



Written by [Michael Tennant](#) on April 13, 2025

Australian Dad Gets Custody of 12-year-old Son Whose Mom Wanted Him on Puberty Blockers

An Australian judge awarded custody of a 12-year-old boy to his father, who sought to prevent his estranged wife from putting the boy on puberty blockers to “affirm” his belief that he is female.

On April 4, rejecting the prevailing “gender-affirming care” orthodoxy, Justice Andrew Strum of the Federal Circuit and Family Court of Australia applied science and common sense to determine the boy’s best place was with his father.

As for science, Strum accurately [wrote](#), “Save for rare chromosomal anomalies, XX and XY binary sex is biological fact, and is immutable, irrespective of gender identity.” He also [pointed out](#) the dangers of puberty blockers and the likelihood that the boy’s gender confusion would eventually resolve itself.

When it comes to common sense, Strum recognized that a child does not have the maturity to make life-changing decisions, especially ones involving significant risks.

Strum’s ruling, penned the *Australian’s* [Ellie Dudley](#), “marks the first time a sitting judge has blown a hole in the country’s gender-affirming treatment of care guidelines.” And it “raises big questions regarding the treatment of gender-incongruent children.”

Dad Digs Dresses, Disses Drugs

The father in the case did not try to suppress his son’s gender exploration. He allowed the boy to wear girls’ clothes even when in his custody, and he “abided by the mother allowing the child to grow long hair,” noted the judge. But he did not want his son to travel down an irreversible path to pseudo-femininity.

Strum concurred:

This is a case about a child, and a relatively young one at that; not one about the cause of transgender people. As this child grows, develops and matures, and explores and experiences life, the child might, with the related benefits of the passage of time and the acquisition of balanced understanding, come to identify as a transgender female and might elect to undergo some form of medical treatment, to affirm and/or align with that identity. But, similarly, with those benefits, the child might not do so, and for a variety of reasons.



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Naturally, the mother, aided and abetted by two trans-activist doctors, disagreed, holding to the dogma



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that once a child identifies as the opposite sex, he or she should immediately be sent down the “transitioning” trail.

Diagnostic Testing

Strum was not convinced.

For one thing, how did these “experts” know whether the boy arrived at the conclusion that he was a girl on his own or under the influence of others? He recalled:

The mother, in cross-examination, rejected even the possibility that external factors or influence might have any role to play in the child’s gender identity. However, neither of those experts were able to point to any empirical or substantive basis for their opinion but, rather, only to anecdotal reports from transgender adults about their experience of their gender identity.

On top of that, how did they even know the boy was suffering from gender dysphoria? His mother had been socially transitioning him for some time before his diagnosis. According to Dudley, the gender clinic that had been seeing him for six years “had failed to conduct a proper biopsychosocial assessment of the child” and “had not conducted an autism assessment despite known links between neurodivergence and gender incongruence.” One of the mother’s expert witnesses, referred to in court documents as Dr. N, testified that she only diagnosed the boy with gender dysphoria shortly before the trial began.

Observed Strum:

Without such a diagnosis (or diagnoses), it is nigh inconceivable that the mother could have seriously prosecuted her application in relation to puberty suppression, let alone had any prospect of success. I find that the timing was more than merely coincidental.

Anti-activist Judge

Strum had harsh words for the gender clinic overall, finding that it offers no treatments for gender dysphoria except puberty blockers and, furthermore, “represents to parents and children that puberty blockers are fully reversible and relatively risk-free.” Dr. N, he recounted, “could not identify a single case of a child who had been referred by her, or one of her colleagues, to a pediatrician at the [gender clinic] who had not been prescribed puberty blockers.”

The mother’s other expert witness, a self-described “advocate for trans rights,” claimed the case was part of a “third wave of transgender oppression.” He or she even played the Nazi card, likening the denial of “gender-affirming care” to the Holocaust.

Strum, who is Jewish, would have none of it. Such testimony, he asserted, “demonstrates ignorance of the true evils of Nazism and cheapens the sufferings — and mass murder — of the millions of the victims thereof.... I consider there to be no comparison whatsoever.”

He also recognized that the mother’s side was trying to weaponize the state’s anti-“conversion therapy” law against the father by intimating that he and his lawyers could face criminal charges for blocking the boy’s gender transition. Strum suggested this was probably why the father had difficulty “obtaining both expert evidence for these proceedings and alternative treatment proposals for the child.”



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Dudley reported:

Justice Strum ultimately rejected the hospital's diagnosis of the child as being gender-dysphoric, and found the mother had attempted to use the child's gender fluidity to damage the relationship with the father.

"Ideology," Strum declared, "has no place in the application by courts of the law, and certainly not in the determination by courts exercising jurisdiction under the [Family Law Act] of what is in a child's best interests."



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