GENDER DYSPHORIA, THE TRANSGENDER TSUNAMI, & OUR RESPONSE I & II

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SUMMARY:

- Gender dysphoria is a diagnosis, whereas transgenderism is an ideology.
- The natural course of gender dysphoria is desistance by adulthood, conservatively in 85%, unless it is affirmed.[1][2][3][4][5][6]
- Gender dysphoria carries the overwhelming probability of underlying mental health issues, adverse childhood experiences, autism spectrum disorder, and troubled family dynamics.[7][8][9][10][11]
- The probability of both desistance and underlying mental health and family issues is why watchful waiting, with mental health evaluation and support for both patient and family, has been the standard of care for minors with gender dysphoria.
- International pushback in the scientific, judicial, and legislative realms is rising against transition affirming medical interventions in minors.
- Transition affirmation is not proven to be safe or effective long term, does not reduce suicides, and does not repair mental health issues and trauma.
- There is always a more honest way to deal with gender confusion than chemical sterilization and surgical mutilation of healthy young bodies.

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

[2] 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.)

[3] Singh D, Bradley SJ and Zucker KJ (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Front. Psychiatry* 12:632784. doi: 10.3389/fpsyt.2021.632784

[4] 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.

[5] 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.

[6] 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

[7] 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.

[8] 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.

[9] 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.

[10] Kozlowska K, McClure G, Chudleigh C, et al. Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems*. 2021;1(1):70-95. doi:10.1177/26344041211010777

[11] 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

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)."[12] **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.[13]

STIGMA/MINORITY STRESS 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."[14]
- **Three Meta-analytic studies** indicate the strength of the **relationship of stigma to mental health** is significant but small, with **minority stresses** directly **explaining less than 9%** of the relationship.[15] [16] [17]

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[12] 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

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

[14] 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.)

[15] 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.

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

[17] 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.

- **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." [18]
- During nearly a **half century period** from 1972 to 2017 in the Netherlands, increasing **cultural acceptance** (noted by the study authors) **has made little difference in suicide rates** among **gender dysphoric** patients seen by the nation's primary gender identity clinic**, suggesting stigma is not a sufficient explanation for suicides**.[19]
- **Michael Bailey** (2020):[20] "The **[minority stress] model** has not yet advanced from the "accumulating empirical associations" stage of empirical inquiry to the "eliminating rival hypotheses" stage. And at least **one obvious rival hypothesis exists: That the increased prevalence of mental health problems in non[heterosexual] persons is, at least in part, the cause, rather than the effect**, of increased self-reported experiences of stigmatization, prejudice, and discrimination."
    - **"The minority stress model has been prematurely accepted as the default explanation for sexual orientation-associated differences in mental health.** Yet minority stress research has not generated findings uniquely explicable by the model, and it has ignored the model's serious limitations."
    - "**The minority stress model should predict** that nonheterosexual persons who grow up in especially intolerant or stigmatizing cultures would be at particularly high risk of mental health problems. **However, I know of no evidence for this prediction,** and there is some evidence against it." He lists **Netherlands** as a case in point.
    - "Moreover, the minority stress model has **relied exclusively** on **self-report data** to quantitate stigmatization, as Feinstein (2019) acknowledges."

INTIMATE PARTNER VIOLENCE AS A SIGNIFICANT CAUSE OF LGBT SUICIDE.

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

[19] Wiepjes CM, den Heijer M, Bremmer MA, Nota NM, de Blok CJM, Coumou BJG, Steensma TD. Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017). Acta Psychiatr Scand. 2020 Jun;141(6):486-491. doi: 10.1111/acps.13164. Epub 2020 Mar 12. PMID: 32072611; PMCID: PMC7317390.

[20] Michael Bailey, J. The Minority Stress Model Deserves Reconsideration, Not Just Extension. *Arch Sex Behav* 49, 2265–2268 (2020). https://doi.org/10.1007/s10508-019-01606-9.

- A 2014 Australian study found a **leading reason for suicide among "LGBTI"** individuals was **stress from romantic partners rather than societal rejection**.[21]
- 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.[22]
- 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 . . ."[23]
- 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.[24]

Words Matter. Language shapes thoughts, which shape beliefs, which shape culture. Passively allowing cultural forces to weaponize 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.[25] [26] [27] [28]

- NIH: "Sex is a biological classification, encoded in our DNA. Males have XY chromosomes, and females have XX chromosomes. Sex makes us male or female. Every cell in your body has a sex— making up tissues and organs, like

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[21] 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

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

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

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

[25] 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/

[26] "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.

[27] 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.

[28] 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.

your skin, brain, heart, and stomach. Each cell is either male or female depending on whether you are a man or a woman."[29]

- **Per** DSM-5, p. 829, sex is "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."[30]
- There are 2 sex cells or gametes, sperm and ova. There is no third.
- It is biologically impossible to be born in the wrong body.
- Psychiatrist Stephen B. Levine: **"Biological sex cannot be changed**."[31]

WHAT ABOUT DISORDERS OF SEX DEVELOPMENT (INTERSEX)?

- They are also established at conception for the 0.02% of people who have them. [32] [33]
- 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**."[34]
    - DSDs **usually impair fertility**.[35]
- **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.[36]
    - **DSDs are not a third sex**. There are 2 sex cells (gametes), sperm and ova. There is no third. Intersex is **not an Extrasex**.
- **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

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[29] National Institutes of Health, Office of Research on Women's Health. *How Sex and Gender Influence Health and Disease*. Downloaded 2-11-2022 https://orwh.od.nih.gov/sites/orwh/files/docs/SexGenderInfographic_11x17_508.pdf.

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

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

[32] "Intersex. What It Is And Is Not," CMDA The Point Blog, May 2, 2019.

[33] 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/

[34] 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

[35] 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

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

gender dysphoria (Zucker et al. 1996)."[37]

- Conversely**, in the trans-identified, there is no inherent defect in sex organ development, function or fertility**.
    - UK GIDS Tavistock study 2020: "All had normal karyotype and endocrinology" function in 44 GD youth.[38]
- **DSDs (Intersex) and gender dysphoria are two different things**.

GENDER

- In popular usage, it's an engineered term leveraging linguistics against biology. [39]
    - **Nouns have gender, people have a sex**.
    - Psychologist Dr. John **Money** of John Hopkins initiated its use in professional journals in **1955**, referring to **"the identity of the inner sexed self."** [40] But his is ideological, not scientific.
- **Gender** (in current popular usage) is subjective, fluid and self-declared.
- **Sex is biology**. **Gender is ideology.**
    - If you cannot define or forbid defining a woman, you cannot protect her rights.
- **Gender identity** is a feeling, a self-perception, often a sex stereotype.
    - Problem: it is a mistake to stereotype people. There are many ways to be a woman, and many ways to be a man.
- Per C. West: 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.

BRAIN SEX?

- Neurons have nuclei on which sex is stamped.

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[37] 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.

[38] Polly Carmichael, Gary Butler, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

[39] Quentin Van Meter, "Bringing Transparency to the Treatment of Transgender Persons," *Issues in Law and Medicine* 34, no. 2 (Fall 2019): 147.

[40] 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.

- Research has failed to establish that there is such a thing as a female brain or a male brain.[41]
- Researchers analyzed MRIs of more than 1,400 human brains from four datasets. They found extensive overlap between 'females and males for all gray matter, white matter, and connections assessed." "These findings are corroborated by a similar analysis of personality traits, attitudes, interests, and behaviors of more than 5,500 individuals which reveals that internal consistency is extremely rare....**although there are sex/gender differences in the brain, human brains do not belong to one of two distinct categories: male brain/female brain**."[42]
- Per M. Biggs, "The other was Louis Gooren, a psychiatrist and endocrinologist who was installed as the world's first professor of transsexuality in 1989. His inaugural professorial lecture was addressed by Cohen-Kettenis and by Money, who flew over from Johns Hopkins University (Nederlands Tijdschrift voor Geneeskunde 1989). Like the pioneering generation who created transsexualism, Gooren saw gender dysphoria as an intersex condition: "there is a contradiction between the genetic, gonadal and genital sex on the one hand, and the brain sex on the other" and therefore "we must provide them with reassignment treatment which meets their needs" (Gooren, 1993, p. 238). This hypothesis was apparently vindicated when he coauthored an article in Nature showing that the volume of the central subdivision of the bed nucleus of the stria terminalis in six male-to-female transsexuals was closer to the volume found in females than in males (Zhou et al., 1995). "Unfortunately," as he recently acknowledged, "the research has never been replicated" (Gooren, 2021, p. 50; see also Kreukels & Burke, 2020)."[43]

NEUROIMAGING AND NEUROPLASTICITY.

- Neuroimaging:
  Prof. Lawrence Mayer, 2016: "…it is now widely recognized among psychiatrists and neuroscientists who engage in brain imaging research that there are inherent and ineradicable methodological limitations of any neuroimaging study that simply associates a particular trait, such as a certain behavior, with a particular brain morphology."[44]

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[41] Jordan-Young, R.M. Hormones, context, and "brain gender": A review of evidence from congenital adrenal hyperplasia. (2012). Social Science & Medicine, 74, 1738-1744. https://doi.org/10.1016/j.socscimed.2011.08.026

[42] Joel, D., Berman, Z., Tavor, L., et al. Sex beyond the genitalia: The human brain mosaic. (2015). PNAS, 112(50), 15468-15473. www.pnas.org/cgi/doi/10.1073/pnas.1509654112

[43] Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238
Citing: Gooren, L. (2021). Interview. In A. Bakker (Ed.), The Dutch approach: Fifty years of transgender health care at the VU Amsterdam gender clinic. Los Angeles, CA: Boom.

[44] Mayer L and McHugh P, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," TheNewAtlantis.com, Fall 2016, p. 103.

- Neuroplasticity is a well-established principle. The brain changes with exposures and behaviors.[45] The "brain as muscle" analogy.
- 1997, Dr. Mark Breedlove (then at UC Berkeley), " . . . sexual experience can alter the structure of the brain, just as genes can alter it. [I]t is possible that differences in sexual behavior cause (rather than are caused by) differences in the brain."[46]

TWIN STUDIES

- Studies of twin transsexuals state that 61-72% of monozygotic and nearly all dizygotic twin pairs were discordant for transsexualism.[47]
- French National Academy of Medicine press release.[48] Feb. 25, 2022.
    - Regarding transidentification: "No genetic predisposition has been found."

GENDER DYSPHORIA is a diagnosis.

- **It's a psycho-social, neurodevelopmental issue.** (Mental health issues, Adverse Childhood experiences, autism spectrum disorder, and family issues.)
- Distress with one's sexed body.
- "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."[49]
- The term is fading. What replaces it? **Gender incongruence?**
    - **Gender Anxiety** is an apt term for minors.

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

- Zucker: "The term "transgender identity" is hardly an objective label for a child's gendered subjectivity."[50]

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

- DSM 5 of the APA:[51]

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[45] Gu J, Kanai, R. "What contributes to individual differences in brain structure?" Front Hum Neurosci. 2014 Apr 28;8:262. doi: 10.3389/fnhum.2014.00262.
[46] Breedlove, M.S. (1997), "Sex on the brain," Nature, 389, p. 801.
[47] Diamond M. Transsexuality Among Twins: Identity, Concordance, Transition, Rearing, and Orientation. *International Journal of Transgenderism* 2013; **14**(1): 24-38.
[48] https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/
[49] Tomer Shechner, *Gender Identity Disorder: A Literature Review from a Developmental Perspective*, 47 Isr. J. of Psychiatry & Related Sci. 132-38 (2010).)
[50] 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
[51] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. P.451.

"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 …"[52]
- 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."

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 they "may be trans." [53]
- 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%. [54]
- American Psychological Association *Handbook on Sexuality and Psychology,V1,744*: [55]
    - "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.
- Singh, Bradley, Zucker, 2021, Front. Psychiatry. 87.8% desistance in "largest sample to date of boys clinic-referred for gender dysphoria."[56]
- Cohen-Kettenis, 2008, J SexMed: 80-95% of gender dysphoric pre-pubertal children desist by the end of adolescence.[57]

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

[53] 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

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

[55] 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.)

[56] Singh D, Bradley SJ and Zucker KJ (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Front. Psychiatry* 12:632784. doi: 10.3389/fpsyt.2021.632784

[57] 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.

- 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."[58]
- Ristori, et al Int Rev Psychiatry 2016: Finding a desistance rate of **61-98%** of GD cases by adulthood.[59]
- 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**."[60]

BRAIN DEVELOPMENT IN MINORS [61] [62] [63] [64]

- **Children have developing brain, their minds change often, and they don't grasp long-term consequences**.[65]
- 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. [66]
    - So how are they competent to choose gender affirming therapy/GAT?

MENTAL HEALTH ISSUES:

Overwhelming majority of the gender dysphoric have other mental health issues and/or neuro-developmental disabilities (autism spectrum disorder). Thus, it's a psycho-social neuro-developmental issue.
Family issues very likely present, along with Adverse Childhood Events.

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[58] 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.
[59] Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psychiatry. 2016;28(1):13-20.
[60] 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
[61] National Institute of Mental Health (2001). Teenage Brain: A work in progress. https://studylib.net/doc/7268562/teenage-brain--a-work-in-progress--fact-sheet-
[62] 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] 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
[64] 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.
[65] "Transing California Foster Children & Why Doctors Like Us Opposed It," PublicDiscourse.com, October 28, 2018.
[66] https://consumer.healthday.com/kids-health-information-23/child-safety-news-587/at-what-age-can-kids-safely-cross-the-street-721785.html.

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.[67]
    - Conclusion: **"**Treatment guidelines need to consider gender dysphoria in minors in the context of severe psychopathology and developmental difficulties."
- **2014**. Four nation European study found almost **70%** of people with gender identity disorder had "a current and lifetime diagnosis."[68]
- **Kaiser-Permanente study** 2018 (Becerra-Culqui): Mental Health of Transgender and Gender Nonconforming Youth Compared with Their Peers.[69]
    - Gleaned from **electronic medical records** of **8.8M members** in GA and CA.
    - **High rates of psychiatric disorders and suicidal ideation <u>before</u> 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.
- **Australia 2021**.[70] **Prospective** study from a multidisciplinary pediatric gender service.
    - Children: n = **79**; 8.42–15.92 yo; 33 bio males, 46 **bio females**.
    - **High levels of distress** (including GD), suicidal ideation (41.8%), self-harm (16.3%), and suicide attempts (10.1%).
    - **High rates of comorbid mental health disorders**: anxiety (63.3%), depression (62.0%), behavioural disorders (35.4%), and autism (13.9%).

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[67] 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.

[68] 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.

[69] 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.

[70] Kozlowska K, McClure G, Chudleigh C, et al. Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems*. 2021;1(1):70-95. doi:10.1177/26344041211010777

    - **High rates of adverse childhood experiences,** with family conflict (65.8%), parental mental illness (63.3%), loss of important figures via separation (59.5%), and bullying (54.4%); and maltreatment (39.2%).
    - **Key challenges faced by the clinicians**: polarized discourses; pressures to abandon the holistic [biopsychosocial] model; the difficulties of untangling gender dysphoria from comorbid factors such as anxiety, depression, and sexual abuse.
- **2018. Lisa Littman's** parental survey of Rapid Onset Gender Dysphoria:[71]
    - 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.
- **2022**. Russell DH, Hoq M, Coghill D, Pang KC. Prevalence of Mental Health Problems in Transgender Children Aged 9 to 10 Years in the US, 2018. *JAMA Netw Open.* 2022;5(7):e2223389. doi:10.1001/jamanetworkopen.2022.23389
    - "Our findings suggest that by 9 to 10 years of age transgender children already show increased susceptibility to mental health problems compared with their cisgender peers,…"
    - The table showed odds ratios higher for transgender-identified for all items assessed: suicidality 5.79 (14.8%), depression 2.53, anxiety problems 2.70, somatic problems 1.62, ADHD 1.57, oppositional defiant 2.39, conduct problems 3.13.
    - "…the first study to report rates of DSM-5–related problems using a representative population sample of transgender children." Cohort study from the Adolescent Brain Cognitive Development study, "which recruited more than 11 000 children across the US using multistage probability sampling…"
- **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."[72]

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[71] 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

[72] Hanna, B, et al. Psychiatric disorders in the U.S. transgender population, Annals of Epidemiology, online 4 October 2019.

