Transgender Affirmation and Medicine: Is It Beneficial?
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IFTCC Event, 23 Nov. 2021

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Gender Dysphoria is a diagnosis.

- **It's a psycho-social, neurodevelopmental problem.**
- Distress with one's sexed body.

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." [1]
- Why the massive change?

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

- Zucker: "The term "transgender identity" is hardly an objective

[1] 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

label for a child's gendered subjectivity."[2]

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

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%. [3]
- American Psychological Association *Handbook on Sexuality and Psychology, V1, 744*: [4]
    - "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."[5]
- Cohen-Kettenis, 2008, J SexMed: 80-95% of gender dysphoric pre-pubertal children desist by the end of adolescence.[6]
- Ristori, et al Int Rev Psychiatry 2016: Finding a desistance rate of **61-98%** of GD cases by adulthood.[7]
- 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."[8]

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[2] 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

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

[4] 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.)

[5] 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

[6] 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.

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

[8] 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.

- 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**."[9]

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 Experiences.
And now most are female.

- 2015 report from Finland's gender identity services found **75% of adolescents** they saw were or had been undergoing psychiatric care for reasons other than GD. **26% had autism** spectrum disorder. 87% female.[10]
- 2014. Four nation European study found almost **70%** of people with gender identity disorder had "a current and lifetime diagnosis."[11]
- **Australia 2021**.[12] 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%).
    - **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.

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[9] 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

[10] 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.

[11] 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.

[12] 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

- **2018. Lisa Littman's** parental survey of Rapid Onset Gender Dysphoria:[13]
    - 62.5% of gender dysphoric adolescents had "a psychiatric disorder or neurodevelopmental disability (**before**) the onset of gender dysphoria".
    - 12.3% prevalence of autism spectrum disorder.
    - (48.4%) had experienced a traumatic or stressful prior event
    - 83% female.
- **Kaiser-Permanente study** 2018 (Becerra-Culqui): Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers.[14]
    - Gleaned from **electronic medical records** of **8.8M members** in GA and CA.
    - **High rates of psychiatric disorders and suicidal ideation before gender non-congruence in teens**.
    - Rates (prevalence ratios/PR) in the 6 months before first findings of GNC compared to gender congruent peers: **psych disorders 7 times higher overall,** vast PR for certain ones, **psych hospitalizations 22-44 times higher, self harm 70-144 times higher, suicidal ideation 25-54 times higher** (Tables 3 & 4 of study).
    - Suicidal ideation during said 6 months before GNC findings: 7% in biological males and 5% in biological females. Far below rates claimed by activists, but still high.
- UK Tavistock 2019 paper: Common themes: prior to GD onset, the **majority** "had an existing diagnosis of an **autism spectrum condition** (ASC) or would be likely to obtain one."[15]
- **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**."[16]
- **Autogynephilia**, common for adult males.

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[13] 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

[14] 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.

[15] 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.

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

    - "…propensity of certain males to be erotically aroused by the thought or image of themselves as women."[17] [18]
- **ROGD (Rapid Onset Gender Dysphoria)**
  Rapid-Onset Gender Dysphoria is the sudden onset of dysphoria during or after puberty with no prior sign of it.
  Lisa Littman's 2018 parent survey showed these hallmarks in minors:[19]
    - 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.
- UK GP Sally Howard (BMJ 2020): "…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?**"[20]

- **35 psychologists resigned over 3 years from the NHS Tavistock Gender Identity Development Service (GIDS)**. [21]
    - **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**."
- **Those mental health issues require and deserve addressing, not a ban** on exactly what is needed. Therapy **bans put** sexual minority **youth at increased risk**.

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[17] Blanchard, Ray. (2005). Early History of the Concept of Autogynephilia. Archives of sexual behavior. 34. 439-46. 10.1007/s10508-005-4343-8.
[18] 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.
[19] 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.
[20] 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.
[21] "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

Social and Peer Contagion. [22]

- Dr. Littman: **With exposure "Within friendship groups**, the average number of individuals who became transgender-identified was **3.5 per group.**"
- **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**."

Semantic Contagion.

- "Once transsexual and gender-identity disorder and sex reassignment surgery became common linguistic currency, more people began conceptualizing and interpreting their experience in these terms. They began to make sense of their lives in a way that hadn't been available to them before, and to some degree they actually became the kinds of people described by these terms.:"[23] -- Dr. Carl Elliot (2000)

Do Not Prematurely Affirm:

- **Coventry** p.8 claims to **"provide unconditional acceptance"** is the **"evidence-based recommendation."**
- ***APA Handbook on Sexuality and Psychology*** (APA, 2014)
  - "**Premature labeling of gender identity should be avoided**.[24]
  - 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**…"[25]
- **2020** Nordic J of Psychiatry:[26]
  - "Conclusion: **Medical gender reassignment** is **not enough to improve** functioning and relieve **psychiatric comorbidities** among

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[22] 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.

