

Boy Who Began Sex Change at Age 12 Changes His Mind 2 Years Later



After taking body-altering estrogen hormones for over two years, a 14-year-old Australian boy realizes that he made a terrible mistake.

At age 12, Patrick Mitchell was diagnosed gender dysphoria by doctors – a condition where a person experiences distress because there is a mismatch between their biological sex and gender identity. He was prescribed estrogen hormones to begin the sex change process. After heeding advice from professionals who suggested that it was the right choice, his mother was fully supportive and Mitchell began to transition.

The process began when Mitchell felt confused about his body and gender while being bullied at school.

Seeing him struggling, mum Alison decided to home school Patrick and broached the subject of transgender with him.

“I’d seen a story on TV about transgender people,” says Alison.

“I said to Patrick, ‘I’m not saying this is you but I think we should speak to somebody about it.’”

“I hadn’t even finished the sentence and he had the biggest smile on his face – I hadn’t seen him smile for months.”

Shortly after, Patrick met with doctors who diagnosed him with gender dysphoria – Now to Love, [Patrick Mitchell tells: “I transitioned into a girl... now I’m a boy again”](#)



Patrick Mitchell during transition.

After two years of hormones (and growing breasts), Mitchell had a change of heart.

In the beginning of 2017 however, Patrick started to have a change of heart when a female tutor referred to him as “one of the girls” during a lesson.

“I began to realise I was actually comfortable in my body. Every day I just felt better,” Patrick says.

In order to return to his original self, Mitchell stopped his medication and will undergo surgery to remove excess breast tissue.

A Disturbing Trend

As seen in the article [Over 800 Children Have Been Given Puberty Blockers by UK's Public Health System](#), the NHS has allowed children as young as 10 to undergo an aggressive treatment consisting of monthly injections of hormones that stop the development of sex organs, breasts, and body hair, making it easier to perform sex change operations at a later date.

Paul Rodney McHugh, a distinguished University Professor of Psychiatry at the Johns Hopkins University School, has been advocating against hormonal treatments on children for years. Here's a letter he published summing up the situation.

Advocates of puberty-blockers argue that it represents a prudent and 'fully reversible' way to give young people with gender dysphoria and their families time to sort out the difficult issues surrounding gender identity.

Puberty-suppression as an intervention for gender dysphoria has been accepted so rapidly by much of the medical community, apparently without scientific scrutiny, that there is reason to be concerned about the welfare of children who are receiving it.

There remains little evidence that puberty-suppression is reversible, safe, or effective for treating gender dysphoria.

Psychologists do not understand what causes gender dysphoria in children and adolescents.

They also cannot distinguish reliably between children who will only temporarily express feelings of being the opposite sex from children whose gender dysphoria will be more persistent.

We frequently hear from neuroscientists that the adolescent brain is too immature to make reliably rational decisions.

But we are supposed to expect emotionally troubled adolescents to make decisions about their gender identities and about serious medical treatments at the age of 12 or younger.

For patients and doctors who are committed to the view that the young person's gender dysphoria represents a persistent and real problem that can best be solved by transitioning the patient to living as the opposite sex, puberty-suppression can seem like a desirable approach.

But most children who identify as the opposite sex will eventually come to identify as their biological sex.

Until much more is known about gender dysphoria, and until controlled clinical trials of puberty-suppression are carried out, this intervention should be considered experimental.

Regardless of the good intentions of the physicians and parents, to expose young people to such treatments is to endanger them.

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