"Harms from Medical Treatment of Adolescent Gender Dysphoria"

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October 2020

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Dispelling popular attacks/emotional blackmail against believers, blaming people of faith for poor sexual minority well-being.

Faith, It's Not the Bad Guy

- A 2017 study of sexual minorities ("Happily Religious") found that "Surprisingly, **no significant differences** are found between mainline Protestants (whose church doctrine often accepts same-sex

relations) and evangelical Protestants (whose church doctrine often condemns same-sex relations)."[1] Contradicts minority stress theory.
    - Also noted, ""**LGBT individuals** who identify as Catholic, **agnostic or atheist, or with no particular religious affiliation** report **lower levels of happiness** compared to mainline Protestants." However, Catholics were lumped.
- **GLSEN 2017 National School Climate Survey** https://files.eric.ed.gov/fulltext/ED590243.pdf
    - **Religious schools without LGBTQ-affirming** curricula, policies, administrators, teachers, textbooks, clubs, library resources, etc. were **among the safest for sexual minority students, had fewer anti-LGBTQ student comments, and the least victimization and bullying of any schools.** Even **less than in private secular** schools using the recommended affirmation methods.[2]

Causes for Suicidal Behavior: there is no one cause, but mental health issues stand out.

- 1994. The U.S. CDC/MMWR "Suicide Contagion and the Reporting of Suicide" recommendations against "Presenting simplistic representations of suicide. Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems."[3] About 96% of US adolescents attempting suicide demonstrate at least one mental illness (Nock 2013).[4]
- 90% of adults and adolescents who completed suicide had unresolved mental disorders (Cavanagh 2003).[5]
- About 5% of all youth suicide can be partly attributed to media coverage and discussion of other suicides (Kennebeck 2018)."[6]

[1] Barringer, M. N. and Gay, D. A. (2017), Happily Religious: The Surprising Sources of Happiness Among Lesbian, Gay, Bisexual, and Transgender Adults. Sociol Inq, 87: 75-96. doi:10.1111/soin.12154

[2] Laura Haynes, "Are Religious Californians Really Harming the Mental Health of People Who Identify as LGBTQ?" thepublicdiscourse.com, Sept. 16, 2019.

[3] O'Carroll, P.W. & Potter, L.B. (April 22, 1994). Suicide contagion and the reporting of suicide: Recommendations from a national workshop. MMWR, 43(RR-6):9-18. https://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm

[4] Nock MK, Green JG, Hwang I, McLaughlin KA, Sampson NA, Zaslavsky AM, Kessler RC. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. JAMA Psychiatry. 2013 Mar;70(3):300-10.

[5] Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003), Psychological autopsy studies of suicide: a systematic review, Psychological Medicine, 33: 395–405, Cambridge University Press, DOI: 10.1017/S0033291702006943.

[6] Kennebeck S, Bonin L. Suicidal behavior in children and adolescents: Epidemiology and risk factors. "UptoDate" [online database]. Last updated 21 November 2017. Accessed 5 November 2018

- The contagious example of publicized suicide is called the Werther effect, a copycat phenomenon. The Papageno effect is the reduction of suicide rates prompted by the public example of pushing on.[7]

Stigma does not explain for poor LGBT behavior statistics.

- A 2016 study **examined 40 years of data in children** referred for gender dysphoria and found "**once we controlled** for **general behavior problems**, poor peer relations [ostracism/stigma] was no longer a significant predictor of suicidal ideation and behavior."[8]
- **Meta-analytic studies** indicate the strength of this **relationship of stigma to mental health** is significant but small, with minority stresses directly **explaining less than 9%** of the relationship.[9] [10] [11]
- **Mayer and McHugh's 2016** comprehensive review of the scientific literature on sexuality and gender concluded, "…it is impossible to prove through these studies that stigma leads to poor mental health, as opposed to, for example, poor mental health leading people to report higher levels of stigma, or a third factor being responsible for both poor mental health and higher levels of stigma." [12]

Intimate Partner Violence as a significant cause of LGBT Suicide.

- A 2014 Australian study found a leading reason for suicide among "LGBTI" individuals was **stress from romantic partners rather than societal rejection**.[13]
- The CDC's 2010 findings from its ongoing National Intimate Partner and Sexual Violence Survey (NISVS) stated that sexual minorities experience intimate partner violence at rates equal to or greater than non-sexual minorities.[14]

[7] Aaron Kheriaty, "The dangerously contagious effect of assisted-suicide laws," washingtonpost.com, Nov. 20, 2015.

[8] Aitken, Madison & P. VanderLaan, Doug & Wasserman, Lori & Stojanovski, Sonja & Zucker, Kenneth. Self-Harm and Suicidality in Children Referred for Gender Dysphoria. Journal of the American Academy of Child and Adolescent Psychiatry, 55(6) · April 2016, pp. 513-520.)

[9] Jones KP, Peddie CI, Gilrane VL, King EB, Gray AL. Not so subtle: A meta-analysitc investigation of the correlates of subtle and overt discrimination. Journal of Management. 2016 June; 42(6): 1588-1613.

[10] Pascoe EA, Richman LS. Perceived discrimination and health: A meta-analytic review. Psychological Bulletin. 2009. 135(4): 531–554.

[11] Schmitt MT, Branscombe NR, Postmes T, Garcia A. The consequences of perceived discrimination for psychological well-being: A meta-analytic review. Psychological Bulletin. 2014. 140(4); 921-948.

[12] Mayer LS and McHugh P, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," The New Atlantis, Fall 2016. PP 79-81.

[13] Skerrett D, et al. "Suicides among lesbian, gay, bisexual, and transgender populations in Australia: An analysis of the Queensland Suicide Register." Asia-Pacific Psychiatry, April 2014. DOI: 10.1111/appy.12128

[14] https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

- A 2013 U.S. Department of Health and Human Services prevention grant stating, "Domestic/intimate partner violence is a significant health problem among LGBTQ populations . . ."[15]
- In 2004, with a $50,000 grant from the Blue Shield of California Foundation, the Gay and Lesbian Medical Association launched the "LGBT Relationship Violence Project" to educate medical professionals about LGBT domestic violence. ·

Words Matter. Language shapes thoughts, which shape beliefs, which shape culture. Passively allowing cultural forces to determine language surrenders ground needlessly and paints us into a corner.

SEX

- Is **objective, identifiable, immutable, determined at conception** (not "assigned at birth"), **stamped on every nucleated cell**, and **highly consequential**[16] [17] [18] [19]
- There are 2 sex cells or gametes, sperm and ova. There is no third.
- **Per** DSM-5, p. 829: "Biological indication of male and female (**understood in the context of reproductive capacity**), such as sex chromosomes, gonads, sex hormones, and nonambiguous internal and external genitalia."[20]
- Psychiatrist Stephen B. Levine: **"Biological sex cannot be changed**."[21]

What about disorders of sex development (intersex)?

[15] http://www.grants.gov/web/grants/view-opportunity.html?oppId=236108 regarding HHS-2013-ACF-ACYF-EV-0598.

· Susan Jones, "Domestic Violence in LGBT Relationships Targeted," October 20, 2004, CNSNews.com.

[16] Institute of Medicine (US) Committee on Understanding the Biology of Sex and Gender Differences; Wizemann TM, Pardue ML, editors. Exploring the Biological Contributions to Human Health: Does Sex Matter? Washington (DC): National Academies Press (US); 2001. 2, Every Cell Has a Sex. Available from: https://www.ncbi.nlm.nih.gov/books/NBK222291/

[17] "Researchers Identify 6,500 Genes That Are Expressed Differently in Men and Women," Weizmann Wonder Wander (Weizmann Institute of Science), May 3, 2017, online at: https://wiswander. weizmann.ac.il/life-sciences/researchers-identify-6500-genes-are-expressed-differentlymen-and-women.

[18] Cretella, Michelle A.,Rosik, Christopher H.,Howsepian, A. A. Sex and gender are distinct variables critical to health: Comment on Hyde, Bigler, Joel, Tate, and van Anders (2019). American Psychologist, Vol 74(7), Oct 2019, 842-844.

[19] Bartz D, Chitnis T, Kaiser UB, et al. Clinical Advances in Sex- and Gender-Informed Medicine to Improve the Health of All: A Review. *JAMA Intern Med* 2020.

[20] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (Arlington, VA: American Psychiatric Association, 2013), p. 829.

[21] Stephen B. Levine (2018): Informed Consent for Transgendered Patients, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2018.1518885.