- UK Tavistock 2019 paper: The majority "had an existing diagnosis of an autism spectrum condition (ASC) or would be likely to obtain one."[73]
- "**Autism spectrum disorder** (ASD) is significantly over-represented among transgender adolescents." "Autistic-transgender adolescents experienced significantly **greater internalizing symptoms compared to allistic-transgender and autistic-cisgender groups**. In addition to stigma-related associations with mental health, **ASD-related cognitive/neurodevelopmental factors** (i.e., poorer EF [executive functioning] and greater social symptoms) were **associated with worse mental health**…"[74]
- 2023. Children's National Hospital. Chart review of 68 gender care minors. **47% were autistic**; 29% reported a change in their request for treatment.[75]
- Cohen A, Gomez-Lobo V, D'Angelo LJ, et al. Shifts in gender-related medical requests by transgender and gender-diverse adolescents. J Adol Health. 2023; 72(3):428-436. DOI: doi.org/10.1016/j.jadohealth.2022.10.020
- "It is even the case that most transgender people still present as older adolescents, as in the study by Sorbara et al[1], or as adults.[4] Interestingly, this older adolescent group did not only have more mental health difficulties but also a later age of onset of GI." -- Annelou L.C. de Vries, 2020.[76]
- **Therapy helps**:
    - 2022 **Dutch pilot study of GD adolescents with ASD in which guided peer-support group therapy was employed**.[77] Therapy, not medical interventions, and using pre- and post-test questionnaires. design.
    - "We found that participating in a specific peer support group **increased psychological well-being and decreased psychological complaints in these adolescents with ASD and GD**, thereby increasing their quality of life."

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[73] 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.

[74] John F. Strang, Laura G. Anthony, Amber Song, Meng-Chuan Lai, Megan Knauss, Eleonora Sadikova, Elizabeth Graham, Zosia Zaks, Harriette Wimms, Laura Willing, David Call, Michael Mancilla, Sara Shakin, Eric Vilain, Da-Young Kim, Tekla Maisashvili, Ayesha Khawaja & Lauren Kenworthy (2021): In Addition to Stigma: Cognitive and Autism-Related Predictors of Mental Health in Transgender Adolescents, Journal of Clinical Child & Adolescent Psychology, DOI: 10.1080/15374416.2021.1916940

[75] Cohen A, Gomez-Lobo V, D'Angelo LJ, et al. Shifts in gender-related medical requests by transgender and gender-diverse adolescents. J Adol Health. 2023; 72(3):428-436. DOI: doi.org/10.1016/j.jadohealth.2022.10.020

[76] Annelou L.C. de Vries; Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents. *Pediatrics* October 2020; 146 (4): e2020010611. 10.1542/peds.2020-010611

[77] Brandsma, T., Visser, K., Volk, J. *et al.* A Pilot Study on the Effect of Peer Support on Quality of Life of Adolescents with Autism Spectrum Disorder and Gender Dysphoria. *J Autism Dev Disord* (2022). https://doi.org/10.1007/s10803-022-05832-4

- **Why autism spectrum? Concrete thinking,** trouble with abstractions, 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**."[78]
    - Iran. 2014. Among people requesting SRS:
      81.4% had personality disorders. #1 was narcissistic PD (57.1%).
      Averaged 3.00 diagnoses per patient."[79]
- **Autogynephilia**, common for adult males.
    - "…propensity of certain males to be erotically aroused by the thought or image of themselves as women."[80] [81]
- **Bullying**: 2021. Large (139k+) nationally representative sample in Finland.[82]
    - "Secondly, we found that transgender identity was generally **associated with perpetrating bullying** and that the association was stronger than that of transgender identity and being bullied."
- Sievert E. D. C., Sweizer K., Barkmann C., Fahrenkrug S., Becker-Hebly I. (2021). **Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with gender dysphoria**. *Clinical Child Psychology and Psychiatry*, 26(1), 79–95. https://doi.org/10.1177/1359104520964530
    - "Therefore, claims that gender affirmation through transitioning socially is beneficial for children with GD could not be supported from the present results. Instead, the study highlights the importance of individual social support provided by peers and family, independent of exploring additional possibilities of gender transition during counseling.
- **Affirming parents don't improve the stats:**
  "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 significantly** and substantively

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[78] Zucker, KJ, et al. Gender Dysphoria in Adults. Annu. Rev. Clin. Psychol. 2016. 12:217–47. (P. 227.)

[79] 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.

[80] Blanchard, Ray. (2005). Early History of the Concept of Autogynephilia. Archives of sexual behavior. 34. 439-46. 10.1007/s10508-005-4343-8.

[81] Lawrence AA. Autogynephilia: An Underappreciated Paraphilia. In: Balon R, ed. Sexual dysfunction: beyond the brain-body connection: Karger Medical and Scientific Publishers; 2011: 135-48. https://doi.org/10.1159/000328921.

[82] Heino E, Ellonen N and Kaltiala R (2021) Transgender Identity Is Associated With Bullying Involvement Among Finnish Adolescents. Front. Psychol. 11:612424. doi: 10.3389/fpsyg.2020.612424

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:[83]
  - "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."**
- Withers 2020, "**trans-identification** and its associated medical treatment **can constitute an attempt to evade experiences of psychological distress**." He cautions, "This puts young trans people at risk of receiving potentially damaging medical treatment they may later seek to reverse or come to regret, while their underlying psychological issues remain unaddressed."[84]
- 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?"[85]
- Hacsi Horvath (recently retired UCSF epidemiologist, once trans):[86]
  "… there have been no rigorous studies conducted (ever) of any

[83] 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
[84] Withers, R. (2020) Transgender medicalization and the attempt to evade psychological distress. *J Anal Psychol*, 65: 865– 889. https://doi.org/10.1111/1468-5922.12641.
[85] 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.
[86] https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/

psychological intervention to help AYA-GD (or anyone) to cope effectively with their GD and thereby become more comfortable in their bodies."
"There is absolutely no good reason why gender dysphoria has essentially been excluded from 15 years of research in new "transdiagnostic" approaches to treating people with depression and anxiety disorders. It is outrageous that no trials have been done of cognitive behavioural therapy, dialectical behavioural therapy, mindfulness therapy and other new approaches to reduce rumination, cognitive bias generation and other maladaptive coping that may be prodromal to or concurrent with the emergence of GD; as well as to treat patients currently experiencing the condition. GD is not *sui generis*, unique, super-special! It is well within the spectrum of conditions efficaciously treated with transdiagnostic approaches."

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**:[87]
    - 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.
- Ken Zucker, 2019:[88]
    - "… **it is my view that this is a new clinical phenomenon**. I was seeing such adolescents in the mid-2000s in Toronto (I just didn't have a label for them) and, at present, **they comprise the majority of my private practice adolescent patients.**"
    - "It is **not entirely clear to me why some clinician and "armchair" critics have been so skeptical about the possible veridicality of ROGD**."
- "This rapid onset of gender dysphoria in assigned females post puberty is indeed a worrying phenomenon we are observing more and more at the clinic." Bonfatto & Crasnow, 2018.[89]

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[87] 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.

[88] Zucker, K.J. Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues. *Arch Sex Behav* **48,** 1983–1992 (2019). https://doi.org/10.1007/s10508-019-01518-8

[89] Marina Bonfatto & Eva Crasnow (2018) Gender/ed identities: an overview of our current work as child psychotherapists in the Gender Identity Development Service, Journal of Child Psychotherapy, 44:1, 29-46, DOI: 10.1080/0075417X.2018.1443150

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."[90]
- About 96% of US adolescents attempting suicide demonstrate at least one mental illness (Nock 2013).[91]
- 90% of adults and adolescents who completed suicide had unresolved mental disorders (Cavanagh 2003).[92]
- About 5% of all youth suicide can be partly attributed to media coverage and discussion of other suicides (Kennebeck 2018)."[93]
- The contagious nature of publicized suicide and the copycat phenomena it generates is called the Werther effect. The Papageno effect is the reduction of suicide rates prompted by the public example of pushing on.[94]
- 2013 Review "Impact of Social Contagion on Non-Suicidal Self-Injury":[95]
    - **Of 16 relevant studies identified: "Importantly, all 16 studies found evidence supporting the link between NSSI [non-suicidal self-injury] and social contagion**."
    - "…the **majority of literature available supports positive associations between exposure to peer suicidal behavior and adolescent suicide attempts**…"
    - "…suicidality is an outcome for which there is mounting evidence for the impact of direct exposure to suicidal behavior, suicide clusters, and media influences on subsequent imitation and modeling in adolescent suicidal behavior[]."

SOCIAL AND PEER CONTAGION.

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[90] 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

[91] 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.

[92] 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.

[93] 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

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

[95] Stephanie Jarvi , Benita Jackson , Lance Swenson & Heather Crawford (2013) The Impact of Social Contagion on Non-Suicidal Self-Injury: A Review of the Literature, Archives of Suicide Research, 17:1, 1-19, DOI: 10.1080/13811118.2013.748404

- 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 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.[96]
- **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**." [97]
- **Social contagion and media effect.[98]** 2020. Study of two pediatric gender clinics in the UK and Australia, cross-sectional, over 8-years, 5000 TGD youth referrals. Finding: "An increase in media coverage of TGD-related topics over recent years was associated with an increase in the number of TGD young people presenting to 2 gender clinics on opposite sides of the world."
- **Finland,** from *Council for Choices in Health Care in Finland (COHERE Finland)* 2020.[99]
    - Recognition of childhood phases and **fads**: "…if the variation in gender identity and related dysphoria do not reflect the temporary search for identity typical of the development stage of adolescence…"
- **French** National Academy of Medicine press release.[100] Feb. 25, 2022.
    - "The vigilance of parents in response to their children's questions on transidentity or their malaise, **underlining the addictive character of excessive consultation of social networks** which is both harmful

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[96] 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.

[97] 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.

[98] Pang, K. C., de Graaf, N. M., Chew, D., Hoq, M., Keith, D. R., Carmichael, P., & Steensma, T. D. (2020). Association of media coverage of transgender and gender diverse issues with rates of referral of transgender children and adolescents to specialist gender clinics in the UK and Australia. JAMA Network Open, 3, e2011161. doi:10.1001/jamanetworkopen.2020.11161

[99] https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

[100] https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/

to the psychological development of young people and **responsible, for a very important part, of the growing sense of gender incongruence.**"

SEMANTIC CONTAGION.

- "**Once transsexual and gender-identity disorder and sex reassignment surgery became <u>common linguistic currency</u>, 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.:"[101] -- Dr. Carl Elliot (2000)

HISTORY:

- Psychologist Dr. John Money of John Hopkins initiated its use in professional journals in 1955, referring to "the identity of the inner sexed self." [102] But his is ideological, not scientific.
- Johns Hopkins clinic/program for "transsexuals" and their treatment (founded by psychologist **Dr. John Money**) was closed in the 1980s due to ample adverse outcomes in the children and adults they treated.[103] [104]
    - **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.[105]
    - **We are repeating the error** 40 years later and with kids.
- "Novel physical interventions were justified by the new theoretical construct of "gender identity" invented by American psychologists and psychiatrists, most notably **John Money** (1994)."[106] - M. Biggs
- "In the United States, adoption was led by **Norman Spack**, a pediatric endocrinologist. More than once he recalled "salivating" at the prospect of treating patients with GnRHa (Hartocollis 2015; Spack 2008, xi). In 2007 he cofounded the Gender Management Service at Boston Children's Hospital, which was the first dedicated clinic for transgender children in America.

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[101] Dr. Carl Elliot, "A New Way to be Mad," theatlantic.com, Dec. 2000.
[102] 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.
[103] McHugh P, Surgical Sex, First Things Nov 2004, 34-38.
[104] Quentin Van Meter, Bringing Transparency to the Treatment of Transgender Persons, Issues in Law & Medicine, Volume 34, Number 2, 2019.
[105] Meyer J.K. and Reter D. Sex Reassignment Follow up Arch. Gen Psychiatry 36; 1010-1015; 1979
[106] Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238.
Citing: Money, J. (1994). The Concept of gender identity disorder in childhood and adolescence after 39 years. Journal of Sex and Marital Therapy, 20, 163–177. doi:10.1080/00926239408403428v

…From the outset the Boston clinic offered GnRHa at Tanner stage 2 or 3 with no minimum age (Spack et al. 2012)."[107]- M. Biggs

FINANCING THE MOVEMENT AND ITS TACTICS:

- Jennifer Bilek, **The Billionaires Behind the LGBT Movement**, 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/
  The Dentons.Reuters.IGLYO document: https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO_v3-1.pdf
- Jennifer Bilek, "Stryker Corporation and the Global Drive for Medical Identities," Mar 24, 2021. https://www.the11thhourblog.com/post/stryker-corporation-and-the-global-drive-for-medical-identities
- Jennifer Bilek, "The ACLU Gets Fat on Pharma and Tech Funding/Part II," Mar 4, 2022. https://www.the11thhourblog.com/post/the-aclu-gets-fat-on-pharma-and-tech-funding-part-ii
- Jennifer Bilek, "LGBTQ+: A Front for The Techno-Medical Complex," Jan 25, 2022. https://www.the11thhourblog.com/post/lgbtq-a-front-for-the-techno-medical-complex
- Jennifer Bilek, "Martine Rothblatt: A Founding Father of the Transgender Empire," July 6, 2020. https://uncommongroundmedia.com/martine-rothblatt-a-founding-father-of-the-transgender-empire/

As of 2019, at least **65 gender clinics in the US**, only one in 2007.[108]
As of 2022, **over 100** US gender clinics.[109]

- Add to this Planned Parenthood clinics, and they are many.
- And hormones can be acquired on the web.[110] [111]

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[107] Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238
[108] Per the Kelsey Coalition.
https://static.wixstatic.com/ugd/3f4f51_c295b2f528884acbb01fa3ac19ffb74a.pdf
[109] https://www.reuters.com/investigates/special-report/usa-transyouth-care/

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."[112]
- And in this case it is a **self-diagnosis**.

PROBLEM OF CONSENT

- **Children have developing and immature brains, their minds change often, they are prone to risk taking and vulnerable to peer-pressure, and they don't grasp long-term consequences.**[113] [114] [115] [116]
- **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?"**

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[110] Plume. "Live your authentic life. Gender-affirming hormone therapy from your phone." https://getplume.co/

[111] "Doctor prescribes hormones online so young females can 'try out' testosterone," Mia Ashton, Oct. 19, 2022, thepostmillennial.com, https://thepostmillennial.com/doctor-prescribes-hormones-online-so-young-females-can-try-out-testosterone

[112] 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.

[113] Andre Van Mol, "Transing California Foster Children & Why Doctors Like Us Opposed It," PublicDiscourse.com, October 28, 2018.
Cited therein:
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).

[114] Steinberg L. A Social Neuroscience Perspective on Adolescent Risk-Taking. Dev Rev. 2008 Mar;28(1):78-106. doi: 10.1016/j.dr.2007.08.002. PMID: 18509515; PMCID: PMC2396566.

