

TRANSCRIPT OF GAY AND TRANSGENDER RESEARCH by PAUL DIRKS

Thank you everybody and thank you Laura Lynn and Kari. The next 20 or 25 minutes are going to be like drinking from a fire hydrant. Ready?

I want to share with you first of all and I'm so glad that my co-presenters have said this already very clearly. There is no place for hate here. Alright. I love people who might never understand that I love them. This is exceptionally important to me and I will not be allied with people who hate.

What we do need to do is have a clear idea of the evidence that is the backdrop towards all the different things that are being worked into our school system. We need to be able to have an evidence-based approach to what we are dealing with in our school systems. So, a couple things to start with. Every child is worthy of respect and value no matter of their Identity or behavior.

Schools, secondly, are actively making moral judgments to undermine parental authority and to make truth claims that clash with the best study data on sex and gender. You need to be armed with the truth and what I want to do over the next little bit is give you a very quick overview of some of the very best data that we have on issues surrounding same-sex behavior and identity as well as, transgender which is an area of a lot of research by myself. So that you are armed with the truth and so you understand, even if you can't cite statistics and studies that your intuitions that what the school is doing is wrong...is right!

- So, first of all, same-sex behavior and identity is associated with a number of things in adolescence. A lot of what I'm going to share is recognized by all the lead researchers on the subject. First of all, there is much higher suicidality

associated with same-sex behavior and identity. Suicidality (Zhao, 2010), a Canadian Researcher, (King, 2008), usually two to three times as high suicidality. Interestingly, perhaps, same sex behavior and identity is associated with much elevated teen pregnancy. Now if you have never heard that before it may seem completely off the wall, but it is absolutely the case and what it shows is that there is a tremendous amount of sexual fluidity amongst kids and really just a lot of experimentation.

Same-Sex Behaviour and Identity Associations in Adolescents:

- Suicidality (Zhao, 2010; King, 2008)
- Teen pregnancy (Saewyc, 2014)
- Childhood sexual trauma → future SSB (Wilson, 2010)
- Childhood separation anxiety (Patterson, 2017)
- Number of sexual partners (Garafalo, 1998)
- Early onset of sexual behaviour (Garafalo, 1998)
- Drug use (Garafalo, 1998)
- Criminality (Beaver, 2016)

Childhood sexual trauma is associated with future same-sex behavior in [Savin-Williams \(2007\)](#). None of these researchers are Christian researchers, okay, this is just regular peer-reviewed medical journal literature. Most informed people will recognize the associated risks with SSB/SSI.

Support (normalization/celebration) due to immutability of orientation:

“In a large, longitudinal, population-based US study, found that 83% of same-sex behaved adolescents became exclusively heterosexually behaved in 6 years.

“The instability of same-sex romantic attraction and behavior (plus sexual identity in previous investigations) presents a dilemma for sex researchers who portray nonheterosexuality as *a stable trait of individuals*” (emphasis mine)

It's associated with a number of sexual partners amongst adolescents, Garafalo 1998, with early-onset of sexual behavior again, Garafalo 1998 with drug use the same and criminality says, Beaver 2016.

Now the interesting thing is that most informed people, including educators will recognize many of the associated risks with same-sex behavior and same-sex identity. However, they will continue to support, and by support, I mean normalize and celebrate these kinds of choices and behaviors and identities due to what they feel is the immutability of the orientation.

I remember when I brought this up with our school board, they were blown away that the best research, and it's very clear in the data, by [Savin-Williams \(2007\)](#), who was a gay researcher, there is no bias here, found that “In a large, longitudinal, population-based US study, found that 83% of same-sex behaved adolescents became exclusively heterosexually behaved in 6 years.”

Okay let that sink in. 83% of same sex behaved adolescence became exclusively heterosexually behaved in 6 years. This is what he says and I quote, “The instability of same-sex romantic attraction and behavior (plus sexual identity in previous investigations) presents a dilemma for sex researchers who portray nonheterosexuality *as a stable trait of individuals.*”

There are tremendous amounts of fluidity and change and this gay researcher recognized, and he was doing what every researcher should do, he was presenting the data. But the data doesn't get through the media which is biased and it doesn't get to your educators. You need to be the ones who understand this and are able to let them know this.