- They are also established at conception for the 0.02% of people who have them. [22] [23]
- DSDs are definable medical problems, not identities. Something someone has and not who they are.
- DSDs:
    - "… a diverse group of congenital conditions where the **development of the reproductive system is different from what is usually expected**."[24]
    - DSDs **usually impair fertility**.[25]
- **Biological anomalies do not disprove** or undercut the reality of there being only two sexes, male and female, which are ordered to the purpose of reproduction.[26]
    - **DSDs are not a third sex**. (There are 2 sex cells (gametes), sperm and ova. There is no third.) **Intersex is not extra-sex**.
- Conversely**, in the trans-identified, there is no inherent defect in sex organ development, function or fertility**.
- **DSD patients usually do not identify with transgender identity**.
    - "Importantly, the vast majority of affected children with CAH historically did not experience self-perceived transgender identity or gender dysphoria (Zucker et al. 1996)."[27]

GENDER

- It's an engineered term leveraging linguistics against biology. [28]
    - **Nouns have gender, people have a sex**.

[22] "Intersex. What It Is And Is Not," CMDA The Point Blog, May 2, 2019.
[23] Sax L, How common is intersex, Journal of Sex Research, Aug 1, 2002. http://www.leonardsax.com/how-common-is-intersex-a-response-to-anne-fausto-sterling/
[24] Beale JM, Creighton SM. Long-term health issues related to disorders or differences in sex development/intersex. *Maturitas*. 2016;94:143-148. doi:10.1016/j.maturitas.2016.10.003
[25] Słowikowska-Hilczer J, Hirschberg AL, Claahsen-van der Grinten H, et al. Fertility outcome and information on fertility issues in individuals with different forms of disorders of sex development: findings from the dsd-LIFE study. *Fertil Steril*. 2017;108(5):822-831. doi:10.1016/j.fertnstert.2017.08.013
[26] American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (Arlington, VA: American Psychiatric Association, 2013), p. 829.
[27] Hruz, P. W. (2020). Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria. *The Linacre Quarterly*, *87*(1), 34–42. https://doi.org/10.1177/0024363919873762
Citing: Zucker, Kenneth J., Susan J. Bradley, Gillian Oliver, Jennifer Blake, Susan Fleming, and Jane Hood. 1996. "Psychosexual Development of Women with Congenital Adrenal Hyperplasia." Hormones and Behavior 30: 300–18. doi: 10.1006/hbeh.1996.0038.
[28] Quentin Van Meter, "Bringing Transparency to the Treatment of Transgender Persons," *Issues in Law and Medicine* 34, no. 2 (Fall 2019): 147.

- Psychologist Dr. John Money of John Hopkins initiated its use in professional journals in 1955, referring to "the identity of the inner sexed self."[29]
- However, "The root "gen"—from which we get words such as generous, generate, genesis, genetics, genealogy, progeny, gender, and genitals—means "to produce" or "give birth to." A person's gen-der, therefore, is based on the manner in which that person is designed to gen-erate new life. Contrary to widespread secular insistence, a person's gender is not a malleable social construct. Rather, a person's gender is determined by the kind of genitals he or she has."

  Christopher West, *Our Bodies Tell God's Story*, (Brazos Press, Grand Rapids), 2020. p. 28.

- **Sex is biology**. **Gender is ideology.**
- **Gender** is subjective, fluid and self-declared.
- **Gender identity** is a feeling, a self-perception, often a sex stereotype.
  - Ideations cannot be "assigned at birth."

GENDER DYSPHORIA is a diagnosis, but that is going away. **Gender incongruence?**

Gender Anxiety is an apt term for minors.

- **A gender-dysphoric youth experiences a sense of incongruity between the gender expectations linked to her or his biological sex and her or his biological sex itself."**[30] Shechner, Israeli J of Psych & Related Sci.
- DSM-5 "Gender Dysphoria" terminology is soiled by ideology: "A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration…" and "associated with clinically significant distress or impairment in social, occupational or other important areas of functioning."

Transgenderism is an overarching ideology. (Dr. Ken Zucker's term)

They are **not the same**, save for now arriving to us as self-diagnoses.

- DSM 5 of the APA:[31]
  "Transgender refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender."
- Ken Zucker: "But a transgender identity is not isomorphic with a mental health diagnosis of gender dysphoria …"[32]

[29] John Money, "Hermaphroditism, gender and precocity in hyperadrenocorticism: psychologic findings," Bulletin of the John Hopkins Hospital 95, no. 6 (1955): 253 – 264, http://www.ncbi.nlm.nih.gov/pubmed/14378807.

[30] Tomer Shechner, *Gender Identity Disorder: A Literature Review from a Developmental Perspective*, 47 Isr. J. of Psychiatry & Related Sci. 132-38 (2010).)

[31] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. P.451.

[32] K.J. Zucker, The myth of persistence: response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender nonconforming children" by Temple

DSM-5 **PREVALENCE STATS**: "For natal adult **males**, prevalence ranges from **0.005% to 0.014%**, and for natal **females**, from **0.002% to 0.003%**."

- But surveys now say **2% of youths** claim to be trans. [33]
- Something changed, and it wasn't biology or genetics.

DESISTANCE is the **norm for GD/GA**, unless affirmed. **Conservatively, 85% will desist by adulthood.**

- DSM-5 p.455: rates of persistence translate to rates of desistance in natal males from 70 to 97.8% and natal females from 50 to 88%. [34]
- American Psychological Association *Handbook on Sexuality and Psychology,V1,744*: [35]
    - "In no more than about one in four children does gender dysphoria persist from childhood to adolescence or adulthood…" That represents a minimum 75% rate of desistance.
- Cohen-Kettenis, 2008, J SexMed: 80-95% of gender dysphoric pre-pubertal children desist by the end of adolescence.[36]
- Ristori, et al Int Rev Psychiatry 2016: Finding a desistance rate of **61-98%** of GD cases by adulthood.[37]
- The pro-affirmation Endocrine Society Guidelines admit: "… the large majority (about 85%) of prepubertal children with a childhood diagnosis (of GD) did not remain gender dysphoric in adolescence."[38]
- U of Toronto psychologist Dr. Ken Zucker summarizes and defends the numerous studies showing **desistance is common** in his 2018 paper, "The myth of persistence."[39]

Newhook et al , 19(2) INT 'L J. TRANSGENDERISM 231–45 (2018).

[33] Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. MMWR Morb Mortal Wkly Rep 2019;68:67–71. DOI: http://dx.doi.org/10.15585/mmwr.mm6803a3external icon

[34] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. P.455.

[35] Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, *1*: 744.)

[36] Cohen-Kettenis PY, et al. "The treatment of adolescent transsexuals: changing insights." J Sex Med. 2008 Aug;5(8):1892-7. doi: 10.1111/j.1743-6109.2008.00870.x. Epub 2008 Jun 28.

[37] Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psychiatry. 2016;28(1):13-20.

[38] Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. J Clin Endocrinol Metab,102:1–35.

[39] Zucker, K. J. (2018). The myth of persistence: response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender nonconforming children" by Temple Newhook et al. International Journal of Transgenderism, 19(2), 231–245. Published online May 29, 2018. http://doi.org/10.1080/15532739.2018.1468293

ISSUES OF CONCERN IN GD/GA

BRAIN DEVELOPMENT IN MINORS [40] [41] [42] [43]

- **Children have developing brain, their minds change often, and they don't grasp long-term consequences**.[44]
- The **frontal lobe** – brain's **judgment and inhibition** center -- does not fully mature until approximately **23 – 25 years of age**.
- The **amygdala** – brain's emotion center -- is both immature and not fully connected to the frontal lobe in teens. So **emotional thinking** can prevail.
- **AAP's HealthDay reported (April 2017**) **U of Iowa study** that kids younger than **14yo could not** reliably **cross a busy** street safely. [45]
    - So how are they competent to choose gender affirming therapy/GAT?

Overwhelming majority have other mental health issues and/or neuro-developmental disabilities (autism spectrum disorder).
Family issues very likely present, along with Adverse Childhood Events.
And now most are female.

- Bechard M et al, Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: a "proof of Principle" Study, J Sex and Marital Therapy 2017;43:678-688.
- **2015 report from Finland's gender identity services found 75% of adolescents they saw were or had been undergoing psychiatric treatment for reasons other than GD**. **26% had autism spectrum disorder. 87% female**.[46]

[40] National Institute of Mental Health (2001). Teenage Brain: A work in progress. http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf.

[41] Pustilnik AC, and Henry LM. Adolescent Medical Decision Making and the Law of the Horse. *Journal of Health Care Law and Policy* 2012; 15:1-14. (U of Maryland Legal Studies Research Paper 2013-14).

[42] Blakemore, S.-J., Burnett, S. and Dahl, R.E. (2010), The role of puberty in the developing adolescent brain. Hum. Brain Mapp., 31: 926-933. doi:10.1002/hbm.21052

[43] František Váša, et al. Conservative and disruptive modes of adolescent change in human brain functional connectivity. PNAS, Jan 2020, 201906144; DOI:10.1073/pnas.1906144117.

