

The Transgender Craze Is Creating Thousands of Young Victims

[*Irreversible Damage: The Transgender Craze Seducing Our Daughters*](#), Abigail Shrier, Regnery Publishing, 287 pp.

In 2014, TIME magazine featured transgender actor Laverne Cox on the cover under the title “The Transgender Tipping Point.” A year later, in 2015, CNN announced the formal arrival of our “transgender moment.” In June of that year, Caitlyn Jenner’s *Vanity Fair* cover made it official. Trans was in, come hell or high water.

If 2015 was when the transgender moment began, Abigail Shrier’s [*Irreversible Damage: The Transgender Craze Seducing Our Daughters*](#), published last month by Regnery, is a badly needed report card. Shrier’s book reads like one we will look back at and point to in the years to come for its prescience and prophetic warnings. Considering the vicious climate surrounding the transgender debate, it took genuine courage for Shrier to write this book. She is already being attacked as transphobic, and Amazon has refused to allow the book to be advertised. Despite that, *Irreversible Damage* is no ideological screed. It is a measured and relentless look at the damage the transgender movement has wrought in an unbelievably short amount of time.

When Shrier uses the term “craze,” she means it in the scientific sense. Rapid Onset Gender Dysphoria (ROGD) is what Dr. Lisa Littman calls a “social contagion,” and it primarily impacts young girls. Just a short time ago, only .002 percent to .003 percent of girls in the U.S. identified as transgender. Now, it is up to 2 percent, and Shrier told me that she believes the rate has spiked by thousands of

percentage points (in the UK, the number of girls identifying as trans has risen by over 4000 percent). Most trans-identified youth used to be males – that has reversed. In 2016, for example, girls accounted for 46 percent of sex reassignment surgeries in the U.S. One year later, that number had spiked to 70 percent.

In Littman's much-maligned 2018 study "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," she discovered that a full 70 percent of trans teens belonged to a peer group in which one had already had already come out as trans, and according to parents, a third of these had shown no sign of being dysphoric previously. Despite the insistence of trans activists that this is simply "transphobia" on the part of the parents, 85 percent of the parents surveyed were LGBT-supportive. But for asking questions, for begging their daughters to delay puberty blockers and top surgeries, they are condemned by trans activists as vicious bigots.

Shrier's interviews with the parents of trans children are heartbreaking. Many of the parents pinpointed the Internet as the source of their child's interest in transgenderism – Littman's study indicates that 65 percent of girls discovered transgenderism via social media – and wildly popular trans influencers are functioning as Pied Pipers calling on girls to "cut off" parents who question their new identity. These parents, according to trans influencers, are "toxic" and "unsafe" and will likely cause suicidal ideation. These parents, suggest the transgender stars of YouTube, can be replaced by other trans folk – "your glitter family."

Trans influencers are generally young and incredibly charismatic, producing how-to videos and running vlogs that rack up hundreds of thousands of views. Shrier notes a consistent series of mantras: If you think you might be trans, you are; binders (compression sleeves to flatten the breasts to "pass" as male) are a great way to try it out; if your

parents actually loved you, they'd support you; if you don't get support, you'll probably kill yourself; and lying to doctors is okay if it helps you transition. Trans influencers help girls purchase binders online, explain what to say to doctors and therapists in order to get diagnosed as trans, and lay out how to get testosterone, colloquially referred to as "T." There are over 6,000 videos explaining how to inject "T," and all assure the viewer that it is amazing.

Although trans activists insist that puberty blockers are safe, the evidence Shrier cites suggests otherwise. Puberty blockers have an impact on brain development, reduce the density of bones, and stunt growth. They risk barring the user from reaching peak IQ, inhibit sexual function, thicken the blood, raise risk of heart attack by up to five times, create a higher risk of diabetes, blood clots, and cancer, and can result in vaginal atrophy. They also transform the natural development of the genitals. After taking testosterone for awhile, young girls may see their clitoris grow to the size of a baby carrot. After a few months, girls grow body hair and beards, their voice will lower, and they'll get acne and sometimes male-pattern baldness. The nose will generally round, the jaw will square, and muscles will become pronounced. Sex becomes painful, if not impossible. Some of the changes are permanent: even if girls stop taking testosterone, the body and facial hair will probably stay, as will the enlarged clitoris.