[115] Antony Latham (2022) Puberty Blockers for Children: Can They Consent?, The New Bioethics, 28:3, 268-291, DOI: 10.1080/20502877.2022.2088048

[116] Arain M, Haque M, Johal L, Mathur P, Nel W, Rais A, Sandhu R, Sharma S. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat*. 2013;9:449-461 https://doi.org/10.2147/NDT.S39776

- "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."[117]

- **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.[118] [119]
- 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**."[120]
- **UK High Court in Bell vs. Tavistock** Dec. 12, 2020 ruled that GAT/TAT in minors was **experimental** and could not, in most cases, be given to minors **under 16 without court order**, and that such was advisable for those 16-17. They added, "**There is no age appropriate way to explain** to many of these children what losing their fertility or full sexual function may mean to them in later years." [121]
- Anthony Latham, chair of the **Scottish Council** on Human Bioethics, wrote in 2022, "The young brain is biologically and socially immature, tends towards short-term risk taking, does not possess the ability to comprehend long term consequences and is highly influenced by peers…" **He concluded,** "Children cannot consent, and therefore should not be asked to consent to being treated with puberty blockers for gender dysphoria."[122]
- Levine, Abbruzzese, and Mason observe, "…**the process of obtaining informed consent** from patients and their families **has no established standard. There is no consensus** about the requisite elements of evaluations, nor is there unanimity about how informed consent processes should be conducted (Byne et al., 2012). These two matters are inconsistent from practitioner to practitioner, clinic to clinic, and country to country."[123]

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[117] Stephen B. Levine (2018): Informed Consent for Transgendered Patients, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2018.1518885.
[118] 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.
[119] Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and healthcare research. Curr Opin *Endocrinol Diabetes Obes* 2016;23:180-187.
[120] http://www.barnlakarforeningen.se/2019/05/02/blf-staller-sig-bakom-smers-skrivelse-angaende-konsdysfori/
[121] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf
[122] Antony Latham (2022) Puberty Blockers for Children: Can They Consent?, The New Bioethics, 28:3, 268-291, DOI: 10.1080/20502877.2022.2088048
[123] Stephen B. Levine, E. Abbruzzese & Julia W. Mason (2022): Reconsidering

CRIMINALITY of sterilization and surgically mutilation of health organs by doctors.[124]

- 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).

MAJOR BULLET POINTS.

- 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 outweigh risks.
- Ethics of permanently medicalizing something in minors with an 85% rate of desistance by adulthood based on a self-diagnosis is highly suspect.[125] [126] [127] [128]
    - Someone can come to their senses later, but what's gone is gone.
- Do Not Prematurely Affirm:
    - *APA Handbook on Sexuality and Psychology* (APA, 2014): "Premature labeling of gender identity should be avoided." Why "This approach runs the risk of neglecting individual problems the child might be experiencing…"[129]
    - 2020 Nordic J of Psychiatry:[130] …"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."
    - Withers 2020, "trans-identification and its associated medical treatment can constitute an attempt to evade experiences of psychological distress."[131]

Informed Consent for Trans-Identified Children, Adolescents, and Young Adults, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2046221

[125] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. P.455.
[126] Singh D, Bradley SJ and Zucker KJ (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Front. Psychiatry* 12:632784. doi: 10.3389/fpsyt.2021.632784
[127] 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.
[128] 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
[129] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 750 (D. Tolman & L. Diamond eds., 2014).
[130] 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

- 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.
- Most research in most fields is false, reflecting prevailing bias. [132] Poor reproducibility in scientific literature if rife. [133]
    - Peer review lit in in crisis. Do not accept studies or stats at face value.
- 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." [134] Not evidence-based standards of care.
    - Disclaimer p. 3895: "The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care."
- Consensus is not a proxy for truth. Group think is by consensus.
    - The pro-GAT/TAT party line is in part a Castro consensus.[135]
- 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. [136] [137] [138]
    - Why?
        - The probability of desistance, and…
        - The overwhelming likelihood of mental health and other issues preceding the diagnosis of GD. [139] [140] [141] [142] [143]

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[131] Withers, R. (2020) Transgender medicalization and the attempt to evade psychological distress. *J Anal Psychol*, 65: 865– 889. https://doi.org/10.1111/1468-5922.12641.

[132] "Why Most Published Research Findings Are False,' John P. A. Ioannidis, August 30, 2005 PLOS Medicine. DOI: 10.1371/journal.pmed.0020124

[133] "Estimating the reproducibility of psychological science," Science, 28 August 2015: Vol. 349 no. 6251. DOI: 10.1126/science.aac4716.

[134] 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

[135] Understanding the Role of Dependence in Consensus Formation. *Proceedings of the 2020 Truth and Trust Online (TTO 2020)*, pages 12–20, Virtual, October 16-17, 2020. https://www.cs.hmc.edu/~montanez/pdfs/allen-2020-castro-consensus.pdf

[136] 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.

[137] 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

[138] 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

[139] 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.

[140] 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.

- UK High Court Bell v Tavistock[144] Dec. 12, 2020 ruling that GAT/TAT in minors was experimental, not proven safe or effective, and required court order for those under 16 and that court order was advisable for those 16-17.
    - "There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."
- NHS issued amendments to Gender Identity Development Service specifications for minors Dec 2020.[145]
- Semantic and Social contagions.
- Transgenderism as the catch-all explanation for distress, & transition is promoted as a cure-all solution (Littman study). [146]
- Skilled psychological investigation for underlying causes is shamed as "transphobic". [147]
    - 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/TAT for minors occurring on national levels in:
    - UK. 2020 NICE 1 & 2 -- National Institute for Health and Care Excellence comprehensive lit reviews on PBA and CSH,**[148]** Bell v Tavistock, 2020 NHS GIDS protocol amendments,[149] 2022 Cass Review, Interim Report,[150] closure of the world's largest pediatric

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[141] Kozlowska K, McClure G, Chudleigh C, et al. Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems*. 2021;1(1):70-95. doi:10.1177/26344041211010777

[142] 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

[143] 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.

[144] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

[145] https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf

[146] 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.

[147] "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

[148] https://cass.independent-review.uk/nice-evidence-reviews/

[149] https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf

[150] https://cass.independent-review.uk/publications/interim-report/

gender clinic,[151] and NHS Interim Service Specification for Specialist Gender Dysphoria Services for Children and Young People 2022.[152]
    - Sweden. 2023 systematic lit review of hormone tx,[153] Karolinska hospital policy changes,[154] Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review,[155] 2022 Swedish National Board of Health and Welfare (NBHW) service guidelines.[156]
    - Finland COHERE [157]
    - Norway[158]
    - Australia, [159] [160] Brazil, etc.
    - Florida Medicaid initiated a rule barring payment for G/TAT for all ages in June 2022, supported by the "Generally Accepted Professional Medical Standards [GAPMS] Determination on the Treatment of Gender Dysphoria" explaining why in over 233 pages (the main body of the report is 45 pages).[161] Includes a comprehensive literature review (Attachment C).[162]
    - Florida Board of Medicine's legislative committee voted Oct. 28,2022 to ban transgender drugs and surgeries for minors.[163]
- The UK's Cass Review Interim Report called the "Affirmative model" "A model of gender healthcare that originated in the USA". Not Dutch.
- 4 levels of transition: social, puberty blockade, cross-sex (wrong sex)

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[151] https://www.bbc.com/news/uk-62335665

[152] https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf

[153] Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. Acta Paediatr. Accepted Author Manuscript. https://doi.org/10.1111/apa.16791

[154] Karolinska Policyförändring K2021-3343 March 2021 (Swedish).pdf; Karolinska Policy Change K2021-3343 March 2021 (English, unofficial translation).pdf

[155] https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/

[156] https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf

[157] https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

[158] https://www.aftenposten.no/norge/i/jlwl19/vil-ha-tryggere-behandling-for-barn-som-vil-skifte-kjoenn-mangelfull-kunnskap-om-risikoen?fbclid=IwAR0pzl4np-jyTaPS-JrtuFqM2U3KxFgvc-4CHTtJ1_RJf2LJH-O-T7yQ9F4

[159] https://www.binary.org.au/australians_demand_inquiry_into_child_puberty_blockers.

[160] https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria

[161] https://www.ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf

[162] https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf

[163] https://www.lifesitenews.com/news/florida-board-of-medicine-votes-to-ban-transgender-surgeries-drugs-for-minors/

hormones, and sex reassignment (gender affirming/confirming) surgery.
    - Social transitioning by itself leads to persistence. [164][165]
- PBA use in precocious puberty and prostate cancer treat diseases where benefits outweigh risks.
    - PBA use in GD kids causes disease (hypogonadotropic hypogonadism) in otherwise healthy kids. [166]
- Not FDA approved for this. FDA website: "If you and your healthcare provider decide to use an approved drug for an unapproved use to treat your disease or medical condition, remember that FDA has not determined that the drug is safe and effective for the unapproved use."[167]
    - Puberty is not a disease state but a normal stage of life.
- The myth of PBAs as "pause buttons" that "buy time" to "wait and see."
    - PBA are Gateway drugs, select persistence rather than natural desistance. Commits a child to CSH and SRS/GAS.
    - 5 studies show PBA use results in persistence of trans identification 96.5-100%.[168] [169] [170] [171] [172]
- PBA Risk Summary.
    - Not fully reversible, long-term complications possible even if PBAs

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[164] 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.

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

[166] 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.

[167] https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label

[168] 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

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.

[169] Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. J Sex Med. 2018;15(4):582–590

[170] Brik T, Vrouenraets LJJJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropinreleasing hormone analogues for gender dysphoria [published online ahead of print March 9, 2020]. Arch Sex Behav. doi:10.1007/s10508-020-01660-8

[171] Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics. 2020;145(4):e20193006

[172] Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

stopped early.[173]
    - Infertility risk (blocks maturing of sperm and ova)[174][175][176][177]
    - Genitalia arrested in underdeveloped stage
    - Sexual dysfunction
        - Males: erectile, orgasmic and ejaculatory impairment
        - Females: menopausal-like state inducing[178]
    - Mental health issues: mood swings, depression, suicidal ideation and attempts (Lupron package insert)[179][180]
    - Bone mineral density compromise at its period of greatest growth.[181] Osteopenia/-porosis?
    - Hindering of brain development milestones
    - PBAs will interrupt the vital pubertal time-frame window for development of brain, bones and psychology with peers.[182] No one can have that window back.
    - Pseudotumor cerebri.[183]
- Cross-sex hormone risks.[184][185][186]

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[173] 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)

[174] 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.

[175] 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.

[176] Children's Hospital Los Angeles (2016). Children's Hospital Los Angeles Assent/Consent Forms to Participate in Research Study: "The Impact of Early Medical Treatment in Transgender Youth". Obtained Apr 17, 2020 via HHS Appeal 19-0093-AA; NIH FOIA Request 51365. https://drive.google.com/file/d/1Q-zJCivH-QW7hL25idXT_jITfJZUUm1w/view

[177] https://transcare.ucsf.edu/guidelines/youth

[178] 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.

[179] Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

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

[181] Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

[182] 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

[183] "Risk of pseudotumor cerebri added to labeling for gonadotropin-releasing hormone agonists" July 1,2022. https://www.fda.gov/media/159663/download

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

- Following PBA's with cross-sex hormones (CSH) assures sterility.
- Estrogen in biological males
  - Dyslipidemias
  - Thromboembolic disease (blood clots)
  - Cardiovascular and cerebrovascular disease (heart attacks and strokes).
    - Risk increases with length of use.[187]
  - Breast cancer[188]
  - Weight gain
  - Insulin resistance
  - Cholelithiasis
- Testosterone in biological females
  - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
  - Breast/uterine cancer
  - Diabetes type 2[189]
  - Liver dysfunction
  - Hypertension
  - Severe acne
  - Liver cancer?[190]
- International panel of endocrinology organizations concluded about testosterone use in women (10/2019)[191] "…the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]…There are insufficient data

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[185] 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.

[186] 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.

[187] 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.

[188] Christel J M de Blok, et al. "Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands.." BMJ 2019; 365. https://www.bmj.com/content/365/bmj.l1652

[189] Rasmussen JJ, Selmer C, Frøssing S, Schou M, Faber J, Torp-Pedersen C, Gislason GH, Køber L, Hougaard DM, Cohen AS, Kistorp C. Endogenous Testosterone Levels Are Associated with Risk of Type 2 Diabetes in Women without Established Comorbidity. J Endocr Soc. 2020 May 5;4(6):bvaa050. doi: 10.1210/jendso/bvaa050. PMID: 32537541; PMCID: PMC7278278.

[190] 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.)

[191] 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.

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."

- Sex reassignment surgery (SRS)/gender affirming surgery (GAS)/gender confirming surgery (tops, bottoms, contouring, etc.):
    - Is cosmetic, creating poorly functioning pseudo-genitalia.
        - Usually no orgasms.
        - Sterility is guaranteed by absence of ovaries and testicles.
    - Rated by the Hayes Directory with the lowest possible rating for strength of evidence.[192] The Centers for Medicare & Medicaid did not issue a National Coverage Determination for it due to poor proof.
- 2023 German study. People who underwent gender reassignment surgery achieved no improvement in either loneliness or social isolation.[193]
- 2011 Swedish study (Dhejne) of all their SRS patients over 30 years (324) showed 19 times the completed suicide rate 10 years out.[194]
- 2019 (online) Bränström and Pachankis. First total population study of 9.7 million Swedish residents.[195] Ultimately showed neither "gender-affirming hormone treatment" nor "gender-affirming surgery" provided reductions of the mental health treatment benchmarks examined.[196] [197]
- A 2016 study of nearly all (98%; n=104) of Dutch patients who underwent sex reassignment surgery from 1978-2010.[198]
    - "This suggests that generally SRS may reduce psychological morbidity for some individuals while increasing it for others."
    - SRS was not an agent of statistically significant net benefit.

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[192] Hayes, Inc., *Hormone Therapy for the Treatment of Gender Dysphoria*, Hayes Medical Technology Directory (2014).

[193] Hajek A, König HH, Blessmann M, Grupp K. Loneliness and Social Isolation among Transgender and Gender Diverse People. Healthcare (Basel). 2023 May 22;11(10):1517. doi: 10.3390/healthcare11101517. PMID: 37239802; PMCID: PMC10217806.

[194] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885.

[195] 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

[196] 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

[197] 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.]

[198] Simonsen, R. K., Giraldi, A., Kristensen, E. & Hald, G. M. Long-term follow-up of individuals undergoing sex reassignment surgery: Psychiatric morbidity and mortality. Nord J Psychiatry 70, 241-247, doi:10.3109/08039488.2015.1081405 (2016).

- G[T]AT's suicide reduction claim is a myth used as emotional blackmail.
    - Parents told, "Do you want to be planning a transition or a funeral?"
- Regret rates with GAT are not low, and studies underestimate them due to "overly stringent definitions of regret" "very high rates of participant loss to follow-up (22%-63%) (D'Angelo, 2018)…"[199]
    - Regret stats tend to come from gender clinics, which regretters avoid.
- Common flaws of pro-G(T)AT studies and surveys:[200]
    - Impressively high rates of loss to follow up, from over 20% to over 60%, which invalidate the findings.[201] Were those lost patients helped, hurt, or even still alive?[202]
    - Unacceptably strict definitions for regret.
- Insufficient periods of follow up, usually only 6 months to 2 years post-transition, despite the existing evidence that post-surgical regret is known to manifest 8 years or so post-transition.[203] [204]
- Are not randomized controlled or long-term comprehensive follow-up studies.[205] [206]
    - Convenience sampling, which "is to be avoided always in survey research" and from which we "cannot make statistical generalizations."[207]

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[199] D'Angelo, R., Syrulnik, E., Ayad, S. *et al.* One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav* (2020). https://doi.org/10.1007/s10508-020-01844-2
Citing: D'Angelo R. Psychiatry's ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:10.1177/1039856218775216

[200] Andre Van Mol, "Regretting Transition for Gender Dysphoria" 'The Point" blog, June 23, 2022. https://cmda.org/regretting-transition-for-gender-dysphoria/

[201] D'Angelo, R., Syrulnik, E., Ayad, S. *et al.* One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav* (2020). https://doi.org/10.1007/s10508-020-01844-2
Citing: D'Angelo R. Psychiatry's ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:10.1177/1039856218775216

[202] D'Angelo R. Psychiatry's ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:10.1177/1039856218775216

[203] Dhejne C, Öberg K, Arver S, et al. An analysis of all applications for sex reassignment surgery in Sweden, 1960–2010: prevalence, incidence, and regrets. Arch Sex Behav. 2014;43:1535–1545.