[44] "Transing California Foster Children & Why Doctors Like Us Opposed It," PublicDiscourse.com, October 28, 2018.

[45] https://consumer.healthday.com/kids-health-information-23/child-safety-news-587/at-what-age-can-kids-safely-cross-the-street-721785.html.

[46] Kaltiala-Heino R, Sumia M, Työläjärvi M, Lindberg N. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. Child and Adolescent Psychiatry and Mental Health (2015) 9:9.

- **2014. Four nation European study found almost 70%** of people with gender identity disorder **had "a current and lifetime diagnosis**."[47]
- **2018. Lisa Littman's parental survey** of Rapid Onset Gender Dysphoria:[48]
    - **62.5% of gender dysphoric adolescents had "a psychiatric disorder or neurodevelopmental disability (before) the onset of gender dysphoria**".
    - **12.3%** prevalence of **autism spectrum disorder**.
    - **(48.4%) had experienced a traumatic or stressful prior event**
    - **83% female**.
- **Kaiser-Permanente study** 2018 (Becerra-Culqui): Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers.[49]
    - Gleaned from **electronic medical records** of **8.8M members** in GA and CA.
    - **High rates of psychiatric disorders and suicidal ideation before gender non-congruence in teens**.
    - Rates (prevalence ratios/PR) in the 6 months before first findings of GNC compared to gender congruent peers: **psych disorders 7 times higher overall,** vast PR for certain ones, **psych hospitalizations 22-44 times higher, self harm 70-144 times higher, suicidal ideation 25-54 times higher** (Tables 3 & 4 of study).
    - Suicidal ideation during said 6 months before GNC findings: 7% in biological males and 5% in biological females. Far below rates claimed by activists, but still high.
- **USA 2019. "The prevalence of mental disorder diagnoses was higher in transgender hospital encounters (77% vs. 37.8%,** $P < .001$). The prevalence of each examined mental disorder diagnosis was significantly higher in transgender hospital encounters. A multivariable analysis demonstrated significantly higher odds of all mental disorder diagnoses (odds ratio [OR] = 7.94; confidence interval [CI], 7.63–8.26; $P < .001$), anxiety (OR = 3.44; CI, 3.32–3.56; $P < .001$), depression (OR = 1.63; CI, 1.57–1.70; $P < .001$), and psychosis (OR = 2.46; CI, 2.36–2.56; $P < .001$) among transgender versus cisgender inpatient encounters."[50]
- **UK Tavistock 2019 paper: Common themes: prior to GD onset patients had "experienced teasing/bulling, exclusion, isolation, difficulty in**

[47] Heylens G, et al. "Psychiatric characteristics in transsexual individuals: multicentre study in four European countries," The British Journal of Psychiatry Feb 2014, 204 (2) 151-156; DOI: 10.1192/bjp.bp.112.121954.
[48] Littman, L. "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," journals.plos.org, Aug. 16, 2018. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330
[49] Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. Pediatrics. 2018;141(5):e20173845.
[50] Hanna, B, et al. Psychiatric disorders in the U.S. transgender population, Annals of Epidemiology, online 4 October 2019.

social communication, distress in relation to awareness of a developing sexed body."
The **majority "had an existing diagnosis of an autism spectrum** condition (ASC) **or would be likely to obtain one**."[51]

- **Why autism spectrum? Concrete thinking**, tendency to lock on to ideas, and they **become convinced they are different because they are trans**.
- **Personality Disorders** are common, especially **narcissism**.
    - Looking at 8 studies, Zucker reported most found 50–80% prevalence of lifetime comorbid psychopathology in adults with GD, including a 20–60% prevalence of personality disorders."[52]
    - Iran. 2014. Among people requesting SRS:
      81.4% had personality disorders. #1 was narcissistic PD (57.1%).
      Averaged 3.00 diagnoses per patient."[53]
- **Autogynephilia**, common for adult males.
    - "…propensity of certain males to be erotically aroused by the thought or image of themselves as women."[54]
- **ROGD** (Rapid Onset Gender Dysphoria)
  Rapid-Onset Gender Dysphoria is the **sudden onset of dysphoria during or after puberty with no prior sign of it**.
  Lisa Littman's 2018 parent survey showed these hallmarks in minors:[55]
    - One or more friends became gender dysphoric or trans-identifying.
    - Increasing social media and web use before it.
    - Worsening of their child's mental health.
    - Worsening isolation from family and non-trans-identified friends.
    - Distrust of information from non-trans-affirming sources.
    - ROGD has become a social contagion, as is now self-evident.
- **Affirming parents don't improve the stats: (Schumm & Crawford)**
  "Whereas **Olson et al. (2016b) and Durwood, McLaughlin, and Olson (2017**) **concluded that transgender children with strong parental support had, at worst, only slightly higher levels of anxiety with no differences in self-worth or depression; a reanalysis of their findings suggests otherwise**, with slightly higher levels of depression but

[51] Clarke, Anna Churcher, and Anastassis Spiliadis. "'Taking the Lid off the Box': The Value of Extended Clinical Assessment for Adolescents Presenting with Gender Identity Difficulties." Clinical Child Psychology and Psychiatry, vol. 24, no. 2, 2019, pp. 338–352., doi:10.1177/1359104518825288.
[52] Zucker, KJ, et al. Gender Dysphoria in Adults. Annu. Rev. Clin. Psychol. 2016. 12:217–47. (P. 227.)
[53] Meybodi AM, Hajebi A, Jolfaei AG. The frequency of personality disorders in patients with gender identity disorder. *Med J Islam Repub Iran*. 2014;28:90. Published 2014 Sep 10.
[54] Blanchard, Ray. (2005). Early History of the Concept of Autogynephilia. Archives of sexual behavior. 34. 439-46. 10.1007/s10508-005-4343-8.
[55] Littman, L. "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," journals.plos.org, Aug. 16, 2018.
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330.

significantly and substantively meaningful differences in anxiety and self-worth, and with results favoring cisgender children, even when the transgender children had high levels of parental support for their gender transitioning."

Schumm, Walter & Crawford, Duane. (2019). Is Research on Transgender Children What It Seems? Comments on Recent Research on Transgender Children with High Levels of Parental Support. The Linacre Quarterly. 87. 002436391988479. 10.1177/0024363919884799.

Citing:

- Olson, Kristina R., Lily Durwood, Madeleine DeMeules, and Katie A. McLaughlin. 2016b. "Mental Health of Transgender Children Who Are Supported in Their Identities." Pediatrics 137:e20153223.
- Durwood, Lily, Katie A. McLaughlin, and Kristina R. Olson. 2017. "Mental Health and Self-worth in Socially Transitioned Transgender Youth." Journal of the American Academy of Child & Adolescent Psychiatry 57:116–23.

- **2020** Nordic J of Psychiatry: "Conclusion: **Medical gender reassignment** is **not enough to improve** functioning and relieve **psychiatric comorbidities** among adolescents with gender dysphoria. Appropriate interventions are warranted for psychiatric comorbidities and problems in adolescent development."
  - **…"An adolescent's gender identity concerns must not become a reason for failure to address all her/his other relevant problems in the usual way."**

    Riittakerttu Kaltiala, Elias Heino, Marja Työläjärvi & Laura Suomalainen (2020) Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria, Nordic Journal of Psychiatry, 74:3, 213-219, DOI: 10.1080/08039488.2019.1691260
- **UK GP Sally Howard**: "…but it seems clear that the significant majority of children do resolve their gender ID in favour of their natal sex by adulthood. **Where is the advocacy for the mental health needs of that majority?"**[56]

Social and peer contagion.

- Dr. Littman: **With exposure "Within friendship groups**, the average number of individuals who became transgender-identified was **3.5 per group.**" (citation below)
- "However, it is plausible that the following can be initiated, magnified, spread, and maintained via the mechanisms of social and peer contagion: (1) the belief that non-specific symptoms (including the symptoms associated

[56] Sally Howard, "The struggle for GPs to get the right care for patients with gender dysphoria," BMJ 2020;368:m215. doi: https://doi.org/10.1136/bmj.m215.

with trauma, symptoms of psychiatric problems, and symptoms that are part of normal puberty) should be perceived as gender dysphoria and their presence as proof of being transgender; 2) the belief that the only path to happiness is transition; and 3) the belief that anyone who disagrees with the self-assessment of being transgender or the plan for transition is transphobic, abusive, and should be cut out of one's life." -- Littman.[57]

- **Dr. Lisa Littman**: "In other words, "**gender dysphoria**" may be used as a **catch-all explanation** for any kind of distress, psychological pain, and discomfort that an AYA is feeling while **transition** is being promoted as a **cure-all solution**." [58]

Semantic contagion.