Lisa Diamond has done an excellent research and again a lesbian researcher and she says, and I will quote from the end of a wonderful presentation that she does at Cornell University, which you can find on YouTube. [Lisa Diamond \(2013\)](#). She says, “Now, one of the things that I think is relevant and tricky is that although it’s perfectly fine for researchers to be like you know ‘wow you know sexuality is good and it’s categories don’t have any meaning’ . The truth is that on a political level, we have advocated for the civil rights of LGBT people on the basis of them being LGBT. We have used categories as part of our strategy for social policy and for acceptance. And that is really, really tricky *now that we know that it’s not true.*”),

She says, “We can make claims for civil rights protections based on the fact that we are equal people and people's equal rights protections. I feel that as a community the queers have to stop saying, ‘Please help us, we were born this way and we can't change’, as an argument for legal standing. I don't think we need that argument and that argument is going to bite us in the ass. Now, we know that there is enough data out there that the other side is as aware as much as we are of it.” She's probably talking about me. “And it's time for us to make better arguments for why we need equal rights and privileges.”

Interestingly, in her presentation she doesn't do that, but she understands that the data is very clear that same-sex behavior and identity is not an immutable characteristic. Now, I want to caution you a little bit and say, I don't think it is the best thing either to say that it is simply a matter of choice. I have a best friend who spent many years wrestling with same-sex attraction. It is in many people of very deep-rooted experience. This person, one of my best friends, is now free and clear and this is their testimony that they no longer have this kind of attraction, but many people do, so I think we have to be careful not to go to one side or the other. Not just to say, “Listen it's a choice.” The

problem is that we're dealing with a political system that has bought into, hook line & sinker, to the fact that same-sex behavior and identity and attraction is immutable. It is very clear, very clear in the literature that it is not. So, most people do recognize, most educators will recognize some of the associated risks with same-sex behavior, same-sex attractions.

One of the other things that they associate with that and which lends them to supporting and celebrating same-sex behavior and identity anyways is that they believe that stigma and victimization results in these harms. The studies show some reductions around a 20 or 30% level with stigma reduction, which you would expect. It's just basic human behavior and yet those things may be temporary. Let me tell you why I believe strongly that that is the case:

The data from the Netherlands and San Francisco which are each one of them probably 10 to 15 years ahead of us along this kind of progressive agenda, show that suicidality remains multiple times higher amongst LGBT people than heterosexual people. It's clear that people are not lowering their suicidality or other associated risks when stigma and victimization are lessened. So, in 2013 there was a [recent health survey](#) of over 3000 adolescents in San Francisco schools and they found that suicide attempt rates for LGBT Middle School students were 33% compared to 6% for heterosexual students people, you can do the math. For LGBT high school students it wasn't quite as bad, it was a little over double the amount of suicides, 17% compared to 8%.

So one of the LGBT outreach program directors by the name of Anayvette Martinez said this, "We are shocked and mortified by the data, this is San Francisco, everyone expects better." It's because they've tied themselves to a way of thinking that makes them believe that this is completely and utterly tied to stigma and

victimization. And so when the data doesn't show that they are shocked at it.

Interestingly, [Sanjay Aggarwal, 2013 "Dutch Paradox"](#) in a study called the "Dutch Paradox", a very interesting ethnographic study. He says this, "Despite the Netherlands' reputation as a world leader with respect to gay rights, homosexual Dutch men have much higher rates of mood disorders, anxiety disorders and suicide attempts than heterosexual Dutch men. Epidemiologists report similar disparities elsewhere in Western Europe and North America... In the Netherlands, considered the model for gay equality - how can one understand the high rates of psychiatric disorders among gay men." The stigma/risk theory that your educators are tied intrinsically to, they bought it hook line & sinker, it doesn't hold water. The best data shows that it simply is not true.