[204] Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972–2015): Trends in prevalence, treatment, and regrets. J Sex Med. 2018;15:582–590.

[205] Levine, S.B. Reflections on the Clinician's Role with Individuals Who Self-identify as Transgender. *Arch Sex Behav* (2021). https://doi.org/10.1007/s10508-021-02142-1

[206] Hruz, P. Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria.
"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."

[207] "An important note about convenience sampling is that you cannot make statistical generalizations from research that relies on convenience sampling." "Convenience sampling is to be avoided *always* in survey research."
Lior Gideon, editor. Handbook of Survey Methodology for the Social Sciences. New York: Springer, 2012. ISBN 978-1-4614-3875-5.

    - Sampling usually taken from gender clinics, to which those with regret repeatedly report they do not return. A 2021 survey of 100 detransitioners found that only 24% had informed their clinician of their detransition, thus 76% did not.[208]
    - Data is gleaned from in-house satisfaction surveys lacking clear and uniform definitions, metrics, and follow up. This low-quality data then gets pooled to create low quality, unreliable results.
    - Hruz, 2020. Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria. "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."[209]
- The chemical sterilization/castration and surgical mutilation of normal sex organs in children is not healthcare.
- NC (2012)[210] and CA (2021)[211] passed laws to compensate surviving victims of the 20th century eugenics forced sterilization programs. With GAT, they will get to do it again.
- "Trans Mission: What's the Rush to Reassign Gender?" https://www.youtube.com/watch?v=rUeqEoARKOA
    - Dr. Van Meter says the chair emeritus of the Johns Hopkins Psychiatric division [Dr. Paul McHugh] told him this: "I will tell you what is going to happen to change the tide. There's going to be major lawsuits by families or individuals who have been through this. Gone down that pathway and come back at the other side, and they are going to take down, not only the physicians, but the drug companies and the hospital healthcare systems, and the insurance companies that allowed this to happen, and that's when this will all end."

SPECIFIC CONCERNS WITH GENDER (TRANSITION) AFFIRMING THERAPY

GAT/TAT IS NOT THE STANDARD OF CARE.

- Abbruzzese, Levine, Mason:[212]

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[208] Littman, L. Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Arch Sex Behav* **50,** 3353–3369 (2021). https://doi.org/10.1007/s10508-021-02163-w

[209] 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

[210] https://abcnews.go.com/Health/WomensHealth/north-carolina-compensate-victims-eugenics-program-sterilized/story?id=15328707

[211] https://sacramento.cbslocal.com/2021/12/31/california-program-state-sponsored-sterilization-survivors/ More indepth prior report: https://ktla.com/news/california/california-to-pay-victims-forced-coerced-into-sterilization-because-state-deemed-them-unfit-to-have-children/

- "Two Dutch studies formed the foundation and the best available evidence for the practice of youth medical gender transition. We demonstrate that this work is methodologically flawed and should have never been used in medical settings as justification to scale this "innovative clinical practice."
- "…**runaway diffusion**"—the phenomenon whereby the medical community mistakes a small innovative experiment as a proven practice, and a potentially nonbeneficial or harmful practice "escapes the lab," rapidly spreading into general clinical settings (Earl, 2019)." "**Runaway diffusion" is exactly what has happened in pediatric gender medicine. "Affirmative treatment"** with hormones and surgery rapidly entered general clinical practice worldwide, without the necessary rigorous clinical research to confirm the hypothesized robust and lasting psychological benefits of the practice. Nor was it ever demonstrated that the benefits were substantial enough to outweigh the burden of lifelong dependence on medical interventions, infertility and sterility, and various physical health risks. The studies also failed to quantify the risk to "false positives"—that is, those gender dysphoric youth whose distress would have remitted with time without resorting to irreversible medical and surgical interventions."

- 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." [213] 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."
- Zucker,2019. "…the field suffers from a vexing problem: There are **no randomized controlled trials (RCT) of different treatment approaches**, so the front-line clinician has to rely on lower-order levels of evidence in deciding on what the optimal approach to treatment might be.[214]
- Hruz, 2020. **Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria.** "Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample

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[212] E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2150346

[213] 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

[214] Zucker, K. J. (2019), Debate: Different strokes for different folks. Child Adolesc Ment Health. doi:10.1111/camh.12330

size, recruitment bias, short study duration, high subject dropout rates, and reliance on "expert" opinion."[215]

- Levine, 2020. "The fact that modern patterns of the **treatment of trans individuals are not based on controlled or long-term comprehensive follow-up studies** has allowed many ethical tensions to persist."[216]
- JAMA 2017: "Potential longer-term medical and surgical **risks are currently not well defined**…"[217]

The international standard of care is watchful waiting, including psychological evaluation of the child and family both, not gender affirming therapy (GAT).[218][219]

- 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…." [220]
- Laidlaw, et al: "…**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)."[221] [222]
- Laidlaw, et al: "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]."[223]

DO NOT PREMATURELY AFFIRM:

- ***APA Handbook on Sexuality and Psychology*** (APA, 2014)

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[215] 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

[216] Levine, S.B. Reflections on the Clinician's Role with Individuals Who Self-identify as Transgender. *Arch Sex Behav* (2021). https://doi.org/10.1007/s10508-021-02142-1

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

[218] 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.

[219] 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

[220] 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

[221] 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

[222] 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.

[223] 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.

    - "**Premature labeling of gender identity should be avoided**. Early social transition (i.e., change of gender role,…) should be approached with caution to **avoid foreclosing this stage** of (trans)gender identity development."[224]
  - As for **premature affirmation:** "This approach runs the risk of **neglecting individual problems** the child might be experiencing and may involve an early gender role transition that might be challenging to reverse **if cross-gender feelings do not persist**…"[225]
- **2020** Nordic J of Psychiatry:[226]
  - "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."**
- Withers 2020, "**trans-identification** and its associated medical treatment **can constitute an attempt to evade experiences of psychological distress**." He cautions, "This puts young trans people at risk of receiving potentially damaging medical treatment they may later seek to reverse or come to regret, while their underlying psychological issues remain unaddressed."[227]

ARE RANDOMIZED, CONTROLLED TRIALS IN GENDER CARE UNETHICAL?

- G(T)AHC proponents often **insist that undertaking randomized, controlled trials in gender care would be unethical**. That carries the mistaken premise that the gender dysphoric control group would be denied any therapy. But in clinical trials only the independent variable – the intervention under study -- is different between the control and the experimental groups. This means all study participants could benefit from all other treatments and support indicated for the diagnosis, particularly psychological support. The study group is not left out to flounder. Controlled clinical trials are essential to medical science and medical care, and gender (transition) affirming medical care is severely deficient in them.

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[224] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 744 (D. Tolman & L. Diamond eds., 2014).
[225] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 750 (D. Tolman & L. Diamond eds., 2014).
[226] 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
[227] Withers, R. (2020) Transgender medicalization and the attempt to evade psychological distress. *J Anal Psychol*, 65: 865– 889. https://doi.org/10.1111/1468-5922.12641.

- **Oxford's Michael Biggs'** addresses the **Dutch Protocol** of de Vries, et al. ("The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence")[228] and the false claim of controlled trials in this field being unethical with its pre-ordained conclusions, observing of the study authors reasoning that ".. it would have been unethical to withhold GnRHa from the control group, because the clinicians believed the treatment to be beneficial—this rationale is circular because discovering whether a treatment is truly beneficial requires a randomized control trial."
- "It is **often argued that conducting randomized controlled trials in the field of gender medicine would be unethical**. This is based upon the false premise that the control group would receive no specific therapy. However, in scientific investigation all variables except the independent variable being tested are kept constant in both experimental and control groups. Thus, although members of the control group do not receive the intervention being studied, they are provided with all other aspects of treatment indicated for the condition; that is, they receive standard care. There are numerous means of psychological support for anxiety, depression, and other comorbidities associated with gender dysphoria. Coping skills can be developed in both treatment arms." Paul Hruz, MD (e-mail 7/7/2022)

CONSENSUS IS NOT A PROXY FOR TRUTH. Group think is by consensus. The pro-GAT/TAT party line is in part a **Castro consensus.**[229]

- "A Castro Consensus is a near-unanimous show of agreement brought about by means other than the honest and uncoerced judgements of individuals."
- "…once dependence, polarization, and external pressure are introduced…the **probability of a false consensus increases dramatically**."

Most research in most fields is false:

- A 2005 PLOS Medicine article by **Dr. P.A. Ioannidis** was titled **"Why Most Published Research Findings Are False."** Claimed this **"for Most Research Designs and for Most Fields."** "…research findings may often be… accurate measures of the **prevailing bias**." The hotter the field, the more likely the error.[230]

Poor Reproducibility:

- In **2015** study in Science journal, a team of **270 scientists on 5 continents repeated 100 studies in three major psychology journals**. Results: **only**

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[228] Michael Biggs (2022): The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238

[229] Understanding the Role of Dependence in Consensus Formation. *Proceedings of the 2020 Truth and Trust Online (TTO 2020)*, pages 12–20, Virtual, October 16-17, 2020. https://www.cs.hmc.edu/~montanez/pdfs/allen-2020-castro-consensus.pdf

[230] "Why Most Published Research Findings Are False,' John P. A. Ioannidis, August 30, 2005 PLOS Medicine. DOI: 10.1371/journal.pmed.0020124

one-third to one-half of the studies were **reproducible**. [so 1/2 to 2/3 were not!][231]

- A 2007 paper addressed **failure to replicate study findings**: "… most notably in the field of **genetic** associations . . ." [232]

COMPREHENSIVE LITERATURE REVIEWS:

- Abbruzzese, Levine, Mason:[233] "Several recent international systematic reviews of evidence have concluded that the practice of pediatric gender transition rests on low to very low quality evidence—meaning that the benefits reported by the existing studies are unlikely to be true due to profound problems in the study designs (National Institute for Health and Care Excellence (NICE), 2020a, 2020b; Pasternack et al., 2019; SBU (Swedish Agency for Health Technology Assessment and Assessment of Social Services), 2022). Following these systematic reviews of evidence, three European countries—Sweden, Finland and England— have begun to articulate new and much more cautious treatment guidelines for gender dysphoric youth, which prioritize noninvasive psychosocial interventions while sharply restricting the provision of hormones and surgery (COHERE (Council for Choices in Health Care), 2020; Socialstyrelsen [National Board of Health and Welfare], 2022; NHS, 2022a).
- Sweden 2023. Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. Acta Paediatr. Accepted Author Manuscript. https://doi.org/10.1111/apa.16791
- Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review. https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/
- Finland 2020: "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland). Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors**"** https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
- 2020. UK's The National Institute for Health and Care Excellence (NICE) reviews:

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[231] "Estimating the reproducibility of psychological science," Science, 28 August 2015: Vol. 349 no. 6251. DOI: 10.1126/science.aac4716.

[232] "Most Published Research Findings Are False—But a Little Replication Goes a Long Way." R. Moonesinghe. PLOS Medicine, February 27, 2007. DOI: 10.1371/journal.pmed.0040028.

[233] E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2150346
Link: https://doi.org/10.1080/0092623X.2022.2150346

    - N.I.C.E. Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria.: https://ia802301.us.archive.org/4/items/gov.uscourts.ared.128159/gov.uscourts.ared.128159.45.9.pdf or https://cass.independent-review.uk/nice-evidence-reviews/
    - N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria.: https://cass.independent-review.uk/nice-evidence-reviews/
- UK: Cass Review, Interim Report (2022) https://cass.independent-review.uk/publications/interim-report/
- 2022 Florida AHCA Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, comprehensive literature review (Attachment C), Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence. 16 May 2022. https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf
    - 5.1 Summary generally found low to very low certainty of evidence of claims of improvement, no comparison groups.
- Worth noting is James Cantor's attachment to the Florida Agency for Healthcare Adminstration's (AHCA) GAPMS report Attachment D, section II, "Regarding pubescent and adolescent age minors, there have been (also) 11 follow-up studies of puberty blockers and cross-sex hormones. In four, mental health failed to improve at all. In five, mental health improved, but because psychotherapy and medical interventions were both provided, which one caused the improvement could not be identified. The two remaining studies employed methods that did permit psychotherapy effects to be distinguished from medical effects, and neither found medical intervention to be superior to psychotherapy-only." https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_D.pdf

"To date, some studies have shown no improvement in mental health in patients receiving hormones, and some have shown improvement but without the ability to infer that the improvement was caused by the hormones as opposed to psychotherapy, which participants are also given. **In other words, the number of studies that demonstrate the superiority of hormones to psychotherapy is zero.** This is why systematic reviews of the evidence by health authorities in Sweden, Finland, and the U.K. found that hormonal interventions lack adequate justification." – Leor Sapire[234]

[234] Leor Sapire, "Reason and Compassion on Gender Medicine," city-journal.org, Nov. 4, 2022. https://www.city-journal.org/floridas-reason-and-compassion-on-gender-medicine

Abbruzzese, Levine, Mason:[235] "More generally, when faced with questions about the rapidly growing numbers of youth subjected to highly invasive and often irreversible interventions based on low to very low quality evidence, the field of U.S. pediatric gender medicine has chosen to throw its weight behind two indefensible and contradictory claims: (1) that "low quality evidence" is a misleading technical term which actually describes high quality reliable research; and (2) that true high quality research can only come from randomized controlled trials, which are unattainable and unethical (Drescher, 2022; McNamara et al., 2022). We refuted these misleading claims in our recent publication (Levine et al., 2022b)."