- "**Once transsexual and gender-identity disorder and sex reassignment surgery became common linguistic currency, more people began conceptualizing and interpreting their experience in these terms**. They began to make sense of their lives in a way that hadn't been available to them before, and to some degree they actually became the kinds of people described by these terms.:"[59] -- Dr. Carl Elliot (2000)

History:

- Johns Hopkins clinic/program for "transsexuals" and their treatment (founded by psychologist Dr. John Money) was closed in the 1980s due to poor outcomes in the children and adults they treated.
    - **1979**: A study from the **Johns Hopkins U** psychiatry department revealed the **mental and social health of patients undergoing sex reassignment surgery did not improve**. The program closed shortly thereafter.[60]
    - McHugh P, Surgical Sex, First Things Nov 2004, 34-38.
    - Quentin Van Meter, Bringing Transparency to the Treatment of Transgender Persons, Issues in Law & Medicine, Volume 34, Number 2, 2019.
- **We are repeating the error**.

Financing the movement and its tactics:

- Jennifer Bilek, **The Billionaires Behind the LGBT Movement**,

[57] Littman, L. "**Rapid-onset gender dysphoria** in adolescents and young adults: A study of parental reports," journals.plos.org, Aug. 16, 2018. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330.
[58] Littman, L. "**Rapid-onset gender dysphoria** in adolescents and young adults: A study of parental reports," journals.plos.org, Aug. 16, 2018. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330.
[59] Dr. Carl Elliot, "A New Way to be Mad," theatlantic.com, Dec. 2000.
[60] Meyer J.K. and Reter D. Sex Reassignment Follow up Arch. Gen Psychiatry 36; 1010-1015; 1979

firththings.com, Jan. 21, 2020. https://www.firstthings.com/web-exclusives/2020/01/the-billionaires-behind-the-lgbt-movement

- Jennifer Bilek, "**Who Are the Rich, White Men Institutionalizing Transgender Ideology?"** the federalist.com, Feb. 20, 2018. https://thefederalist.com/2018/02/20/rich-white-men-institutionalizing-transgender-ideology/
- **James Kirkup** details a **handbook** attributed to the **Dentons law firm, Thomas Reuters Foundation**, and the International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth & Student Organisation (**IGLYO**), outlining the tactics by which trans lobbies influenced public bodies, politicians, officials, education and even police forces so fast and well. "The document that reveals the remarkable tactics of trans lobbyists," blogs.spectator.co.uk, 2 Dec 2019. https://blogs.spectator.co.uk/2019/12/the-document-that-reveals-the-remarkable-tactics-of-trans-lobbyists/

As of 2019, at least **65 gender clinics in the US**, only one in 2007.
Per the Kelsey Coalition.
https://static.wixstatic.com/ugd/3f4f51_c295b2f528884acbb01fa3ac19ffb74a.pdf

ETHICAL CONSIDERATIONS

- **Ethics of permanently medicalizing something with an 85% rate of desistance based on a self-diagnosis is highly suspect.**
- **Dr. Levine's outstanding tables of concerns here**.
  Stephen B. Levine (2017): Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2017.1309482.

PROBLEM OF DIAGNOSIS

- "There are **no laboratory, imaging, or other objective tests to diagnose** a "true transgender" child." … "There is currently **no way to predict who will desist** and who will remain dysphoric."[61]
- And in this case it is a **self-diagnosis**.

PROBLEM OF CONSENT

- **Children have developing brain, their minds change often, and they don't grasp long-term consequences**.[62]

[61] Michael K Laidlaw; Quentin L Van Meter; Paul W Hruz; Andre Van Mol; William J Malone. Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline" The Journal of Clinical Endocrinology & Metabolism, Volume 104, Issue 3, 1 March 2019, Pages 686–687, https://doi.org/10.1210/jc.2018-01925, Online, November 23, 2018.
[62] Andre Van Mol, "Transing California Foster Children & Why Doctors Like Us Opposed It," PublicDiscourse.com, October 28, 2018.
Cited therein:

- **Dr. Levine's 2-part test for ethical tensions** people of all ages requesting GAT: **"Does the patient have a clear idea of the risks of the services that are being requested? Is the consent truly informed?"**
    - "The World Professional Association for Transgender Health's Standards of Care recommend an informed consent process, which is at odds with its recommendation of providing hormones on demand."[63]
- **A patient** who **undergoes gender transitioning will be a patient for the rest of their life**. Lifelong need for **sex hormones and management of their complications**; **surgeries, further surgeries and management of surgical consequences; and other shortcomings** must be considered.[64] [65]
- May 2, 2019 the **Swedish Pediatric Society** issues a letter of support for the Swedish **National Council for Medical Ethics'** (SMER) proposal (for the Ministry of Social Affairs to systematically review treatment of youth with gender dysphoria) in which they cautioned, "**Giving children the right to independently make vital decisions whereby at that age they cannot be expected to understand the consequences of their decisions is not scientifically founded and contrary to medical practice**."[66]

CRIMINALITY of sterilization and surgically mutilation of health organs by doctors.

- 18 U.S.C. §1347 (prohibiting medical fraud with increased sentences when serious bodily injury results)
- 18 U.S.C. §116 (prohibiting female genital mutilation).

OUR RIGHT AND DUTY TO NOT COMMIT MALPRACTICE

- Do no harm.
- Don't be complicit with harm and likely harm.
- Informed consent requires full disclosure of risks and benefits, and recommendations where benefits clearly exceed the risks
- Ethics of permanently medicalizing something with an 85% rate of desistance based on a self-diagnosis is highly suspect.

National Institute of Mental Health (2001). Teenage Brain: A work in progress. http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf.
Pustilnik AC, and Henry LM. Adolescent Medical Decision Making and the Law of the Horse. *Journal of Health Care Law and Policy* 2012; 15:1-14. (U of Maryland Legal Studies Research Paper 2013-14).

[63] Stephen B. Levine (2018): Informed Consent for Transgendered Patients, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2018.1518885.

[64] Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. *J Clin Endocrinol Metab* 2003;88:3467-3473.

[65] Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and healthcare research. Curr Opin *Endocrinol Diabetes Obes* 2016;23:180-187.

[66] http://www.barnlakarforeningen.se/2019/05/02/blf-staller-sig-bakom-smers-skrivelse-angaende-konsdysfori/

    - Someone can come to their senses later, but what's gone is gone.
- Gender [transition] affirming therapy guidelines derive from activist groups like WPATH (World Professional Association for Transgender Health) which is not a scientific organization and whose SOCs (Standards of Care) appear to be window dressing that is ultimately not followed.
- The 2017 Endocrine Society Guidelines state their medical evidence rating for puberty blockers and cross-sex hormones in selected minors as "low" and adult genital surgery as "very low."[67] Not evidence-based standards of care.
    - Disclaimer p. 3895: "guidelines cannot guarantee any specific outcome, nor do they establish a standard of care."
- Gender [transition] affirming therapy is not the standard of care.
- The international standard of care is "watchful waiting," including extensive psychological support and evaluation of the child and family both.
- Semantic and Social contagions.
- Gender dysphoria is the catch-all explanation for distress, & transition is promoted as a cure-all solution.
- Skilled psychological investigation for underlying causes is shamed as "transphobic".
    - Those underlying causes and contributors – which are always there – don't vanish with GAT, they are the seeds of regret, and they must be dealt with.
- There is international questioning of GAT for minors occurring on national levels in UK, Sweden, Australia, Brazil, etc.
- Puberty blocking agents (PBA) given at Tanner stage II likely causes infertility and we don't know if it really is reversible.
    - Menopausal state inducing.
- PBA use in precocious puberty and prostate cancer treat diseased people where benefits outweigh risks.
    - PBA use in GD kids causes disease (hypogonadotropic hypogonadism) in otherwise healthy kids.
    - Puberty is not a disease state but a normal stage of life.
- Following PBA's with cross-sex hormones (CSH) assures sterility.
- The myth of PBAs as "pause buttons" that "buy time" to "wait and see." Selects persistence rather than natural desistance. Commits a child to CSH and SRS/GAS. Gateway drug.
    - PBAs and CSH will interrupt the irreplaceable pubertal window for development of brain, bones and psychology with peers.
        - No one can have that social/temporal window back.
- PBA Risk Summary.
    - Not fully reversible, long-term complications possible even if PBAs

[67] Wylie C Hembree, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

stopped early
    - Infertility risk (blocks development of sperm and ova)
    - Genitalia arrested in underdeveloped stage
    - Sexual dysfunction
        - Males: erectile, orgasmic and ejaculatory impairment
        - Females: menopausal state inducing
    - Mental health issues: mood swings, depression, suicidal ideation and attempts (Lupron package insert)
    - Bone mineral density compromise/osteopenia
    - Hindering of brain development milestones
    - Loss of puberty time frame to self and with peers
- Cross-sex hormone risks.
    - Estrogen
        - Dyslipidemias
        - Thromboembolic disease (blood clots)
        - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
        - Breast/uterine cancer
        - Cholelithiasis
    - Testosterone
        - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
        - Breast/uterine cancer
        - Liver dysfunction
        - Hypertension
        - Liver cancer?
- Sex reassignment surgery (SRS)/gender affirming surgery (GAS)/gender confirming surgery was rated by the Hayes Director with the lowest possible rating for strength of evidence. The same inconclusive evidence lead the Centers for Medicare & Medicaid to not issue a National Coverage Determination for it.
- 2011 Swedish study (Dhejne) of all their SRS patients over 30 years (324) showed 19 times the completed suicide rate 10 years out.
- G[T]AT's suicide reduction claim is a myth.
- The chemical sterilization/castration and surgical mutilation of children is not healthcare.