So the problem is that we have a situation where adolescents that are in this group, this LGBT group are at a much higher risk. Most of them will exit this group and that is a good thing. You do not want to prevent people from exiting that high-risk group when they are experiencing two to three times higher levels of suicidality, mood disorders other kinds of things, drug abuse, sexual promiscuity. You want them to be able to go and so I don't care what people do as adults as far as their own choices. I've got people in my life that I would consider my friends that are gay and lesbian, but do not tell our kids that this is a good lifestyle, when most of them are going to walk out of it and that is a healthy thing.

I'm going to talk about transgender concerns which is something that is coming up. Many people have said this has really taken us by surprise, how fast transgender concerns have come upon us. Right now you need to understand that there is tremendous and even exponential rise in gender identity disorder amongst children and adolescents. Gender identity clinics around the world report

exponential increases and especially in girls, this is very interesting.

[In the UK](#), “the Gender Identity Development Service (GIDS) said 969 under-18s have been referred in the UK in 2015-16....this compares to just 94 in 2009-2010.” when they had stats. That means that in the course of six years the numbers have gone up tenfold. Ten-fold. All right, this is an enormous thing that is taking our world by storm and it is heading to your school if it is not already there. The interesting thing though, is that the ratio of girls and boys that are gender dysphoric has skewed significantly.

[Tavistock & Portman 2016](#), this is a gender identity clinic that is saying this, this isn't a biased source. It says, “It could be argued that we live in a society where there is a disproportionate emphasis on physical appearance and huge pressure to attain an ideal body type. In this context, it may be disproportionately young women who hate their bodies if they feel they cannot attain these ideals, and wish to act on their bodies in some way, for example restrictive dieting and body modification.”

That is an astounding admission by a gender identity Clinic. Saying essentially, “Societal attitudes are leading to kids presenting with gender dysphoria.”

A Finnish study by [Kaltiala-Heino, 2015](#) says this, “Adolescents are more suggestible and submit more readily to group pressure to gain acceptance. During puberty and adolescent development there may be some overlap between normative testing of sexuality and gender roles in the one end, and gender dysphoria as a disorder in the other end of the spectrum. This would implicate that GD, (gender dysphoria) in adults and adolescence may not be the same issue in general.”

So you've got lead researchers that are saying -- listen we need to put some caution on what is going on in our world right now. These kids, they don't understand where they are doing as a sexual being and yet our world is not heeding what the sex researchers are largely saying. Of course, there are some sex researchers that are saying the opposite, "Full speed ahead," but so many, so many sex researchers are saying – "No, no this is not right."

Most people are not aware or at least not aware to the degree that gender dysphoria desists in adolescence. [Steensma, 2011, *Desisting and Persisting*](#), says this, "Although the persistence rates differed between the various studies (2% to 27%), the results unequivocally showed that the gender dysphoria remitted after puberty in the vast majority of children."

Kids are just figuring out who they are in adolescence. If you've been an adolescent, you know that. Somehow our world has gotten so intelligent they've become foolish and have forgotten the most obvious facts of developmental behavior.

One of the best studies on transgender issues, but especially on dysphoria and Desistance and Persistence is by a Canadian doctor by the name of [Devita Singh, 2012](#) actually made it all the way through her doctoral dissertation. It was really good stuff. She says this, about her study, "Of the 88 participants [all natal males] who met the full diagnostic criteria for GID in childhood, 12 (13.6%) were gender dysphoric at follow-up and the remaining 76 (86.4%) were no longer gender dysphoric."

Alright, that is a particularly important study because it shows that people even with a full GD diagnosis, those who meet the absolute diagnosis, they remit at exceptionally large levels, 86.4%. Now, interestingly the majority of those who desist have same-sex attraction, sometimes this is overblown a little bit by

people, but it is usually about 50 to 80% of people and so what you need to know is that you have, on this issue of transgender concerns, you have significant allies amongst the LGBT community.