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

- Note: "…puberty suppression as a reversible medical intervention was introduced in clinical care in the early 2000s by Dutch clinicians Cohen-Kettenis et al."[236] - A. de Vries
- Two critiques of the Dutch Protocol:
    - E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI:10.1080/0092623X.2022.2150346
    - Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy. DOI: 10.1080/0092623X.2022.2121238
- The Australasian College of Physicians.[237] Australian experts demanded a review of G(T)AT in minors.
- Royal Australian and New Zealand College of Psychiatrists: "Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence."[238] Aug. 2021
    - "There are polarised views and mixed evidence regarding treatment options for people presenting with gender identity concerns, especially children and young people."
    - "It is important that there is adequate, person-centred care, for the mental health needs of people experiencing Gender Dysphoria."
    - "Comprehensive assessment is crucial. Assessment and treatment should be evidence-informed, fully explore the patient's gender

[235] E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2150346
[236] Annelou L.C. de Vries; Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents. *Pediatrics* October 2020; 146 (4): e2020010611. 10.1542/peds.2020-010611 Citing: Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. J Sex Med. 2008;5(8): 1892–1897.
[237] https://www.binary.org.au/australians_demand_inquiry_into_child_puberty_blockers.
[238] https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria

identity, the context in which this has arisen, other features of mental illness and a thorough assessment of personal and family history."
    - "Gender Dysphoria is an emerging field of research and, at present, there is a paucity of evidence. Better evidence in relation to outcomes, especially for children and adolescents is required."
- The Swedish National Council for Medical Ethics, 2019. [239]
    - Recommended of the Ministry of Social Affairs a systematic review of the scientific literature regarding assessment of youths with gender dysphoria, long-term physical and mental effects, desistance, treatment regret, analysis of "prescribing off-label puberty blockers and cross-sex hormones" to youths, and an immediate update of the Ministry's guidance document.
- Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review.[240] Found no scientific evidence to explain increase incidence of GD, the increase in minors seeking GAT, few studies on gender affirming surgery in minors, few studies on long-term effects, and **"Almost all" studies were observational and "no relevant randomized controlled trials in children and adolescents were found**."
- **Sweden's Karolinska Hospital** (affecting Astrid Lindgren Children's Hospital's pediatric gender services) issues a policy change effective April 1, 2021:[241]
    - Hormonal treatments (PBA and CSH) will not be allowed under age 16;
    - Patients 16-18 can only receive hormonal treatment in a clinical trial setting;
    - Psychological and psychiatric care must continue under 18;
    - They cite both the UK High Court ruling in Bell v Tavistock and that "These treatments are potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis."
- February 2022, the **Swedish National Board of Health and Welfare** (NBHW) published "Care of children and adolescents with gender dysphoria," updated healthcare service guidelines for youth under 18 yo with gender dysphoria/incongruence.[242]
    - "For adolescents with gender incongruence, the NBHW deems that the risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment currently outweigh the possible

[239] https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf.
[240] https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/
[241] Karolinska Policyförändring K2021-3343 March 2021 (Swedish).pdf; Karolinska Policy Change K2021-3343 March 2021 (English, unofficial translation).pdf
[242] https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf

benefits, and that the treatments should be offered only in exceptional cases. This judgement is based mainly on three factors: the continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments [2], the new knowledge that detransition occurs among young adults [3], and the uncertainty that follows from the yet unexplained increase in the number of care seekers, an increase particularly large among adolescents registered as females at birth [4]."

- 2023, Sweden. Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. Acta Paediatr. Accepted Author Manuscript. https://doi.org/10.1111/apa.16791
- The Royal College of General Practitioners (UK). [243]
    - "There is a significant lack of robust, comprehensive evidence around the outcomes, side effects and unintended consequences of such treatments for people with gender dysphoria, particularly children and young people, which prevents GPs from helping patients and their families in making an informed decision."
- **Professor Michael Biggs of Oxford** criticized the UK's NHS GIDS having produced only a single study (at that time) 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**."[244]
- **UK Tavistock Gender Identity Development Service (GIDS) Controversy.**
    - **35 psychologists resigned over 3 years**. [245]
    - **They cited the 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**."
- By the way and of significance:
    - BMJ editor in chief, Carl Heneghan wrote "**The current evidence does not support informed decision making and safe practice in children**."[246]
    - Richards C, Maxwell J, McCune N. **Use of puberty blockers for**

[243] 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
[244] Michael Biggs, The Tavistock's Experiment with Puberty Blockers, 29 July 2019, http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf
[245] "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
[246] 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/.

gender dysphoria: a momentous step in the dark. *Archives of Disease in Childhood* 2019;**104:**611-612.

- By former GIDS employees: Evans, S. & Evans, M. (Feb. 4, 2021). First, do no harm: A new model for treating trans-identified children. Quillette. https://quillette.com/2021/02/04/first-do-no-harm-a-new-model-for-treating-trans-identified-children/?inf_contact_key=8487e54d5a1050c35ee8e226e3e078ed09c74070ac2bf3cfa7869e3cfd4ff832

- The UK's N.I.C.E. reviews, 2020 (The National Institute for Health and Care Excellence*)*.[247]
  - 2020 N.I.C.E. **Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria.:**
    - Conclusion: "The results of the studies that reported impact on the critical outcomes of gender dysphoria and mental health (depression, anger and anxiety), and the important outcomes of body image and psychosocial impact (global and psychosocial functioning), in children and adolescents with gender dysphoria are **of very low certainty using modified GRADE. They suggest little change with GnRH analogues** from baseline to follow-up."
  - 2020 N.I.C.E. **Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria.:**
    - Conclusion: "Any potential benefits of gender-affirming hormones must be weighed against the **largely unknown long-term safety profile of these treatments in children and adolescents with gender dysphoria**."
    - "Results from 5 uncontrolled, observational studies suggest that, in children and adolescents with gender dysphoria, gender-affirming hormones are **likely to improve** symptoms of gender dysphoria, and **may also** improve depression, anxiety, quality of life, suicidality, and psychosocial functioning. The impact of treatment on body image is unclear. **All results were of very low certainty using modified GRADE**."
    - Very significantly: "**Adverse events and discontinuation rates** associated with gender-affirming hormones were **only reported in 1 study**, and **no conclusions can be made on these outcomes**."

- United Kingdom High Court case ruling in Bell vs. Tavistock Dec. 12, 2020.[248] Ruled that puberty blockers and cross-sex hormones constitute **experimental** treatments with **limited evidence for efficacy and safety**

[247] https://cass.independent-review.uk/nice-evidence-reviews/ or https://ia802301.us.archive.org/4/items/gov.uscourts.ared.128159/gov.uscourts.ared.128159.45.9.pdf

[248] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

which cannot, in most cases, be given to children **under 16 years** of age without application to the **court**. Even for minors under aged 16-17, the High Court advised "clinicians may well regard these as cases where the authorisation of the court should be sought prior to commencing the clinical treatment." Also, "**There is no age appropriate way to explain** to many of these children what losing their fertility or full sexual function may mean to them in later years."
    - The ruling has been appealed. Litigation continues.
- **NHS** Dec 2020 amendments to service specifications for **Gender Identity Development Service (GIDS)** for children and adolescents:[249] children under 16 cannot be referred to pediatric endocrinology for PBA without Court order; those under 16 already on PBA need "full clinical review" and Court order to continue or start CSH; GIDS **must insure psychological support and therapies** to **both patients** being removed from hormones and their **families/care givers**; for those 16-17 who meet the quals, are competent, and with parental approval, "treatment may proceed," but even then consider Court order is any doubt about 'best interests" of patient.
- **Cass Review, Interim Report**[250] (2022) lead to closing down of NHS GIDS Tavistock pending a new multi-center model with renewed emphasis on sound and documented diagnosis, psychological and social support for patient and family, particular attention to neurodevelopmental diagnoses, and clear documentation of informed consent.[251]
    - P.78, Glossary, "Affirmative model" called "A model of gender healthcare that originated in the USA"
    - P.17 "1.14 Primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis…"
    - P.19 "1.25. There has not been routine and consistent data collection within GIDS, which means it is not possible to accurately track the outcomes and pathways that children and young people take through the service."
    - P.20 "It has become increasingly clear that a single specialist provider model is not a safe or viable long-term option in view of concerns about lack of peer review and the ability to respond to the increasing demand."
    - P.20 "A fundamentally different service model is needed which is more in line with other paediatric provision…"
- BBC 7/28/22 "**NHS to close Tavistock child gender identity clinic**" Citing the Cass report that the current model of care "is not a safe or viable long-term option, NHS GIDS center is to close by spring 2023 and be replaced

[249] https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf
[250] https://cass.independent-review.uk/publications/interim-report/
[251] https://www.bbc.com/news/uk-62335665

with centers in London and North West emphasizing mental health care and relevant general practitioner services. https://www.bbc.com/news/uk-62335665

- "Tavistock transgender clinic could face mass legal action 'from 1,000 families of children who claim they were rushed into taking life-altering puberty blockers' weeks after NHS shut it down in wake of damning report" https://www.dailymail.co.uk/news/article-11101661/Tavistock-transgender-clinic-facing-mass-legal-action-1-000-families.html
- **NHS Interim Service Specification for Specialist Gender Dysphoria Services for Children and Young People**. Oct 20, 2022. https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf
    - New model with strong emphasis on mental health.
    - Specialty teams headed by pediatricians with experts on autism, neurodisability and mental health addressing "a broader range of medical conditions in addition to gender dysphoria."
    - Social transitioning to be viewed as an "active intervention" which may have significant effects on the child or young person.
    - Desistance. "…will reflect evidence that in most cases gender incongruence does not persist into adolescence;"
    - Endocrine interventions. "NHS England will only commission GnRHa in the context of a formal research protocol." Likely true to cross sex hormones as well. Both with "adequate follow up into adulthood."
    - Protecting children from acquiring unregulated hormones.
- **Finland** rejects routine "affirmation" pathway for minors with GD. From *Council for Choices in Health Care in Finland (COHERE Finland)* 2020.[252]
    - Significant reversal of prior primarily pro-GAT position.
    - Strong emphasis on mental health evaluation and treatment: "If a child or young person experiencing gender-related anxiety has other simultaneous psychiatric symptoms requiring specialised medical care, treatment according to the nature and severity of the disorder must be arranged within the services of their own region, as no conclusions can be drawn on the stability of gender identity during the period of disorder caused by a psychiatric illness with symptoms that hamper development."
    - Recognition of childhood phases and fads: "…if the variation in gender identity and related dysphoria do not reflect the **temporary search for identity typical of the development stage** of adolescence…"
    - Prohibits transition surgery: "Surgical treatments **are not part of the treatment methods** for dysphoria caused by gender-related conflicts **in minors**."

252 https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

- **French** National Academy of Medicine press release.[253] Feb. 25, 2022. "The [French] National academy of medicine draws the attention of the medical community to the increasing demand for care in the context of gender transidentity in children and adolescents and recommends:

  - A psychological support as long as possible for children and adolescents expressing a desire to transition and their parents;
  - In the event of a persistent desire for transition, a careful decision about medical treatment with hormone blockers or hormones of the opposite sex within the framework of Multi-disciplinary Consultation Meetings;
  - The introduction of an appropriate clinical training in medical studies to inform and guide young people and their families;
  - The promotion of clinical and biological as well as ethical research, which is still too rare in France on this subject.
  - The vigilance of parents in response to their children's questions on transidentity or their malaise, underlining the addictive character of excessive consultation of social networks which is both harmful to the psychological development of young people and responsible, for a very important part, of the growing sense of gender incongruence."

  They also note:
  - Regarding transidentification: "No genetic predisposition has been found."
  - Regarding transition interventions:
    - "…great medical caution must be taken in children and adolescents, given the vulnerability, particularly psychological, of this population and the many undesirable effects, and even serious complications, that some of the available therapies can cause."
    - "Although, in France, the use of hormone blockers or hormones of the opposite sex is possible with parental authorization at any age, the greatest reserve is required in their use, given the side effects such as impact on growth, bone fragility, risk of sterility, emotional and intellectual consequences and, for girls, symptoms reminiscent of menopause."
    - "…mastectomy, which is authorized in France from the age of 14…"
    - "As for surgical treatments…their irreversible nature must be emphasized."
- **Florida** Dept. of Health Guidelines (4/20/2022)[254]

[253] https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/

[254] https://content.govdelivery.com/accounts/FLDOH/bulletins/3143d4c

"Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

- Social gender transitionshould not be a treatment option for children or adolescents.
- Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
- Gender reassignment surgeryshould not be a treatment option for children or adolescents.
- Based on the currently available evidence, "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablement, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an **unacceptably high risk of doing harm**."
- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider."

- **Florida Medicaid** has proposed and passed a rule change to exclude gender (transition) affirming therapies from government payment.
    - Florida Medicaid released a report in June 2022: "Generally Accepted Professional Medical Standards [GAPMS] Determination on the Treatment of Gender Dysphoria" explaining why in over 200 pages, though the main body of the report without the attachments is 45 pages.[255]
    - Referencing Florida Medicaid rules: "As a condition of coverage, sex reassignment treatment must be "consistent with generally accepted professional medical standards (GAPMS) and not experimental or investigational" (Rule 59G-1.035, F.A.C….).[256]
    - 2022 Florida AHCA GAPMS on the Treatment of Gender Dysphoria, includes a comprehensive literature review (Attachment C) by Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence. 16 May 2022.[257]
        - 5.1 Summary generally found low to very low certainty of evidence of claims of improvement, no comparison groups.
        - 4.1 Puberty blockers: "For most outcomes (except suicidality), there is no evidence about the effect of puberty blockers compared to not using puberty blockers. In other words, no studies compared the outcomes between a group of people with gender dysphoria using puberty blockers and another group of people with gender dysphoria not using them."

[255] https://ahca.myflorida.com/LetKidsBeKids/

[256] https://www.ahca.myflorida.com/Medicaid/review/General/59G_1035_Determining_Generally_Accepted_Professional_Medical_Standards.pdf

[257] https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf

        - "There is very low certainty about the effects of puberty blockers on suicidal ideation."
        - 4.2 Cross sex hormones: "For almost all outcomes (except breast cancer) there is no evidence about the effect of cross sex hormones compared to not using cross sex hormones." Again, "did not have a comparison group, and that it is unknown if people with gender dysphoria that do not use cross-sex hormones experience similar or different outcomes." But, "moderate certainty evidence suggests a low prevalence of venous thromboembolism after treatment with cross-sex hormones."
        - 4.3 Surgeries: "no systematic reviews and studies reporting on gender dysphoria, depression, anxiety, and suicidality." "…very low certainty evidence about changes in quality of life after surgery."
    - The GAPMS report concludes: "Considering the weak evidence supporting the use of puberty suppression, cross-sex hormones, and surgical procedures when compared to the stronger research demonstrating the permanent effects they cause, these treatments do not conform to GAPMS and are experimental and investigational."
    - FL Medicaid was sued and won the first court challenge.
- Florida Board of Medicine's legislative committee voted Oct. 28,2022 to ban transgender drugs and surgeries for minors. The measure goes to the full board next week to decide its effective date.[258]
- **Norway**. March 2023. Reversal of prior pro-transition policy.[259]
- **Belgium.** SEGM Tweet: "The Director of the Belgian Center for Evidence-Based Medicine (CEBAM) Dr. Patrik Vankrunkelsven has joined a growing list of experts who are criticizing the highly medicalized "gender-affirming" treatment approach for minors with gender dysphoria as not evidence-based." https://twitter.com/segm_ebm/status/1641950432540135424
- Quote: "Vankrunkelsven is keen on the WPATH guidelines. "If we had to screen it as CEBAM, we would actually throw it in the trash. Of course it contains good elements, but when it comes to puberty inhibitors, the scientific evidence is lacking. They have been tested for that for us."" https://www.vrt.be/vrtnws/nl/2023/03/26/puberteitsremmers-en-mannelijke-vrouwelijke-hormonen-wat-jullie/

UK Tavistock Gender Identity Development Service (GIDS) Controversy.

- **35 psychologists resigned over 3 years**. [260]

[258] https://www.lifesitenews.com/news/florida-board-of-medicine-votes-to-ban-transgender-surgeries-drugs-for-minors/

[259] https://www.aftenposten.no/norge/i/jlwl19/vil-ha-tryggere-behandling-for-barn-som-vil-skifte-kjoenn-mangelfull-kunnskap-om-risikoen?fbclid=IwAR0pzl4np-jyTaPS-JrtuFqM2U3KxFgvc-4CHTtJ1_RJf2LJH-O-T7yQ9F4

[260] "NHS 'over-diagnosing' children having transgender treatment, former staff warn,"

    - **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**."[261]
- 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 having produced only a single study (at that time) 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 "exacerbated gender dysphoria**."[262]
- **UK High Court in Bell vs. Tavistock** Dec. 12, 2020 ruled that GAT/TAT in minors was **experimental** and could not, in most cases, be given to minors **under 16 without court order**, and that such was advisable for those 16-17. They added, "There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."[263]
- By former GIDS employees: Evans, S. & Evans, M. (Feb. 4, 2021). First, do no harm: A new model for treating trans-identified children. Quillette. https://quillette.com/2021/02/04/first-do-no-harm-a-new-model-for-treating-trans-identified-children/?inf_contact_key=8487e54d5a1050c35ee8e226e3e078ed09c74070ac2bf3cfa7869e3cfd4ff832

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.