SPECIFIC CONCERNS WITH GENDER AFFIRMING THERAPY

IT'S NOT THE STANDARD OF CARE.

- The **2017 Endocrine Society Guidelines** state their medical evidence rating for puberty blockers and cross-sex hormones in selected minors as "low" and

adult genital surgery as "very low." [68] Not evidence-based standards of care.

- Disclaimer p. 3895: "The guidelines should not be considered inclusive of all proper approaches or methods, or exclusive of others. The guidelines cannot guarantee any specific outcome, **nor do they establish a standard of care.** The guidelines are not intended to dictate the treatment of a particular patient."

The international standard of care is watchful waiting, including psychological evaluation of the child and family both. Not gender affirming therapy (GAT).

- U of Toronto Psychologist Dr. James Cantor "…almost all clinics and professional associations in the world use what's called the *watchful waiting* approach to helping GD children…." [69]
- "…watchful waiting with support for gender-dysphoric children and adolescents up to the age of 16 years is the current standard of care worldwide, not gender affirmative therapy (de Vries and Cohen-Kettenis 2012)."[70] [71]
- "it has been clearly shown that children working in psychological therapy have been able to alleviate their GD, thus avoiding the radical changes and health risks of GAT [8]."[72]

Hruz, P. W. (2020). **Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria.** *The Linacre Quarterly*, *87*(1), 34–42. https://doi.org/10.1177/0024363919873762

> "Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample size, recruitment bias, short study duration, high subject dropout rates, and reliance on "expert" opinion."

[68] Wylie C Hembree, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

[69] James M. Cantor (2019): Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy, Journal of Sex & Marital Therapy, DOI:10.1080/0092623X.2019.1698481

[70] Michael Laidlaw, Michelle Cretella & Kevin Donovan (2019) The Right to Best Care for Children Does Not Include the Right to Medical Transition, The American Journal of Bioethics, 19:2, 75-77, DOI: 10.1080/15265161.2018.1557288

[71] de Vries, A. L., and P. T. Cohen-Kettenis. 2012. Clinical management of gender dysphoria in children and adolescents: The Dutch approach. Journal of Homosexuality 59(3): 301–320.

[72] Laidlaw MK, Van Meter QL, Hruz PW, Van Mol A, Malone WJ Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline". J Clin Endocrinol Metab. 2019 Mar 1;104(3):686-687. doi: 10.1210/jc.2018-01925.

JAMA 2017: "Potential longer-term medical and surgical **risks are currently not well defined**…"[73]

International questioning of the rush to gender affirmation therapy for minors:

- The Australasian College of Physicians. [74]
- The Swedish National Council for Medical Ethics. [75]
- The Royal College of General Practitioners (UK). [76]
- UK's NHS Gender Identity Development Service at Tavistock.

UK Tavistock Gender Identity Development Service (GIDS) Controversy.

- **35 psychologists resigned over 3 years**. [77]
    - **Over-prescribing medicalization of kids with GD** "with **psychologists unable to properly assess patients** over fears they will be **branded 'transphobic**…'"
    - "**we fear that we have had front row seats to a medical scandal**."
- BMJ editor in chief, Carl Heneghan wrote "**The current evidence does not support informed decision making and safe practice in children**."[78]
- Richards C, Maxwell J, McCune N. **Use of puberty blockers for gender dysphoria: a momentous step in the dark.** *Archives of Disease in Childhood* 2019;**104:**611-612.
- **Professor Michael Biggs of Oxford**
  Criticized the UK's NHS GIDS produced only a single study from their trial of puberty blockers, and showed **no statistically significant difference in psychosocial functioning between the group given blockers and the group given only psychological support.** Furthermore, **unpublished** evidence showed **puberty blockers worsened gender dysphoria**."[79]

[73] Radix A, Davis AM. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons. *JAMA.*2017;318(15):1491–1492. doi:10.1001/jama.2017.13540
[74] https://www.binary.org.au/australians_demand_inquiry_into_child_puberty_blockers.
[75] https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf.
[76] https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en
[77] "NHS 'over-diagnosing' children having transgender treatment, former staff warn," news.sky.com, 12 Dec. 2019. https://news.sky.com/story/nhs-over-diagnosing-children-having-transgender-treatment-former-staff-warn-11875624
[78] Heneghan, Carl. "Gender-Affirming Hormone in Children and Adolescents." BMJ EBM Spotlight, 21 May 2019, blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-inchildren-and-adolescents-evidence-review/.
[79] Michael Biggs, The Tavistock's Experiment with Puberty Blockers, 29 July 2019, http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf

Skilled psychological investigation for underlying causes is **shamed as "transphobic**" when it is actually **the international standard of care**.

- Those underlying causes and contributors – which are always there – don't vanish with GAT, they are the seeds of regret, and they must be dealt with.
  Bechard M et al, Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: a "proof of Principle" Study, J Sex and Marital Therapy 2017;43:678-688.

Swedish psychiatrist **Dr. Christopher Gillberg** asserts pediatric transition is "**possibly one of the greatest scandals in medical history**" and proposes "an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects."

https://thebridgehead.ca/2019/09/25/world-renowned-child-psychiatrist-calls-trans-treatments-possibly-one-of-the-greatest-scandals-in-medical-history/

Andre Van Mol: "Since **American mental health experts have largely given up on their job of investigating underlying factors** that may be contributing to **marginal sexual behavior**, this is what we are left with, the **cult of affirmation**."[80]

Paul Hruz: "Since the widespread adoption of interventional strategies directed toward affirming transgender identity, **efforts to identify psychological approaches to mitigate dysphoria,** with or without desistance as a desired goal, **have largely been abandoned**."[81]

CONCERNS REGARDING PUBERTY BLOCKERS, CROSS-SEX HORMONES AND LONG-TERM EFFECTS

- **Immature, developing brain meets ideology meets hormones.**
- **Not as reversible as advocates may say.**
  - Average age for spermarche was found to 14 years old, generally Tanner stage 3 - 4.[82]
  - If puberty blocking begins at Tanner stage II as Endocrine Society guidelines suggest, menarche and spermarche won't happen. Infertility.[83]

[80] https://www.christianpost.com/news/apa-launches-task-force-on-consensual-non-monogamy-calls-polyamory-a-marginalized-identity.html
[81] Hruz, P. W. (2020). Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria. *The Linacre Quarterly*, *87*(1), 34–42. https://doi.org/10.1177/0024363919873762
[82] Schaefer F, Marr J, Seidel C, Tilgen W, Schärer K. Assessment of gonadal maturation by evaluation of spermaturia. *Arch Dis Child*. 1990;65(11):1205-1207. doi:10.1136/adc.65.11.1205
[83] Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dsyphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, JCEM, Online, November 23, 2018.

- Administering cross-sex hormones with or right after puberty blockers means sperm and eggs won't mature. Infertility.[84]
- **UCSF Transgender Care**, Health considerations for gender nonconforming children and transgender adolescents, subsection "Preparing for gender-affirming hormone use in transgender youth":
  "The consent process for hormones should include a **conversation about fertility**. While options are being explored to preserve future fertility for transgender youth, the current reality is that cryopreservation is very expensive, in many cases prohibitively so for those with ovaries. **For youth whose pubertal process has been suspended in the earliest stages, followed by administration of gender-affirming hormones, development of mature sperm or eggs is unlikely** at the present time, although it is noteworthy that there is active research developing gametes in vitro from the field of juvenile oncology. **The issue of future infertility is often far more problematic for parents and family members than for youth**, especially especially at the beginning stages of discussing moving forward with gender-affirming hormones."
  https://transcare.ucsf.edu/guidelines/youth
- **Children's Hospital Los Angeles**, "PUBERTAL BLOCKERS FOR MINORS IN EARLY ADOLESCENCE, Parent or Guardian Consent, subsection "Risks of Puberty Blockers":
  "**If your child starts puberty blockers in the earliest stages of puberty, and then goes on to gender affirming hormones, they will not develop sperm or eggs**. This means that **they will not be able to have biological children.** This is an important aspect of blocking puberty and progressing to hormones that you should understand prior to moving forward with puberty suppression. If your child discontinues the use of blockers, and does not go on gender affirming hormones, they will continue their pubertal development about 6-12 months after stopping the medication, and fertility would be maintained."
  [I find the last sentence contestable. Stopping at 4 months v 4 years will not have equivalent results.]