Now you might be thinking, “Well, Paul people aren't going to be too pleased with you if they are in the LGBT community after what you just said.” Well, that may be. Nonetheless, I have many allies in the LGBT community that are willing to work with me, willing to overlook differences because they believe that the transgender movement represents gay eugenics. That it is turning gays into straights via surgery and hormone therapy. They believe, many gays and lesbians believe that this is the ultimate conversion therapy. You need to understand this, that you have allies all over the place and the LGBT community is not a uniform group.

Lastly, we need to really consider whether what's going on in our world and where things are going with the transgender debate is child abuse. You need to understand that the stakes are exceptionally high. When a parent says, “Listen my child identifies as a girl instead of a boy, so I want you to treat them this way and so we're going to read stories in Grade 4 that makes everybody agree with this and use the right pronouns...” we need to understand that the stakes for your children and for that child are exceptionally high. Transgender means in many cases lifelong hormone treatment. It means frequent surgeries including the removal of healthy functioning body parts. It means sterilization in most cases. It means you do not get to have children. It means ugly things like breast binding and drug therapy like Lupron to stop puberty and the data is not in on Lupron. I believe that there are tremendous problems that are cropping up with this drug. I want to talk a little bit about not only transition in people that desist at adolescence but also change after transition. There are people in this room, I know of at least one who has transitioned from thinking they were a boy instead of a girl.

I'm just telling you the stats and I'm telling you the studies and I'm not going to sugar coat anything. I'm not going to bias anything, they are rare. Regret is rare in the studies, yet, patient follow-up is statistically exceptionally poor.

Although reported regrets are rare in the studies, (Gooren, 2008) patient follow-up is statistically very poor (De Cuypere, 2006), and detransitioners are cropping up in significant numbers.

A recent [internet survey](#) (2016) collected data from 203 detransitioned women, of which 117 had medically detransitioned. This is a quick one-month study, who are you going to find in our networks. Of these, 100 had medically detransitioned. This is shocking because there are all sorts of people out there, at least six months ago, that had never heard that there were people that had detransitioned. And now not only are there people who have detransitioned, but they are there in significant numbers. Significant numbers, and some of them have even medically detransitioned.

So the question is that many people are asking, “Is social contagion occurring?” Okay, so a similar internet survey was done by [Lisa Littman, 2017](#), which gives initial evidence that social contagion may be responsible for the growing numbers of trans children and adolescents. Now, if you know the data, the growing data on social Contagion, you know that contagion is a recognized thing in culture. Mental disorders have recently been shown to be contagious ([JY Wang, 2017](#)).

Let me repeat that mental disorders have recently been shown to be contagious. You can catch mental disorders. Social contagions, including suicide and obesity, have been well

documented by [Christakis \(Connected, 2009\)](#) in his book Connected in 2009.

One last thing I want to talk about which is something that is dear to me. It is the reason that I got involved in all of this and was eventually led to the Senate and being a witness before our government and that is that I do not want my girl worried about whether a boy is going to come into her change room in a public school system. It is not right! Applause. And I have transgender allies that believe the same thing. All right.

Very soon, maybe this coming school year your daughters will no longer have the right to say no to changing with a trans identified male who has male genitalia in their change room or be in the same bathroom.

The question, the million-dollar question that you need to ask... If there's one thing you write down, here it is. You need to go to your school board and to your educators and you need to ask this question. Why do we have separate facilities in the first place? Because, the answer comes down to biology, it does not come down to Identity or how you choose to express yourself. It comes down to biology. Guess what, the same things that people who are women in places like Africa who cry out for sex-segregated facilities, are the same things that we are giving up here. As Canadians, we are exporting, helping girls in the third world countries to get sex-segregated spaces where they are free from males coming in or voyeurism and these kinds of things, and yet we will not protect the same thing here. It's absurd. It's absurd and it's illogical and we need to stand up and say enough.

I'm going to stop there. A lot of this data is going to be up eventually, hopefully soon on the Culture Guard website www.cultureguard.com and you just need to do some of your own research, but we're going to try to help you. You need to

take this information to people listening. If you take 20 hours out of your time to educate yourself, you will instantly be more informed on these issues than probably 90% of your school boards and educators. So educate yourself, do the work and we are going to help you do it. Thank you.