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news.sky.com, 12 Dec. 2019. https://news.sky.com/story/nhs-over-diagnosing-children-having-transgender-treatment-former-staff-warn-11875624

[261] 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/.

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

[263] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

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**."[264]

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**."[265]

CONCERNS REGARDING SOCIAL TRANSITIONING

- **Social transitioning** by itself leads to persistence of GD:
  - From **the Endocrine Society guidelines** themselves, even "**Social transition is associated with the persistence of GD** as a child progresses into adolescence."[266]
  - 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**."[267]
- *APA Handbook on Sexuality and Psychology* (APA, 2014)
  - "Premature labeling of gender identity should be avoided. Early social transition (i.e., change of gender role,…) should be approached with caution to avoid foreclosing this stage of (trans)gender identity development."[268]

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[264] https://www.christianpost.com/news/apa-launches-task-force-on-consensual-non-monogamy-calls-polyamory-a-marginalized-identity.html

[265] 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

[266] 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.

[267] Zucker, K.J. (2020), Debate: Different strokes for different folks. Child Adolesc Ment Health, 25: 36-37. https://doi.org/10.1111/camh.12330

[268] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 744 (D. Tolman & L. Diamond eds., 2014).

    - As for premature affirmation: "This approach runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist…"[269]
- Cass Review Interim Report: "Social transition – this may not be thought of as an intervention or treatment, because it is not something that happens within health services. However, it is important to view it as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning.64,65 There are different views on the benefits versus the harms of early social transition. Whatever position one takes, it is important to acknowledge that it is not a neutral act, and better information is needed about outcomes." (Cass, 2022, p. 62)[270]
- The NHS Interim Service Specification for Specialist Gender Dysphoria Services for Children and Young People (Oct 20, 2022)[271] specified that social transitioning be viewed as an "active intervention" which may have significant effects on the child or young person.
    - "The interim Cass Report has advised that although there are differing views on the benefits versus the harms of early social transition, it is important to acknowledge that it should not be viewed as a neutral act. Dr Cass has recommended that social transition be viewed as an 'active intervention' because it may have significant effects on the child or young person in terms of their psychological functioning. In line with this advice, the interim service specification sets out more clearly that the clinical approach in regard to pre-pubertal children will reflect evidence that in most cases gender incongruence does not persist into adolescence;"
- Social Transitioning Not Found Beneficial:
    - From the Hamburg Gender Identity Service (2021) study titled, "Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with gender dysphoria." "Therefore, claims that gender affirmation through transitioning socially is beneficial for children with GD could not be supported from the present results. Instead, the study highlights the importance of individual social support provided by peers and family, independent of exploring additional possibilities of gender transition during counseling."[272]

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[269] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 750 (D. Tolman & L. Diamond eds., 2014).
[270] Cass Review, Interim Report (2022) https://cass.independent-review.uk/publications/interim-report/
[271] https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf
[272] Sievert ED, Schweizer K, Barkmann C, Fahrenkrug S, Becker-Hebly I. Not social transition status, but peer relations and family functioning predict psychological functioning in a German

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

- **Immature, developing brain meets ideology meets hormones.**
- FDA website: "If you and your healthcare provider decide to use an approved drug for an unapproved use to treat your disease or medical condition, remember that FDA has not determined that the drug is safe and effective for the unapproved use."[273]
- **James Cantor's attachment to the Florida Agency for Healthcare Adminstration's (AHCA) GAPMS report Attachment D**, section II,[274] "Regarding pubescent and adolescent age minors, there have been (also) **11 follow-up studies of puberty blockers and cross-sex hormones**. **In four,** mental health failed to improve at all. **In five**, mental health improved, but because psychotherapy and medical interventions were both provided, which one caused the improvement could not be identified. **The two** remaining studies employed methods that did permit psychotherapy effects to be distinguished from medical effects, and neither found medical intervention to be superior to psychotherapy-only."
    - [The four: Carmichael, et al., 2021; Hisle-Gorman, et al., 2021; Kaltiala, et al., 2020; Kuper, et al., 2020.
      The five: de Vries, et al., 2011, 2011, 2014; Tordoff, et al., 2022; van der Miesen, et al., 2020.
      The two: Achille, et al., 2020; Costa, et al., 2015.]
- **Not as reversible as advocates may say.**
    - Average age for spermarche was found to 14 years old, generally Tanner stage 3 - 4.[275]
    - If puberty blocking begins at Tanner stage II as Endocrine Society guidelines suggest, menarche and spermarche won't happen. Infertility.[276]
    - Administering cross-sex hormones with or right after puberty blockers means sperm and eggs won't mature. Infertility.[277]

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clinical sample of children with Gender Dysphoria. Clin Child Psychol Psychiatry. 2021 Jan;26(1):79-95. doi: 10.1177/1359104520964530. Epub 2020 Oct 20. PMID: 33081539.

[273] https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label

[274] https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_D.pdf

[275] 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

[276] 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.

[277] 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.

- **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":[278]
  "**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.**[279] **[280]**
- **Lupron package insert**:
  Under "ADVERSE REACTIONS"

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[278] Children's Hospital Los Angeles (2016). Children's Hospital Los Angeles Assent/Consent Forms to Participate in Research Study: "The Impact of Early Medical Treatment in Transgender Youth". Obtained Apr 17, 2020 via HHS Appeal 19-0093-AA; NIH FOIA Request 51365. https://drive.google.com/file/d/1Q-zJCivH-QW7hL25idXT_jITfJZUUm1w/view

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

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

"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)."[281]
- **UK GIDS Tavistock study 2020**.[282]
  - **BMD and growth/height both showed "suppression of growth" precisely when they should be having the surge of the lifetime**.
    - "As anticipated, pubertal suppression reduced growth that was dependent on puberty hormones, i.e. height and BMD. Height growth continued for those not yet at final height, but more slowly than for their peers so height z-score fell. Similarly for bone strength, BMD and BMC increased in the lumbar spine indicating greater bone strength, but more slowly than in peers so BMD z-score fell."
  - **Self-harm did not improve** and "no changes in psychological function," meaning no improvement. (Also, "YSR [Youth Self Report] data at 36 months (n = 6) were not analysed.")
    - "We found no differences between baseline and later outcomes for overall psychological distress as rated by parents and young people, nor for self-harm."
    - "We found no evidence of change in psychological function with GnRHa treatment as indicated by parent report (CBCL) or self-report (YSR) of overall problems, internalising or externalising problems or self-harm. This is in contrast to the Dutch study which reported improved psychological function across total problems, externalising and internalising scores for both CBCL and YSR and small improvements in CGAS."

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

[282] Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

- **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/.
- Puberty blockers can also cause problems by **inducing early menopause**:
    - Faubion, et al: "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."[283]
- **Bone mineral density** surges during normal puberty. But not with PBA on board. Osteoporosis in their 30s??
    - See UK GIDS Tavistock study 2020 above.
    - **One study boasted PBA did not reduce adolescent BMD**.[284] 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."[285]

[283] 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.
[284] 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
[285] 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)

- **Cognitive functional issues**. With Androgen deprivation in treatment of prostate cancer: "Hypogonadism has been linked to cognitive declines in several studies**…"**[286]
- July 1, 2022. The Food and Drug Administration (FDA) has added a warning about the risk of **pseudotumor cerebri (idiopathic intracranial hypertension)** to the labeling for gonadotropinreleasing hormone (GnRH) agonists that are approved for the treatment of central precocious puberty in pediatric patients. These products include Lupron Depot-Ped (leuprolide acetate), Fensolvi (leuprolide acetate), Synarel (nafarelin), Supprelin LA (histrelin) and Triptodur (triptorelin).

  "Risk of pseudotumor cerebri added to labeling for gonadotropin-releasing hormone agonists" July 1,2022.
  https://www.fda.gov/media/159663/download
- Induces a disease state, hypogonadotropic hypogonadism , in an otherwise healthy child, and with incumbent risks. [287]
  - 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.
- Looking at PBAs via androgen-deprivation therapy in prostate cancer: "Androgen-deprivation therapy (ADT) is a key component of treatment for aggressive and advanced prostate cancer, but it has also been associated with adverse effects on bone, metabolic, cardiovascular, sexual, and cognitive health as well as body composition."[288]
- 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/.

POTENTIAL HARMS ASSOCIATED WITH CROSS SEX 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'

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[286] Paul L. Nguyen, Shabbir M.H. Alibhai, Shehzad Basaria, Anthony V. D'Amico, Philip W. Kantoff, Nancy L. Keating, David F. Penson, Derek J. Rosario, Bertrand Tombal, Matthew R. Smith, Adverse Effects of Androgen Deprivation Therapy and Strategies to Mitigate Them, European Urology, Volume 67, Issue 5, 2015, Pages 825-836, ISSN 0302-2838, https://doi.org/10.1016/j.eururo.2014.07.010.

[287] 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-Dysphoria/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline, JCEM, Online, November 23, 2018..

[288] Paul L. Nguyen, Shabbir M.H. Alibhai, Shehzad Basaria, Anthony V. D'Amico, Philip W. Kantoff, Nancy L. Keating, David F. Penson, Derek J. Rosario, Bertrand Tombal, Matthew R. Smith, Adverse Effects of Androgen Deprivation Therapy and Strategies to Mitigate Them, European Urology, Volume 67, Issue 5, 2015, Pages 825-836, ISSN 0302-2838, https://doi.org/10.1016/j.eururo.2014.07.010.

testosterone levels from a normal of 10 to 50 ng/dL to 300 to 1000 ng/dL, values typically found with androgen secreting tumors."[289]

- **COMPLICATIONS OF CSH THERAPY:[290] [291] [292]**
    - Cross Sex Hormones (CSH)
        - Testosterone
            - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
            - Breast/uterine cancer
            - Liver dysfunction
            - Diabetes type 2[293]
            - HTN
            - Severe acne
            - Liver cancer?[294]
        - Estrogen
            - Dyslipidemias
            - Thromboembolic disease (blood clots)
            - Cardiovascular and cerebrovascular disease (heart attacks and strokes)
            - Breast cancer[295]
            - Weight gain
            - Insulin resistance
            - Cholelithiasis
    - **Testosterone increases the risk of heart disease in women 4 fold,**

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[289] 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..

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

[291] 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.

[292] 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.

[293] Rasmussen JJ, Selmer C, Frøssing S, Schou M, Faber J, Torp-Pedersen C, Gislason GH, Køber L, Hougaard DM, Cohen AS, Kistorp C. Endogenous Testosterone Levels Are Associated with Risk of Type 2 Diabetes in Women without Established Comorbidity. J Endocr Soc. 2020 May 5;4(6):bvaa050. doi: 10.1210/jendso/bvaa050. PMID: 32537541; PMCID: PMC7278278.

[294] 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.)

[295] Christel J M de Blok, et al. "Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands.." BMJ 2019; 365. https://www.bmj.com/content/365/bmj.l1652

Estrogen increases the rate of deep vein thrombosis (blood clots) and stroke in men 3 to 5 fold, heart attacks 2 fold.[296] [297] [298] [299]

- 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.[300]
- In a 2019 nationwide cohort study of the Netherlands, of 1129 trans women (natal males) who were taking estrogen, **the incidence of breast cancer "was 46-fold higher** than in cisgender men".[301]
- **Estrogen** (in MtF) can cause **increased weight gain**[302] and **insulin resistance.**[303]
- "A pathological analysis of the genital tract of 112 FTM subjects who were given androgen for at least 6 months before hystero-salpingo-oophorectomy was performed. In addition, 100 bilateral mastectomies were performed, allowing a study of the breast tissue."… "The present data confirms and expands the putative associations between long-term androgen administration and abnormalities in ovarian architecture with macroscopic and microscopic characteristics of PCO, increased risk of endometrial atrophy and fibrotic breast tissue with marked glandular reduction."[304]
- **Testosterone** in FtM can cause **severe acne.**[305]

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[296] 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.

[297] 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.

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

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

[300] 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.

[301] Christel J M de Blok, et al. "Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands.." BMJ 2019; 365. https://www.bmj.com/content/365/bmj.l1652

[302] Journal of Clinical & Translational Endocrinology 21 (2020) 100230

[303] Diabetes Care 2020 Feb; 43(2): 411-417; World J Diabetes. 2020 Mar 15; 11(3): 66–77

[304] Grynberg M, Fanchin R, Dubost G, Colau JC, Brémont-Weil C, Frydman R, Ayoubi JM. Histology of genital tract and breast tissue after long-term testosterone administration in a female-to-male transsexual population. Reprod Biomed Online. 2010 Apr;20(4):553-8. doi: 10.1016/j.rbmo.2009.12.021. Epub 2009 Dec 24. PMID: 20122869.

[305] British Journal of Dermatology (2019) 180, pp26–30

- **International panel of endocrinology organizations said about testosterone use in women**(10/2019)[306]
  "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**[307]
    - 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.[308]
  - 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).
    - The same 1 sd higher T level in men reduced DM2 risk (OR=0.86).

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[306] 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.
[307] 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
[308] 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

        - 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."[309]
- **Children's Hospital Los Angeles** "Informed Consent Form for Feminizing Medications (transfeminine individuals on GnRH analogs)"[310]
    - "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."
- Hisle-Gormann, 2021.[311] A comprehensive data set from a cohort of all 3,754 trans-identified adolescents in US military families over 8.5 years showed that gender pharmaceutical treatment lead to increased use of metal health services and psychiatric medications increased including suicidal ideation/attempted suicide. Older age associated with better stats than younger.
- Oxford Sociologist Michael Biggs, "Estrogen is associated with greater suicidality among transgender males, and puberty suppression is not

[309] 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.
[310] Children's Hospital Los Angeles (2016). Children's Hospital Los Angeles Assent/Consent Forms to Participate in Research Study: "The Impact of Early Medical Treatment in Transgender Youth". Obtained Apr 17, 2020 via HHS Appeal 19-0093-AA; NIH FOIA Request 51365. https://drive.google.com/file/d/1Q-zJCivH-QW7hL25idXT_jITfJZUUm1w/view
[311] Elizabeth Hisle-Gorman, MSW, PhD and others, Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment, *The Journal of Sexual Medicine*, Volume 18, Issue 8, August 2021, Pages 1444–1454, https://doi.org/10.1016/j.jsxm.2021.05.014

associated with better mental health outcomes for either sex" [comment], 19 Jan 2022.[312]

MYTH of Buying TIME [313] [314] [315]

- Puberty blocking is sold as "wait and see," "buying time," or "pause button".[316]
    - It selects persistence rather than likely natural desistance.
    - Gateway drug committing a child to cross sex hormones and SRS.
- Laidlaw, et al: "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…"[317]
- The **discontinuation rate** for transition **after initiating PB is low**. 1.4% per Wiepjes, et al.,[318] 1.9% per Brik, et al.,[319] and 3.5% per Kuper, et al.[320]., and 2% per Carmichael, et al.[321]

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[312] https://journals.plos.org/plosone/article/comment?id=10.1371/annotation/dcc6a58e-592a-49d4-9b65-ff65df2aa8f6

[313] 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.

[314] 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.

[315] 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.).

[316] 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..

[317] 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
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.