- Studies show that **fewer than 5% of adolescents receiving GAT even attempt fertility preservation.**[85] [86]

[84] Howard E. Kulin, et al., "The Onset of Sperm Production in Pubertal Boys. Relationship to Gonadotropin Excretion," American Journal of Diseases in Children 143, no. 2 (March, 1989): 190-193, https://www.ncbi.nlm.nih.gov/pubmed/2492750.

[85] Nahata L, Tishelman AC, Caltabellotta NM, Quinn GP. Low Fertility Preservation Utilization Among Transgender Youth**.** J Adolesc Health. 2017;61:40-44.

[86] Chen D, Simons L, Johnson EK, Lockart BA, Finlayson C. Fertility Preservation for Transgender Adolescents. J Adolesc Health. 2017 Jul;61(1):120-123.

- **Lupron package insert**:
  Under "ADVERSE REACTIONS"
  > "In postmarketing experience, **mood swings, depression, rare reports of suicidal ideation and attempt**, …"

  Under "6.5 Postmarketing"
  > "Like other drugs in this class, mood swings, including depression, have been reported. There have been very rare reports of suicidal ideation and attempt. Many, but not all, of these patients had a history of depression or other psychiatric illness. **Patients should be counseled on the possibility of development or worsening of depression** during treatment with LUPRON."
- **Professor Michael Biggs of Oxford**
  Criticized the **UK's NHS GIDS produced only a single study from their trial of puberty blockers,** "In fact, the initial results showed predominantly negative outcomes. The only tabulated data available, for 30 of the subjects after a year on triptorelin, showed that **children reported greater self-harm**; girls experienced **more behavioural and emotional problems** and expressed **greater dissatisfaction with their body**—so **drugs exacerbated gender dysphoria** (GIDS 2015).[87]
- **Puberty blockers chemically castrate both sexes at the level of the brain**
  - Lupron Depot-Ped Injection Label (August 2012) at 12.1 "Mechanism of Action" https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf.
  - Sila E. Dias, et al., "Effective Testosterone Suppression for Prostate Cancer: Is There a Best Castration Therapy?" *International Urology & Nephrology* 44(4):1039-44 (2012);
  - Myungsun Shim, et al., "Effectiveness of three different luteinizing hormone-releasing hormone agonists in the chemical castration of patients with prostate cancer: Goserelin versus triptorelin versus leuprolide" Urological Oncology (May 1, 2019);
  - Christina Jewett, "Drug used to halt puberty in children may cause lasting health problems" *Stat* (February 2, 2017), https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/.
- **General problems of early menopause**, which PBA induce:
  - "The long-term consequences of premature or early menopause **include adverse effects on cognition, mood, cardiovascular, bone, and sexual health, as well as an increased risk of early mortality**. The use of hormone therapy has been shown to lessen some, although not all of these risks."[88]
- **Bone mineral density** surges during normal puberty. But not with PBA on board. Osteoporosis in their 30s??

[87] Michael Biggs, The Tavistock's Experiment with Puberty Blockers, 29 July 2019, http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf

        - One study boasted PBA did not reduce adolescent BMD.[89] That's bad. It is supposed to surge at that age.
- **2018** PBA Study "Conclusions: The **majority of subjects reported long term side effects** extending beyond GnRHa use, while **almost 1/3 reported irreversible side effects** that persisted for years after discontinuing treatment." [90]
- Christina Jewett, "Drug used to halt puberty in children may cause lasting health problems" *Stat* (February 2, 2017), https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/.
- **Induces a disease state, hypogonadotropic hypogonadism** , in an **otherwise healthy child**, and with incumbent risks. [91]
    - This is **not the same as using them to delay puberty** in a child with a disease state, namely precocious puberty, and even that carries risks.

POTENTIAL HARMS ASSOCIATED WITH HORMONE THERAPY:

- **With CSH: a biological female body experiences male levels of testosterone, something never seen outside of an androgen-secreting tumor. It's a iatrogenic pathological state.**
- "The **Endocrine Society's guidelines** recommend **elevating females' testosterone levels** from a normal of **10 to 50 ng/dL to 300 to 1000** ng/dL, values typically found with androgen secreting tumors."[92]
- **COMPLICATIONS OF CSH THERAPY:**[93] [94] [95]
    - Cross Sex Hormones (CSH)

[88] Faubion SS, Kuhle CL, Shuster LT, Rocca WA. Long-term health consequences of premature or early menopause and considerations for management. *Climacteric*. 2015;18(4):483–491. doi:10.3109/13697137.2015.1020484.

[89] Tobin Joseph, Joanna Ting & Gary Butler. The effect of GnRHa treatment on bone density in young adolescents with gender dysphoria: findings from a large national cohort. *Endocrine Abstracts* (2018) **58** OC8.2 | DOI: 10.1530/endoabs.58.OC8.2

[90] Gallagher, Jenny Sadler et al. Long-Term Effects of Gonadotropin-Releasing Hormone Agonist and Add-Back in Adolescent Endometriosis. Journal of Pediatric and Adolescent Gynecology, Volume 31, Issue 2, 190. (2018)

[91] Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dsyphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, JCEM, Online, November 23, 2018..

[92] Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dsyphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, JCEM, Online, November 23, 2018..

[93] Radix A, Davis AM. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons. *JAMA.*2017;318(15):1491–1492. doi:10.1001/jama.2017.13540.

        - Testosterone
            - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
            - Breast/uterine cancer
            - Liver dysfunction
            - HTN
            - Liver cancer?[96]
        - Estrogen
            - Dyslipidemias
            - Thromboembolic disease (blood clots)
            - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
            - Breast/uterine cancer
            - Cholelithiasis
    - **Testosterone increases the risk of heart disease in women 4 fold, Estrogen increases the rate of deep vein thrombosis (blood clots) and stroke in men 3 to 5 fold, heart attacks 2 fold.**[97] [98] [99] [100]
    - The increased **risk of venous thromboembolism** (VTE) in biological males taking **estrogen increased further with duration of use** from **four-times greater after two years to over sixteen-times greater after eight years** of use compared to males not using estrogen.[101]

[94] Michael Laidlaw, Michelle Cretella, Kevin Donovan, *The Right to Best Care for Children Does Not Include the Right to Medical Transition*, American Journal of Bioethics, 19 (2):75-77 (2019). https://doi.org/10.1080/15265161.2018.1557288.

[95] Hembree, W. C., P. T. Cohen-Kettenis, L. Gooren, et al. 2017. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An endocrine society clinical practice guideline. The Journal of Clinical Endocrinology & Metabolism 102(11): 3869–3903. doi: 10.1210/jc.2017-01658.

[96] Lin, Alexander Justin et al. Androgen-receptor-positive hepatocellular carcinoma in a transgender teenager taking exogenous testosterone The Lancet, Volume 396, Issue 10245, 198. (July 18,2020.)

[97] Alzahrani, Talal, et al. "Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population." Circulation: Cardiovascular Quality and Outcomes, vol. 12, no. 4, 2019, doi:10.1161/circoutcomes.119.005597.

[98] Getahun D, Nash R, Flanders WD, Baird TC, Becerra-Culqui TA, Cromwell L, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. Ann Intern Med. [Epub ahead of print 10 July 2018]169:205–213.doi: 10.7326/M17-2785.

[99] Irwig MS. Cardiovascular Health in Transgender People. Rev Endocr Metab Disord. 2018 Aug 3 epub.

[100] Nota NM, et al. Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy**.** *Circulation*, 139(11), 2019, pp. 1461-1462.

[101] Getahun D, Nash R, Flanders WD, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Ann Intern Med* 2018; **169**(4): 205-13. doi: 10.7326/M17-2785.

- **International panel of endocrinology organizations said about testosterone use in women**(10/2019)[102]
  "The international panel concluded **the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]**, with available data supporting a moderate therapeutic effect. **There are insufficient data to support the use of testosterone for the treatment of any other symptom or clinical condition**, or for disease prevention.
  …The **safety of long-term testosterone therapy has not been established**.
    - **They made no mention of gender affirming therapy** [GAT].
- **2014. Androgen Therapy in Women: A Reappraisal: An Endocrine Society Clinical Practice Guideline**[103]
    - The **only positive recommendation for testosterone use in women was for short-term high physiological doses of testosterone in post-menopausal women with hypoactive sexual desire disorder, with monitoring** for androgen excess, and not for long-term use.
    - Specifically "**recommend against**" the diagnosis of androgen deficiency syndrome in healthy women, against routine use of DHEA, against routine use of testosterone or DHEA for low androgen levels, and against general use of testosterone for "infertility; sexual dysfunction other than hypoactive sexual desire disorder; cognitive, cardiovascular, metabolic, or bone health; or general well-being."