Breast binders can cause back pain, shoulder pain, chest pain, shortness of breath, and fractured ribs. It can also "permanently damage tissue, leaving breasts looking like deflated balloons, flat and wrinkled." And if girls pursue top surgery – a double mastectomy – the damage is permanent. Despite the fact that Dr. Johanna Olson-Kennedy of the Center for Transyouth Health flippantly told an LA audience that "If you want breasts later in life, you can go and get them," this is not quite the case. You can, it is true, get lumps of flesh

that resemble them sewed on, but the capacity for breastfeeding, the erogenous zones – all of that is gone. Up to 36 percent of biological females identifying as trans men get top surgery, and another 61 percent want it. Fortunately, relatively few girls are interested in pursuing “bottom surgery,” or phalloplasty.

Teens can often get puberty blockers before they can drink, smoke, drive, or vote. Permanent infertility and bodily mutilation are often the result.

The transgender craze has been assisted by the public schools, which teach gender ideology as fact. For example, Shrier cites this gem from the *California Board of Education's Who Are You? The Kid's Guide to Gender Identity*: “Babies can't talk, so grown-ups make a guess by looking at their bodies. This is the sex assigned to you at birth, male or female.” In short: “You are who you say you are, because YOU know best.” Father – or Mother – certainly does not know best, and parents are not told if their children are identifying as trans or pursuing transition as a matter of policy. As fifth grade teacher C. Scott Miller told Shrier bluntly: “Parents...come in and say, ‘I don't want my kid called that.’ That's nice, but their parental rights ended when those children were enrolled in public school.” The schools teach children that they can be any gender they choose. Not incidentally, the only option that goes uncelebrated is “cisgender.”

The cost of all of this is already in evidence. Shrier interviews respected therapists, scientists, and experts driven from their fields by vengeful trans activists who accuse them of facilitating suicidal ideation in trans children (a trope she carefully debunks with evidence). She speaks with “de-transitioners” who have realized that gender dysphoria did not actually explain their discomfort in their own bodies (common for teen girls, as Shrier points out) or their mental health struggles. This community is often ostracized and slandered by the trans movement, who

essentially claim that they do not exist. If you desist, they explain glibly, you were never trans. Thus, no trans people desist. The reality is that many girls are suffering through a heartbreaking scenario that Shrier lays out in chilling terms. One day, Shrier writes, many girls wake up with no breasts and no uterus and wonder: *I was just a teen. A kid. Why didn't anyone stop me?*

As devastating as her account is, Shrier leaves the reader with hope. There are many things parents can do to protect their daughters, she writes, and she told me that it is essential parents take this “transgender craze” seriously and do this that. She advises parents of trans children to find a support group of other parents dealing with the same issue; to avoid giving children a smartphone, and to push back against the gender ideology infusing their daughters’ education. Above all, she writes, parents should not relinquish their parental authority, and should stop supporting these new fads unquestionably. Adults have a responsibility to children, now more than ever. Dramatic steps may be necessary – she cites parents who needed to physically move to separate their daughters from poisonous peer groups and “affirming” schools. And above all, she writes movingly, we must stop pathologizing girlhood. Girls are different, and puberty is hard. It is not something to be cured. It is, she writes, wonderful to be a girl, and an ideology based on the outdated sex stereotypes that the feminists once sought to do away with should not be the path to drugs, mastectomies, and a longing to escape girlhood.

Shrier is giving us an opportunity to rethink the transgender craze sweeping the Western world. For the sake of our daughters, we should listen to her.

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