[318] Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. J Sex Med. 2018;15(4):582–590

[319] Brik T, Vrouenraets LJJJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropinreleasing hormone analogues for gender dysphoria [published online ahead of print March 9, 2020]. Arch Sex Behav. doi:10.1007/s10508-020-01660-8

[320] Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics. 2020;145(4):e20193006

[321] Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653; doi:https://doi.org/10.1101/2020.12.01.20241653

- De Vries, et al, 2011: "No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment."[322]
    - M. Biggs: "An alternative explanation is that puberty suppression becomes a self-fulfilling prophecy. Subsequent experience in the Netherlands and in other countries confirms the fact that 96%–98% of children who undergo puberty suppression continue to cross-sex hormones (Brik et al., 2020; Carmichael et al., 2021; Wiepjes et al., 2018)."[323]
- De Vries: "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**."[324]
- **UK High Court** in Bell vs. Tavistock Dec. 12, 2020: [325] Reversed by Court of Appeal Sept 2021, but it's not over.
    - "The **evidence shows that the vast majority of children who take PBs move on to take cross-sex hormones**, that Stages 1 and 2 are two stages of one clinical pathway and once on that pathway it is extremely rare for a child to get off it." Para. 136
    - "Indeed, the statistical correlation between the use of puberty blockers and cross-sex hormones supports the case that it is **appropriate to view PBs as a stepping stone to cross-sex hormones**." Para. 137.
- **Of course persistence increases** with social transitioning and G/TAT. **The authority figures in the child's life are affirming their false identity.**

SEX-REASSIGNMENT/GENDER AFFIRMING SURGERY:

- **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.[326]

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[322] de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283. doi:10.1111/j.1743-6109.2010.01943.x

[323] Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238

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

[325] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf, para. 136.

[326] Meyer J.K. and Reter D. Sex Reassignment Follow up Arch. Gen Psychiatry 36; 1010-1015; 1979

- "Also standards of care for the treatment of transsexuals were issued to protect surgeons from lawsuits of malpractice." -- Peggy T. Cohen-Kettenis & Friedemann Pfafflin, 2003. [327]
- **2023. Germany**.[328] "Our data indicate that transgender and gender diverse people, who have undergone gender reassignment surgery feel lonelier." 38 of 88 participants had undergone gender reassignment surgery, but achieved **no improvement in loneliness** (84.2%) **or perceived social isolation** (81.6%) compared to those who did not (83.3% and 79.2%, respectively).
- 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.[329]
- 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."[330] 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,[331] a major "correction" paragraph from the editors retracting the studies main finding,[332] and a letter from the study authors conceding their "conclusion" "was too strong."[333]

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[327] https://sk.sagepub.com/books/transgenderism-and-intersexuality-in-childhood-and-adolescence Peggy T. Cohen-Kettenis & Friedemann Pfafflin, Transgenderism and Intersexuality in Childhood and Adolescence: Making Choices (Sage Pub., 2002), p.178.

[328] Hajek A, König HH, Blessmann M, Grupp K. Loneliness and Social Isolation among Transgender and Gender Diverse People. Healthcare (Basel). 2023 May 22;11(10):1517. doi: 10.3390/healthcare11101517. PMID: 37239802; PMCID: PMC10217806.

[329] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex
Reassignment Surgery: Cohort Study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885.

[330] 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

[331] 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.]

[332] 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

[333] Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and

    - 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.
- 2022 systematic review and meta-analysis of outcomes for different phalloplasty surgical techniques in "transmasculine transgender patients"/FtM. Various studies = 1731 patients.[334]
    - The radial forearm free flap was the most common procedure (75.1%)
    - High overall complication rate (76.5%); urethral fistula rate 34.1% and urethral stricture rate of 25.4%.
    - Postop functional outcomes only reported in 57.6% of patients. Of those, a tactile sensation rate of 93.9%. Able to void while standing (92.2%).
    - Aesthetic outcomes only reported in 6.3% of patients.
    - Concluded "**current evidence** of the various phalloplasty surgical techniques and their expected postoperative outcomes **is weak**."
- A 2016 study of nearly all (98%; n=104) of Dutch patients who underwent **sex reassignment surgery** from 1978-2010 found no significant difference in **psychiatric morbidity or mortality** between male to female and female to male (FtM) "save for the total number of psychiatric diagnoses where FtM held a significantly higher number of psychiatric diagnoses overall."[335]
    - "This suggests that generally SRS may reduce psychological morbidity for some individuals while increasing it for others."
    - **SRS was not an agent of statistically significant net benefit**.
- **Finland rejects** routine "affirmation" pathway for minors with GD. From *Council for Choices in Health Care in Finland (COHERE Finland)* 2020.[336] Prohibits transition surgery in minors: "Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors."
- 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.[337]

Transgender Individuals' Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599.

[334] Annie M.Q. Wang, Vivian Tsang, Peter Mankowski, Daniel Demsey, Alex Kavanagh, Krista Genoway, Outcomes Following Gender Affirming Phalloplasty: A Systematic Review and Meta-Analysis, Sexual Medicine Reviews, 2022 Aug 25.Online ahead of print. DOI: 10.1016/j.sxmr.2022.03.002

[335] Simonsen, R. K., Giraldi, A., Kristensen, E. & Hald, G. M. Long-term follow-up of individuals undergoing sex reassignment surgery: Psychiatric morbidity and mortality. Nord J Psychiatry 70, 241-247, doi:10.3109/08039488.2015.1081405 (2016).

[336] https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

[337] Hayes, Inc., *Hormone Therapy for the Treatment of Gender Dysphoria*, Hayes Medical Technology Directory (2014).

- 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.**"[338]
- 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…"[339]
- "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." – Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), Centers for Medicare & Medicaid Services.[340]
- 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."[341]
- **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."[342]
  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)
  - 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.

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[338] 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

[339] 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

[340] https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=282

[341] 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

[342] 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

- **"One might paraphrase "affirming" doctors** and their activist supporters as follows: **surgeries aren't happening, so stop scaremongering; and surgeries are medically necessary, so it's good that they're happening**."[343] Leor Sapire.

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.[344] [345] [346] [347]
- Formerly noted to manifest about **8 years post surgical transition**.[348] [349]
- Regret studies have too short a follow up period, 1-2 years commonly.
- D'Angelo, et al: "However, these studies **may understate true regret rates** due to overly **stringent definitions of regret** (i.e., requiring an official application for reversal of the legal gender status), **very high rates of participant loss to follow-up** (22%-63%) (D'Angelo, 2018)…"[350]
- Regret and detrains stats tend to come from gender clinics, which both groups avoid.
- Studies often come from non-standardized patient satisfaction questionnaires. Very low-quality data.
    - This makes the cross-sectional, retrospective, convenience samples, further low quality data sources.
- Littman L. **Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned**: A Survey of 100 Detransitioners. *Arch Sex Behav*. 2021;50(8):3353-3369. doi:10.1007/s10508-021-02163-w

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[343] Leor Sapir, Reason and Compassion on Gender Medicine, City Journal, Nov. 4, 2022. https://www.city-journal.org/floridas-reason-and-compassion-on-gender-medicine

[344] 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

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

[346] 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/

[347] 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/

[348] Dhejne C, Öberg K, Arver S, et al. An analysis of all applications for sex reassignment surgery in Sweden, 1960–2010: prevalence, incidence, and regrets. Arch Sex Behav. 2014;43:1535–1545.

[349] Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972–2015): Trends in prevalence, treatment, and regrets. J Sex Med. 2018;15:582–590.

[350] D'Angelo, R., Syrulnik, E., Ayad, S. *et al.* One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav* (2020). https://doi.org/10.1007/s10508-020-01844-2 Citing: D'Angelo R. Psychiatry's ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:10.1177/1039856218775216

    - Retrospective survey of 100 detransitioners. 69 natal females, 31 natal males.
    - No one reason or experience led to detransition.
    - 55% said they received inadequate evaluation from medical or mental health professionals prior to transitioning.
    - Only **24% had informed their clinician** of their detransition.
- Entwistle K. Debate: Reality check - Detransitioner's testimonies require us to rethink gender dysphoria. *Child Adolesc Ment Health*. 2021;26(1):15-16. doi:10.1111/camh.12380
- Roberts, 2022.[351] 4-year study of affirming hormones in a comprehensive data base of US military trans-identified adolescents found a 30 to almost 40% discontinuation rate. Remarkable also that other studies note regret comes at 8-10 year out. Where will this current cohort be then?
- MacKinnon.[352] (Canada, 28 people, recruitment bias, but "18 years and older with experience of stopping, shifting, or reversing a gender transition…".) "Medical detransition was often experienced as **physically and psychologically challenging,** yet **health care avoidance was common**. Participants described experiencing stigma and interacting with **clinicians who were unprepared** to meet their detransition-related medical needs." (Trans-affirming MD did not equal detrans capable MD.)
- 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."[353]
- De Vries: "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"[354]

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[351] Christina M Roberts and others, Continuation of Gender-affirming Hormones Among Transgender Adolescents and Adults, *The Journal of Clinical Endocrinology & Metabolism*, Volume 107, Issue 9, September 2022, Pages e3937–e3943, https://doi.org/10.1210/clinem/dgac251

[352] MacKinnon KR, Kia H, Salway T, et al. Health Care Experiences of Patients Discontinuing or Reversing Prior Gender-Affirming Treatments. *JAMA Netw Open.* 2022;5(7):e2224717. doi:10.1001/jamanetworkopen.2022.24717

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

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

- **r/detrans** | Detransition Subreddit. Reddit.com. Retrieved 13 May 2023, from https://www.reddit.com/r/detrans/. 47k members.
- **Walt Heyer**. http://www.sexchangeregret.com and a raft of articles in Public Discourse.
- **"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
- **Stop Medicalizing Children** https://www.transgenderabuse.org

MYTH OF SUICIDE REDUCTION

- Review "Causes for Suicidal Behavior" section.
- Psychiatry prof. Stephen Levine: [355]
    - "The "transition or suicide" narrative falsely implies that transition will prevent suicides."
    - "The notion that trans-identified youth are at alarmingly high risk of suicide usually stems from biased online samples that rely on self-report (D'Angelo et al., 2020; James et al., 2016; The Trevor Project, 2021), and frequently conflates suicidal thoughts and non-suicidal self-harm with serious suicide attempts and completed suicides."
    - "Clinicians would be well-advised that gender transition is not an appropriate response to suicidal intent or threat, as it ignores the larger mental health and social context of the young patient's life—the entire family is often in crisis. Trans-identified adolescents should be screened for self-harm and suicidality, and if suicidal behaviors are present, an appropriate evidence-based suicide prevention plan should be put in place (de Graaf et al., 2020)."…
- **Emotional blackmail and bullying parents into affirming transition**.
    - Do You want a **dead son or a live daughter?**
    - Do you want a **transition or a funeral**?
- Bailey and Blanchard[356]: "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."

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[355] Stephen B. Levine, E. Abbruzzese & Julia W. Mason (2022) Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2046221

[356] 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/

- Hisle-Gorman, 2021.[357] A comprehensive data set from a cohort of all 3,754 trans-identified adolescents in US military families over 8.5 years showed that gender pharmaceutical treatment lead to increased use of metal health services and psychiatric medications **increased including suicidal ideation/attempted suicide**. Older age associated with better stats than younger.
- Oxford Sociologist Michael Biggs, "**Estrogen is associated with greater suicidality among transgender males**, and puberty suppression is not associated with better mental health outcomes for either sex" [comment], 19 Jan 2022.[358]
- **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."
- 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. [359]
- **Professor Michael Biggs of Oxford. 2019.[360]**
  > **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**. "In fact, the initial results showed predominantly negative outcomes. The only tabulated data available, for 30 of the subjects after a year on

[357] Elizabeth Hisle-Gorman, MSW, PhD and others, Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment, *The Journal of Sexual Medicine*, Volume 18, Issue 8, August 2021, Pages 1444–1454, https://doi.org/10.1016/j.jsxm.2021.05.014

[358] https://journals.plos.org/plosone/article/comment?id=10.1371/annotation/dcc6a58e-592a-49d4-9b65-ff65df2aa8f6

[359] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex
Reassignment Surgery: Cohort Study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885.

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

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)."

- **Biggs, 2022**. Biggs, M. **Suicide by Clinic-Referred Transgender Adolescents** in the United Kingdom. Arch Sex Behav (2022). https://doi.org/10.1007/s10508-022-02287-7 **Conclusion**: "**Data from the world's largest clinic for transgender youth over 11 years yield an estimated annual suicide rate of 13 per 100,000. This rate was 5.5 times greater than the overall suicide rate of adolescents of similar age**, adjusting for sex composition. The estimate demonstrates the elevated risk of suicide among adolescents who identify as transgender, albeit without adjusting for accompanying psychological conditions such as autism. The proportion of individual patients who died by **suicide was 0.03%, which is orders of magnitude smaller than the proportion of transgender adolescents who report attempting suicide** when surveyed. The fact that deaths were so rare should provide some reassurance to transgender youth and their families, though of course this does not detract from the distress caused by self-harming behaviors that are non-fatal. It is **irresponsible to exaggerate the prevalence of suicide**. Aside from anything else, this trope might exacerbate the vulnerability of transgender adolescents. As the former lead psychologist at the Tavistock has warned, "**when inaccurate data and alarmist opinion** are conveyed very authoritatively to families we have to wonder what the impact would be on children's understanding of the kind of person they are...and their likely fate" (Wren, 2015)."
- **Amsterdam Cohort Study 2020 update.**[361] Among people undergoing gender affirming (transition affirming) treatment, suicide didn't really improve overall. Using further details given in the study, MtF transitioners had 2.8 times the completed suicide rate of general Dutch males, and FtM transitioners has 4.8 times the completed suicide rate of general Dutch females.
    - 35 year chart review of 8,263 Dutch patients who attended the nation's primary gender identity clinic. "Overall suicide deaths did not increase over the years: HR per year 0.97 (95% CI 0.94–1.00). In trans women, suicide death rates decreased slightly over time (per year: HR 0.96, 95% CI 0.93–0.99), while it did not change in trans men (per year: HR 1.10, 95% CI 0.97–1.25)."
- "**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

[361] Wiepjes CM, den Heijer M, Bremmer MA, Nota NM, de Blok CJM, Coumou BJG, Steensma TD. Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017). Acta Psychiatr Scand. 2020 Jun;141(6):486-491. doi: 10.1111/acps.13164. Epub 2020 Mar 12. PMID: 32072611; PMCID: PMC7317390.

climb." (Hacsi Horvath).[362] 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"[363]

FAÇADE OF AUTHORITY

World Professional Association for Transgender Health (WPATH).
So-called gender affirming care guidelines ultimately derive from non-scientific, non-medical activist groups like WPATH.

- Their SOC 7 was rated by a 2021 BMJ first of its kind review with a quality score of zero out of six.[364] ["First systematic review to identify and use a validated quality appraisal instrument to assess all international clinical practice guidelines (CPGs) addressing gender minority/trans health."]
- Same BMJ 2021 source regarding SOC 7: "…based on lower-quality primary research, the opinions of experts and lacks grading of evidence."
    - And "cannot be considered 'gold standard'."
- It contains no comprehensive literature review. Just calling them "Standards of Care" does not make them so.
- The latest SOC 8 version removes age restrictions for medical and surgical interventions.[365][366]

American Academy of Pediatrics (AAP).

- 2018 AAP POLICY STATEMENT.
  Rafferty, J., AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatrics, 142(4), e20182162 doi:10.1542/peds.2018-2162.