- Using human genetics to understand the disease impacts of testosterone in men and women.[104]
  - Used 2,571 genome-wide sex hormone traits in 425K UK Biobank study participants.
  - Found "genetically higher testosterone is harmful for metabolic diseases in women but beneficial in men."
    - Found that genetically determined T levels one standard deviation higher in women raised the risk of DM2 (OR-1.37) and polycystic ovary syndrome (OR=1.51).

[102] Susan R Davis, et al, Global Consensus Position Statement on the Use of Testosterone Therapy for Women, *The Journal of Clinical Endocrinology & Metabolism*, Volume 104, Issue 10, October 2019, Pages 4660–4666, https://doi.org/10.1210/jc.2019-01603.

[103] Margaret E. Wierman, et al. Androgen Therapy in Women: A Reappraisal: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 99, Issue 10, 1 October 2014, Pages 3489–3510, https://doi.org/10.1210/jc.2014-2260

[104] Ruth, K.S., Day, F.R., Tyrrell, J. *et al.* Using human genetics to understand the disease impacts of testosterone in men and women.*Nat Med* **26,** 252–258 (2020). https://doi.org/10.1038/s41591-020-0751-5

        - The same 1 sd higher T level in men reduced DM2 risk (OR=0.86).
        - High T generated adverse effects on female breast and endometrial cancer as well as on male prostate cancer.
- **General problems of early menopause**, which PBA induce:
  "The long-term consequences of premature or early menopause include adverse effects on cognition, mood, cardiovascular, bone, and sexual health, as well as an increased risk of early mortality. The use of hormone therapy has been shown to lessen some, although not all of these risks."[105]
- **Children's Hospital Los Angeles** "Informed Consent Form for Feminizing Medications (transfeminine individuals on GnRH analogs)"
    - "5. **Taking feminizing medications after or while being on GnRH analogs will likely lead to infertility**, particularly when GnRH analogs have been started in early puberty.
      • **Sperm will not mature, leading to infertility**. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication."
- **Children's Hospital Los Angeles** "Informed Consent Form for Feminizing Medications"
    - 5. Feminizing medications will make the testicles produce less testosterone, which can affect overall sexual function:
      • Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication. The options for sperm banking have been explained. People taking estrogen may still be able to make someone pregnant."

MYTH of Buying TIME [106] [107] [108]

- Puberty blocking is sold as "wait and see," "buying time," or "pause button".[109]

[105] Faubion SS, Kuhle CL, Shuster LT, Rocca WA. Long-term health consequences of premature or early menopause and considerations for management. *Climacteric*. 2015;18(4):483–491. doi:10.3109/13697137.2015.1020484.
[106] Singh, Devita. "A Follow up Study of Boys with Gender Dysphoria." nymag.com, 2012, images.nymag.com/images/2/daily/2016/01/SINGH- DISSERTATION.pdf.
[107] Michael Laidlaw, Michelle Cretella, Kevin Donovan, *The Right to Best Care for Children Does Not Include the Right to Medical Transition*, American Journal of Bioethics, 19 (2):75-77 (2019). https://doi.org/10.1080/15265161.2018.1557288.
[108] de Vries, A. L. C., T. D. Steensma, T. A. H. Doreleijers, and P. T. Cohen-Kettenis. 2011. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. The Journal of Sexual Medicine 8(8): 2276–2283. doi: 10.1111/j.1743-6109.2010.01943.x.).
[109] Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dsyphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, JCEM, Online,

    - It selects persistence rather than likely natural desistance.
    - Gateway drug committing a child to cross sex hormones and SRS.
- From **the <u>Endocrine Society guidelines</u>** themselves, even "**Social transition is associated with the persistence of GD** as a child progresses into adolescence."[110]
- "In a study of 70 adolescents who were followed **after receiving PBA, 100% desired to continue on to cross-sex hormones** (de Vries et al. 2011). The natural patten of desistance has been broken…"[111]
- "However, systematic studies on the rate of adolescents who discontinue their transitions after they have started affirming hormones or surgeries with lasting effects are lacking at present."[112]
- Ken Zucker: "Gender **social transition** of prepubertal children will **increase dramatically the rate of gender dysphoria persistence** when compared to follow-up studies of children with gender dysphoria who did not receive this type of psychosocial intervention and, oddly enough, **might be characterized as iatrogenic**."[113]
- **Of course persistence increases** with social transitioning and G/TAT. **The authority figures in the child's life are affirming their false identity.**

SRS/GAS:

- **Sex reassignment (SRS)/gender affirmation surgery (GAS) is cosmetic, creating poorly functioning pseudo-genitalia.**
    - **Usually no orgasms.**
    - **Sterility is guaranteed in the absence of ovaries and testicles.**
- **1979**: A study from the **Johns Hopkins U** psychiatry department revealed the **mental and social health of patients undergoing sex reassignment surgery did not improve**. The program closed shortly thereafter.[114]

November 23, 2018..

[110] Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guildeline. J Clin Endocrinol Metab,102:1–35.

[111] Michael Laidlaw, Michelle Cretella, Kevin Donovan, The Right to Best Care for Children Does Not Include the Right to Medical Transition, American Journal of Bioethics, 19 (2):75-77 (2019). <u>https://doi.org/10.1080/15265161.2018.1557288</u>

Cited: de Vries, A. L. C., T. D. Steensma, T. A. H. Doreleijers, and P. T. Cohen-Kettenis. 2011. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. The Journal of Sexual Medicine 8(8): 2276–2283. doi: 10.1111/j.1743-6109.2010.01943.x.

[112] Annelou L.C. de Vries. Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents. Pediatrics Sep 2020, e2020010611; DOI: 10.1542/peds.2020-010611

[113] Zucker, K. Debate: Different strokes for different folks. *Child and Adolescent Mental Health*. Accepted for publication: 18 March 2019.

- A **2011 Swedish study** of **post-gender-reassignment adults showed a suicide rate 19 times** that of the general population 10 years out. Also nearly **3 times the rate of overall mortality and psychiatric inpatient care**. This was a 30-year population-based matched cohort study of all 324 sex-reassigned persons in Sweden.[115]
- In **2019** (online) **Bränström and Pachankis** published the **first total population study of 9.7 million Swedish residents** titled, "Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study."[116] **Looking at three limited measures of mental health service usage, they claimed that although "gender-affirming hormone treatment" provided no improvement, "gender-affirming surgeries" did.**
    - The **online August 1, 2020 American J of Psychiatry edition contained seven critical letters,[117] a major "correction" paragraph from the editors retracting the studies main finding,[118] and a letter from the study authors conceding their "conclusion" "was too strong**."[119]
    - **Ultimately, the Bränström and Pachankis study therefore demonstrated that neither "gender-affirming hormone treatment" nor "surgery" provided reductions of the mental health treatment** benchmarks examined in transgender-identified people.

[114] Meyer J.K. and Reter D. Sex Reassignment Follow up Arch. Gen Psychiatry 36; 1010-1015; 1979
[115] Dhejne C, et al, "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," journals.plos.org, Feb. 22, 2011.
[116] Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. Am J Psychiatry 2020; 177:727–734.
https://doi.org/10.1176/appi.ajp.2019.19010080
[117] Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. Am J Psychiatry 2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130.
[Other six are found in the endnotes of Branstrom Response to Letters below. doi: 10.1176/appi.ajp.2020.20050599.]
[118] Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765
https://doi.org/10.1176/appi.ajp.2020.20060803
[119] Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599.

