guidance from certified medical experts. The overwhelming scientific evidence demonstrates that conversion therapy, especially when it is practiced on young people, is neither medically nor ethically appropriate and can cause substantial harm.

As part of our dedication to protecting America’s youth, this Administration supports efforts to ban the use of conversion therapy for minors.

As far as doing nothing, when you’re dealing with children that threaten to cut off their penis or say to their mother “I wish I had died in your tummy instead of being born,” I don’t think that’s a valid option.

Winters spoke to this ginned up controversy by saying:

Of the false stereotypes used to attack the dignity and equality of transgender people, the McHughian myth of “delusion,” “confusion,” and “mental illness” are often used to justify punitive enforcement of birth assignment and harmful gender-conversion psychotherapies for trans children. Popularized by ultra-conservative psychiatrist Paul McHugh in the 1970s, these archaic stereotypes are not supported by evidence. Adult transsexual people who seek medical transition care overwhelmingly report awareness of gender incongruence in very early childhood. Children who demand social recognition in their experienced gender roles and go on to express need for puberty blocking treatments are not merely gender nonforming but are overwhelmingly insistent, consistent and persistent in their gender identities and distress with their birth assignment (gender dysphoria). For them, forced incongruent puberty represents painful disfigurement that is often irreversible or necessitating additional corrective surgery in adulthood. Puberty blockers, on the other hand, are reversible interventions that allow youth and families more time to make informed decisions. The only confusion that I’ve

observed around trans youth living authentic lives lies in the adults who seek to force them back into dark closets of their birth assignments.

In other words, the safest track for transgender children is to let them find their own way without guilt or shame. But that doesn't make for a good debate, does it?

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