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[362] https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/
[363] https://a20ceadd-0fb7-4982-bbe2-099c8bc1e2ae.filesusr.com/ugd/ec16e9_8dec43abbe5d4eaaa2dd6b561a66f95c.pdf
[364] Dahlen S, Connolly D, Arif I*, et al* International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open* 2021;11:e048943. doi: 10.1136/bmjopen-2021-048943
[365] (2022) Correction, International Journal of Transgender Health, 23:sup1, S259-S261, DOI: 10.1080/26895269.2022.2125695.
[366] E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2150346

- "In 2016, the Human Rights Campaign, an LGBT advocacy group, partnered with the American Academy of Pediatrics — the nation's most prominent professional organization for pediatricians — and the American College of Osteopathic Pediatricians to publish a guide for families of transgender children."
  Paul W. Hruz, Lawrence S. Mayer, and Paul R. McHugh, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *The New Atlantis*, Number 52, Spring 2017, pp. 3-36.
    - Human Rights Campaign is neither medical nor legal, but activist/advocacy.
- The American Academy of Pediatrics' policy was discredited by Dr. James Cantor in a 2019 review:[367]
    - "Rather, AAP's statement is a systematic exclusion and misrepresentation of entire literatures. Not only did AAP fail to provide *extraordinary* evidence, it failed to provide the evidence at all. Indeed, AAP's recommendations are *despite* the existing evidence."
    - Cantor states, "In fact, the references that AAP cited as the basis of their policy instead outright contradicted that policy, repeatedly endorsing *watchful waiting*."
    - "The AAP statement was also remarkable in what it left out—namely, the outcomes research on GD children." "…*every* follow-up study of GD children, without exception, found the same thing: Over puberty, the majority of GD children ceased to want to transition."
      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
- There is evidence of deliberate suppression of opposition to G(T)AHC on the part of major organizations like the Amer. Acad. of Pediatrics.
    - AAP Resolution 27.[368] [369] It noted growing international skepticism of G(T)AHC and requested that the AAP provide updated review and inform the members.
    - Resolution 27 was silenced and condemned by leadership.
    - In a WSJ rebuttal to a critical letter exposing the Resolution 27 controversy by two authors, one of whom was a pediatrician co-

[367] 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.
[368] https://www.dailymail.co.uk/news/article-11099561/Leaked-internal-files-pediatricians-angry-professional-bodys-transgender-policy.html
[369] https://www.wsj.com/articles/the-american-academy-of-pediatrics-dubious-transgender-science-jack-turban-research-social-contagion-gender-dysphoria-puberty-blockers-uk-11660732791

author of the Resolution, AAP President Moira Szilagyi ironically wrote this:

"Gender-affirming care can be lifesaving. It doesn't push medical treatments or surgery; for the vast majority of children, it recommends the opposite."

> Moira Szilagyi, Academy of Pediatrics Responds on Trans Treatment for Kids To 'affirm' a child or teen means destigmatizing gender variance and promoting the child's self-worth. Aug. 21, 2022. https://www.wsj.com/articles/trans-gender-pediatric-aap-kids-children-care-surgery-affirm-treatment-11660942086

Her words contradict affirmation on demand AAP policy.

Endocrine Society.

- The 2017 Endocrine Society Guidelines, the first from a medical organization, specifies this disclaimer on p. 3895: "The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care."
    - Broad quote: "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." P. 3895.
- 2017 Endocrine Society Guidelines recommended puberty blocking and cross-sex hormone administration to selected minors citing "low evidence" and genital surgery for selected adults citing "very low evidence."
- The 2021 BMJ review gave these guidelines a quality score of one out of six.[370]
- In 2019 the Endocrine Society, along with an international panel of endocrinology societies, concluded "the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]," and that "There are insufficient data to support the use of testosterone for the treatment of any other symptom or clinical condition, or for disease prevention." Also, "The safety of long-term testosterone therapy has not been established."

> 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.

[370] Dahlen S, Connolly D, Arif I*, et al* International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open* 2021;11:e048943. doi: 10.1136/bmjopen-2021-048943

Abbruzzese, Levine, Mason:[371] More generally, when faced with questions about the rapidly growing numbers of youth subjected to highly invasive and often irreversible interventions based on low to very low quality evidence, the field of U.S. pediatric gender medicine has chosen to throw its weight behind two indefensible and contradictory claims: (1) that "low quality evidence" is a misleading technical term which actually describes high quality reliable research; and (2) that true high quality research can only come from randomized controlled trials, which are unattainable and unethical (Drescher, 2022; McNamara et al., 2022). We refuted these misleading claims in our recent publication (Levine et al., 2022b)."

EUGENICS STERILIZATION, NC & CA:

> 2012. "N.C. to Compensate Victims of Sterilization in 20th Century Eugenics Program"
> "North Carolina will become the first state to compensate victims of a mass sterilization program that targeted poor minorities in a 20th century eugenics program, offering a $50,000 a person.
> In a vote today, the Eugenics Compensation Task Force recommended the lump-sum amount, putting a three-year statute of limitations on claiming those funds."
> https://abcnews.go.com/Health/WomensHealth/north-carolina-compensate-victims-eugenics-program-sterilized/story?id=15328707

"California Launches Program to Compensate Survivors of State-Sponsored Sterilization" 2021

> "For some context and history of the program, state eugenics laws that were in effect from 1909 through 1979, thousands of people who lived in California state-run hospitals and institutions were sterilized. Although these laws were appealed in 1979, it was later discovered that many of these forced sterilizations continued to occur in custody at state prisons and other correctional facilities under the California Department of Corrections and Rehabilitation."
> "Assemblymember Wendy Carrillo (D-Los Angeles) proposed the program in AB 1007."
> https://sacramento.cbslocal.com/2021/12/31/california-program-state-sponsored-sterilization-survivors/
> More indepth prior report:
> https://ktla.com/news/california/california-to-pay-victims-forced-coerced-into-sterilization-because-state-deemed-them-unfit-to-have-children/

[371] E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2150346

NON-DISCRIMINATORY. Refusing to provide gender/transition affirming health care is actually non-discriminatory and appropriate both professionally and scientifically.

- G(T)AHC has not been proven safe, effective, or of more benefit than harm. This was emphasized in the 2020 UK High Court Bell v Tavistock case,[372] the UK's Cass Interim Report of 2022,[373] the UK's 2020 National Institute for Health and Care Excellence reviews of puberty blockers and cross-sex hormones,[374] the UK's NHS closure of the world's largest pediatric gender clinic,[375] the Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review,[376] Sweden's Karolinska Hospital (affecting Astrid Lindgren Children's Hospital's pediatric gender services) 2021 policy change,[377] Finland's COHERE 2020 policy reform,[378] and the French National Academy of Medicine press release.[379]
    - Physicians take an oath to do no harm, and G(T)AHC is documented to lead to much harm without proof of compensatory benefit.
    - Withholding unproven interventions is non-discriminatory.
    - The 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."[380] Withholding unproven treatments for uncertain diagnostic or ideological identifications is non-discriminatory and simply wise medical practice protecting both the patient and physician.
    - There are alternative treatments of mental health natures which are at least as effective and without the harms of hormonal and surgical interventions.

GUIDANCE FROM THE PROS

Before we get to the pros, a few thoughts of mine regarding interaction:

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[372] https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

[373] https://cass.independent-review.uk/publications/interim-report/

[374] https://arms.nice.org.uk/resources/hub/1070871/attachment and https://arms.nice.org.uk/resources/hub/1070905/attachment

[375] https://www.bbc.com/news/uk-62335665

[376] https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/

[377] Karolinska Policyförändring K2021-3343 March 2021 (Swedish).pdf; Karolinska Policy Change K2021-3343 March 2021 (English, unofficial translation).pdf

[378] https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abedfae46f2e/Summary_minors_en.pdf

[379] https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/

[380] 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.

- My friend's 2-part prayer: Lord, is this person teachable? What would You have me say to them?
- John 5:6 (NKJV), at the pool of Bethesda. "When Jesus saw him lying there, and knew that he already had been *in that condition* a long time, He said to him, "Do you want to be made well?" A "no" answer is a stop sign. True for any condition.
- (For healthcare providers) Explain that your job is to present the best evidence-based guidance that you can, but that you realize you cannot make the decision for them. Consent is key.
    - I broke it down to 6 main points of fact here: https://cmda.org/my-child-is-transgender-make-her-a-son-guidance-for-the-doctor/
        - Desistance is the norm, 80-95% by adulthood.
        - Underlying issues need addressing first. There can be many.
        - The short and long-term risks of GAT/TAT are sobering.
        - The long-term benefits & safety of GAT/TAT are not proven.
        - Regret is not rare.
        - A minor's brain is not yet capable of adult decision making.

CMDA Position Statement on Transgender Identification
https://cmda.org/policy-issues-home/position-statements/

Psychiatrist Abilash Gopal, MD www.psychiatristsf.com

For Parents:
You are swimming against the tide, as the entire academic/entertainment/cultural establishment is pro-trans.

- Children are influenced by them and are encouraged to go in this direction.
- Remove your children from schools that teach transgenderism, ASAP. School is a primary source of indoctrination. Consider home schooling.
- Monitor/block TV shows, web sites, and media in general.
- You need a trusted network of resources.

Concerned parents, you are on the right side of truth/reality.

- You don't need to be an expert in gender dysphoria to be effective.
- Maintain the courage of your convictions and of common sense. Don't cave to zeitgeist.
- Boundaries help children feel safe and give them the space to grow.
- Beware of victimhood (it's a downward spiral).
- Getting on the 'trans train' (as it were) leads children onto a path of sterility.

Children with gender dysphoria tend to fall into two groups:

- Those with behavioral disorders and those w/ autism (sometimes both!).

How do we engage in conversation with the affected children?

- What is the nature of the audience? Read the room.

Parents or children? Children of what age and understanding? Receptive or resistant? Motivation? Your relationship with them?

- If a child is out to rebel or mock, especially younger ones, then set boundaries, exercise your authority with confidence and compassion (one way for parents, another for providers).
- Is the child bullied, ostracized, or feels weird? Show them a different and better way to approach the situation.
- Is the child trying to get attention? Reinforce common sense, show how they can do a better job making friends.

For Healthcare Providers:

- The system is structured against us. You must have a trusted network. Be careful to whom you refer.
- **Read the room**. What's the nature of your audience? Parents or children? Open or closed? Motivation? Your relationship with them?
- **It's more productive to redirect** the conversation to other areas, assess for **the source of what's going on**, rather than the transgender ideation itself.
  - What underlies this? Feeling rejected? Feeling 'weird'? Adverse events? Bullied? Anxiety? Depression? Other?
- For more open-minded adults/parents, the points I generally try to make are:
  - There is always a better/more honest way to address whatever emotional disturbance is leading to 'gender dysphoria.'
  - With children, this means redirecting the conversation to something more honest/productive (ie, are they feeling rejected or 'weird'?).
  - Hostile kids? Redirect to underlying issues.
- **Are you cornered or at a dead end** as a provider?
  - **Decline** to prescribe based on science, professional ethics, and conscience!
  - **Stand assured** in your professional authority and the strength of your informed convictions. Don't get upset or defensive, but be confident.

Per Walt Heyer

Build trust and be a good listener, a **listening sponge**.

"This is an area of great interest to me. Would you share more with me?"

Work toward:

1. "What happened to cause you to not like who you are?"
   "What happened to cause you to believe you were not who you biologically are?"
   Typically something had to have happened. Probe a bit about ACEs.
   Not a 5 minute thing, but multiple exchanges, 5-10 of them.
2. "When did you feel it was appropriate to identify as the opposite sex?"
   "What caused you to decide you needed to change genders?"
   Defense mechanism [bullied, I'm weird] vs sexual abuse?
3. "How did you get started?"
4. "Why did you feel that would be a better way to live your life?"

5. Frank discussion of risks.

Kids love to join other kids, social causes, thus social contagion.
Common underlying issues:
Autogynophilia and transvestite fetishes in men.
Lesbianism in females.
Point: Drag queen (SSSA) can be vicious.

Paul Hruz, MD (pediatric endocrinologist, assoc. professor)

It is essential that parents equip themselves with accurate information about gender dysphoria, unlikely to happen from a "gender specialist" at an affirmation clinic.

- Person & Identity website of the Catholic Women's Forum is excellent. https://personandidentity.com

For parental interaction with an affected child, the principles of "SET" communication (originally established for interacting with people who have borderline personality disorder) may be helpful. The principles are fairly basic:

1. Support. Parents (and providers) make it clear (in word and action) that they love the child and want to help them. This requires talking in the first person singular, e.g."I want to try to help you feel better," "I care about you" or "I am worried about how you are feeling."
2. Empathy. Speaking to the affected child using the second person (i.e. "you"), let them know you validate how they are feeling. The acknowledgement of the child's "feeling" as a real lived experience is key.
3. Truth. Once the first two elements are established, one can then present the objective nature of the situation. Moving beyond the subjective, the parent (or provider) can present the reality of sex and information about what is known about the condition of gender dysphoria.

In such conversation, it should be understood that validation is not the same thing as acceptance. Validation allows one to establish and maintain the personal connection with the affected child. Only then will the child be willing to listen to the parent (or provider) in expressing the objective reality of the situation.

Mixed messages can sabotage this effort. Consistency in communication and action are essential. Setting clear and realistic expectations and boundaries are also needed.

Where can parents go?

- **Parents Resource Guide** at genderresourceguide.com
- **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
Sidewalk pamphlet: https://acpeds.org/assets/Transgender-Pamphlet.pdf

- **CMDA** Position Statement: https://cmda.org/policy-issues-home/position-statements/ (select Transgender Identification)
- **Walt Heyer**: Sex Change Regret. https://sexchangeregret.com/resources/
- Advocates Protecting Children https://www.advocatesprotectingchildren.org/
- Free To Change (Australia): https://www.freetochange.org
- Online parent community: kelseycoalition.org/
- Online support group for parents of ROGD: parentsofrogdkids.com/
- Public Discourse. thepublicdiscourse.com

CONCLUSION:
The future belongs to those who show up – Mark Steyn.
We succeed by outlasting the crowd – Havilah Cunnington.
To stand is to win – Pastor Ade Omooba MBE

Andre Van Mol, MD
Board-certified family physician
Co-chair, Committee on Adolescent Sexuality, American College of Pediatricians
Co-chair, Sexual and Gender Identity Task Force, Christian Medical & Dental Assoc.

- 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: The Stormy Waters of Transgender Ideology" CMDA Matters, Jan. 12, 2023. https://cmda.org/podcast/cmda-matters-the-stormy-waters-of-transgender-ideology/
- 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
- Documentary: "Trans Mission: What's the Rush to Reassign Gender?" https://www.youtube.com/watch?v=rUeqEoARKOA
- The Truth About Transition: LIVE Webinar https://www.youtube.com/watch?v=QjMRjJWEaK0
- My 2018 testimony before California Senate Human Services Committee against AB 2119 Foster Care Gender Affirming Bill committee: https://www.youtube.com/watch?v=bLsVEG1w_84
- My testimony May 19, 2022 before Ohio House Families, Aging, and Human Services Committee in favor of HB 454, the SAFE Act.

https://ohiohouse.gov/committees/families-aging-and-human-services/video/ohio-house-families-aging-and-human-services-committee-5-19-2022-184218
My testimony starts at 3:52:14, to 4:24:07 with the Q&A time.

- European Parliament. Dec. 7, 2022. Topic: Gender Dysphoria: Int'l Pushback Against G(T)At in Minors, "The Shadow of the Rainbow Uncensored Case of Transgender Children" Conference. https://youtube/mMRJFC3Svvs
- Kentucky Senate Standing Committee on Families & Children, in favor of HB470, March 14, 2023. Zoom. https://www.youtube.com/watch?v=3geGYk-_ktA (time 45:38 to 51:59)
- Contracted with the state of Florida as a consultant helping guide their efforts to stop Medicaid coverage for gender transition procedures and defending that rule in court. https://ahca.myflorida.com/LetKidsBeKids/