- The **Hayes Directory** reviewed all relevant literature on SRS treatments in 2014 and gave it the lowest possible rating: the research findings were "too sparse" and "too limited" even to *suggest* conclusions.[120]
- **Rossi, 2012**, Brazil J of Urol: "Our data show that **gender reassignment surgery, even if performed by trained surgeons in a qualified centre**, is still **associated with important complication rates.**"[121]
- **Horbach, 2015**, J of Sex Med: "Meta-analysis of the transgender surgery literature shows the **very low quality of data** used to support the efficacy of the interventions…"[122]
- "The Centers for Medicare & Medicaid Services (CMS) is not issuing a National Coverage Determination (NCD) at this time on gender reassignment surgery for Medicare beneficiaries with gender dysphoria because the clinical evidence is inconclusive for the Medicare population." – June 19, 2019, Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), Centers for Medicare & Medicaid Services.
- **Combaz, 2017**, Am J Urol Res: "With a mean interval of **72 months after surgery 51%** out of 44 patients considered themselves very bothered by their urogynaecological problems." . . . … "**Patients should be counselled** on the risks preoperatively, and **lifelong specialized follow-up is necessary** for the early detection and treatment of arising problems."[123]
- **Mastectomies on minors, *JAMA Pediatrics*, 2018**.
  Questionable claim: "Chest dysphoria was high among presurgical transmasculine youth, and surgical intervention positively affected both minors and young adults."[124]
  Problems:
  - "Chest dysphoria" is a neologism of convenience, not a DSM-5 diagnosis.
  - The "chest dysphoria scale" was a measuring tool of the authors and "is not yet validated." (p. 435)

[120] Hayes, Inc., *Hormone Therapy for the Treatment of Gender Dysphoria*, Hayes Medical Technology Directory (2014).
[121] Rossi Neto, R., Hintz, F., Krege, S., Rübben, H., & vom Dorp, F.. (2012). Gender reassignment surgery - a 13 year review of surgical outcomes. *International braz j urol*, *38*(1), 97-107. https://dx.doi.org/10.1590/S1677-55382012000100014
[122] Horbach SER, Bouman M-B, Smit JM, Özer M, Buncamper ME, and Mullender MG. Outcome of vaginoplasty in male-to-female transgenders: A systematic review of surgical techniques. J Sex Med 2015;12:1499–1512. http://ts.katja.cz/2015_horbach_et_al.pdf
[123] Combaz N, Kuhn A. Long-Term Urogynecological Complications after Sex Reassignment Surgery in Transsexual Patients: a Retrospective Study of 44 Patients and Diagnostic Algorithm Proposal, Am J Urol Res. 2017;2(2): 038-043. https://www.scireslit.com/Urology/AJUR-ID21.pdf
[124] Olson-Kennedy J, Warus J, Okonta V, Belzer M, Clark LF. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. *JAMA Pediatr.*2018;172(5):431–436. doi:10.1001/jamapediatrics.2017.5440

- Mastectomies were done on girls as young as 13 years old, lacking the capacity for mature decision making or informed consent.
- Study seems flawed and unethical.

THE RISING TIDE OF REGRETTERS: GAT + DESISTANCE = REGRET.

- Regretters commonly speak of initially carrying distrust of the medical and mental health professions, so particular patience and compassion are in order. [125]
- UK Story: 'Hundreds' of young trans people seeking help to return to original sex," News.sky.com, 05 Oct 2019.
  A 28 yo detransitioning woman is setting up a charity, The Detransition Advocacy Network. Hundreds have contacted her: "they tend to be around their mid-20s, they're mostly female and mostly same-sex attracted, and often autistic as well."
  Some "felt shunned by the LGBT community for being a traitor."
- Prof. Levine: "There is much to suggest that the patient does not always know best—for example, post-transition depression, **detransition,** pre- and postsurgical suicide rates, and that researchers have concluded that postoperative patients need psychiatric care."[126]
- "It also asks for caution because some case histories illustrate the complexities that may be associated with later-presenting transgender adolescents and describe that some eventually **detransition**.9,10"[127]
- **"His Name is Money"**: https://www.facebook.com/hisnameismoney
  - Documentary of 5 minute interviews.
- **Pique Resilience Project** on YouTube [4 detransitioned young women telling their story and answering questions]
  https://www.youtube.com/watch?v=kxVmSGTgNxI

Sydney Wright. I Spent a Year as a Trans Man. Doctors Failed Me at Every Turn. dailysignal.com, Oct. 7, 2019. https://www.dailysignal.com//print?post_id=567253
https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/
Stella Morabito. 30 Transgender Regretters Come Out Of The Closet. thefederalist.com, Jan. 3, 2019. https://thefederalist.com/2019/01/03/30-transgender-regretters-come-closet-new-book/

[125] Walt Heyer. Hormones, surgery, regret: I was a transgender woman for 8 years — time I can't get back. USAToday.com, Feb. 11, 2019. https://www.usatoday.com/story/opinion/voices/2019/02/11/transgender-debate-transitioning-sex-gender-column/1894076002/

[126] Stephen B. Levine (2019) Informed Consent for Transgendered Patients, Journal of Sex & Marital Therapy, 45:3, 218-229, DOI: 10.1080/0092623X.2018.1518885

[127] Annelou L.C. de Vries. Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents. Pediatrics Sep 2020, e2020010611; DOI: 10.1542/peds.2020-010611

MYTH OF SUICIDE REDUCTION

- **Emotional blackmail and bullying of parents into affirming transition**.
  - You want a **dead son or a live daughter?**
- Bailey and Blanchard[128]: "There is **no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves**."…"**The idea that mental health problems–including suicidality–are caused by gender dysphoria rather than the other way around** … is currently popular and politically correct. It is, however, **unproven** and as likely to be false as true."
- A **2011 Swedish study** of **all post-SRS/gender-reassignment adults showed a completed suicide rate 19 times** that of the general population 10 year out. Also nearly **3 times the rate of overall mortality and psychiatric inpatient care.** This was a **30-year** population-based matched cohort study of **all 324 sex-reassigned persons** in Sweden. [129]
- **Professor Michael Biggs of Oxford. 2019.[130]**
  Criticized the UK's NHS's Gender Identity Development Service's single study produced from their trial of puberty blockers, saying It showed **no statistically significant difference in psychosocial functioning between the group given blockers and the group given only psychological support.** Furthermore, **unpublished** evidence showed **puberty blockers worsened gender dysphoria**. "Criticized the UK's NHS's Gender Identity Development Service's single study produced from their trial of puberty blockers, "In fact, the initial results showed predominantly negative outcomes. The only tabulated data available, for 30 of the subjects after a year on triptorelin, showed that **children reported greater self-harm**; girls experienced **more behavioural and emotional problems** and expressed **greater dissatisfaction with their body**—so **drugs exacerbated gender dysphoria** (GIDS 2015)."
- **Lupron package insert**:
  Under "ADVERSE REACTIONS"
  > "In postmarketing experience, **mood swings, depression, rare reports of suicidal ideation and attempt**, …"

  Under "6.5 Postmarketing"
  > "Like other drugs in this class, mood swings, including depression, have been reported. There have been very rare reports of suicidal ideation and attempt. Many, but not all, of these patients had a history of depression or other psychiatric illness. **Patients should be**

[128] J. Michael Bailey and Ray Blanchard, "Suicide or transition: The only options for gender dysphoric kids?" 4thwavenow.com, Sept. 8, 2017. https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/
[129] Dhejne C, et al, "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," journals.plos.org, Feb. 22, 2011.
[130] Michael Biggs, "The Tavistock's Experiment with Puberty Blockers," 29 July 2019, http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf

counseled on the possibility of development or worsening of depression during treatment with LUPRON."

- **"Paradox. The suicide rate for AYA in the non-affirming 1950s USA was much lower than it is now.** For both sexes, it was only 4.5 suicides per 100,000 AYA." Peaked in 1994 with a combined rate of 13.6; …declined slightly and then was more or less flat until 2011, when it began again to climb." (Hacsi Horvath).[131]

- Williams Inst. Oft-cited claim of 40% suicidal ideation amongst adults with GD/TG? False claim. See Hacsi Horvath cited above.
- See also, Christopher Rosik, Ph.D., "The Creation and Inflation of Prevalence Statistics: The Case of "Conversion Therapy"

CONCLUSION:
The future belongs to those who show up – Mark Steyn.
We succeed by outlasting the crowd – Havilah Cunnington.

What can parents do?

- **Parents Resource Guide** at genderresourceguide.com
- **Walt Heyer**: Sex Change Regeret. https://sexchangeregret.com/resources/
- **ACPeds.org**:
  https://acpeds.org/topics/sexuality-issues-of-youth/gender-confusion-and-transgender-identity
  "Find a Therapist: For Parents of Children with Gender Identity Distress"
  https://acpeds.org/find-a-therapist
- Online parent community: kelseycoalition.org/
- Online support group for parents of ROGD: parentsofrogdkids.com/
- Public Discourse. thepublicdiscourse.com

Andre Van Mol, MD
CMDA Blog and articles: https://cmda.org/andre-van-mol-md/
Public Discourse: https://www.thepublicdiscourse.com/author/andre-van-mol/
CMDA Matters podcast, "Dr. Andre Van Mol: Transgender Tsunami," Jan. 16, 2020.
https://cmda.org/dr-andre-van-mol-transgender-tsunami/?_zs=WQJeW&_zl=VC0u1
My 2018 testimony before California Senate committee: https://www.youtube.com/watch?v=bLsVEG1w_84

[131] https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/

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