[23] Dr. Carl Elliot, "A New Way to be Mad," theatlantic.com, Dec. 2000.

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

[25] W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 750 (D. Tolman & L. Diamond eds., 2014).

[26] 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

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."[27]
- **Affirming parents don't improve the stats:**
  Schumm & Crawford (2019)[28] "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 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**."
- **Minors with gender dysphporia need mental health help, not a ban** on it.

Ethical Considerations

- **Ethics of permanently medicalizing something with an 85% rate of desistance based on a self-diagnosis is highly suspect.**

Problem of Diagnosis

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[27] 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.

[28] 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.

- "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."[29]
- And in this case it is a **self-diagnosis**.

Problem of Consent

- **Children have developing brain, their minds change often, and they don't grasp long-term consequences**.[30]
- **I would add,** consider the responses of 15 year olds vs 25 year olds vs 35 year olds to the question: "Do you want to get married and have children?"
- 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**."[31]
- **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." [32]

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[29] 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.

[30] 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).

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

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

GAT/TAT is Not the Standard of Care.

- The **2017 Endocrine Society Guidelines** state their medical evidence rating for puberty blockers and cross-sex hormones in selected minors as "low" and adult genital surgery as "very low."[33] 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."
- K. 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.[34]
- S. 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."[35]

The international standard of care is "watchful waiting," including psychological evaluation of the child and family both, not gender affirming therapy (GAT).[36][37]

- 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…." [38]

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[33] 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

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

[35] 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

[36] 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.

[37] 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

[38] 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

- 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)."[39] [40]

Coventry Report & Consensus.

- **As for consensus of over 60 health associations against allowing therapeutic choice (pro-ban)**
    - Consensus is not a proxy for truth.
    - Consensus is not science and can be a threat to science. .e.g. herd mentality and group think.
    - Pro-GAT/TAT party line is in large part group think with ideological and corporate backers (pharmaceutical and biotech firms, medical corporations, etc. which stand to radically increase market share).
    - And in part a **Castro consensus.**[41]
        - "A Castro Consensus is a near-unanimous show of agreement brought about by means other than the honest and uncoerced judgements of individuals."
        - With a coerced consensus "the **probability of a false consensus increases dramatically**."
        - People **fear losing their jobs, reputations, safety, etc**.
    - **There is no such consensus**. In fact, opposition to transitioning of minors brings together people and organizations across the aisles of politics, faith, sexuality, and even gender ideation.

Four Levels of Transition:

- Social: changing name, clothing, hair, cosmetics to present as other sex.
    - Social transitioning by itself leads to persistence.

[39] 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

[40] 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.

[41] 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

    - Noted in Endocrine Society Guidelines[42] and Prof. K Zucker.[43]
- Puberty blocking.
- Cross-sex (wrong sex) hormones
- Sex reassignment (gender affirming/confirming) surgery.

Puberty Blocking & Risks.

- Puberty blocking agent (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.[44]
    - Not FDA approved for this.
    - Puberty is not a disease state but a normal stage of life.
- PBA Risk Summary.
    - Chemically castrate at the level of the brain.[45] [46]
    - Not fully reversible, long-term complications possible even if PBAs stopped early[47]
        - 2018 study: "almost 1/3 reported irreversible side effects that persisted for years after discontinuing treatment."[48]
    - Puberty blocking agents (PBA) given at Tanner stage II likely causes infertility and we don't know if it really is reversible.[49]

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[42] 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.

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

[44] 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..

[45] Lupron Depot-Ped Injection Label (August 2012) at 12.1 "Mechanism of Action" https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf.

[46] 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);

[47] 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)

[48] 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)

[49] Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol,

- Infertility risk (blocks development of sperm and ova) [50]
  - Following PBA's with cross-sex hormones (CSH) assures sterility. [51] Sperm and ova will never mature.
- Genitalia arrested in underdeveloped stage
- Sexual dysfunction
  - Males: erectile, orgasmic and ejaculatory impairment
  - Females: induces menopausal-like state.[52]
- Mental health issues:
  - Lupron package insert: mood swings, depression, suicidal ideation and attempts.
  - Oxford's Prof. Michael Biggs criticized the 1st NHS GIDS study of PBA, noting unpublished evidence showed puberty blockers worsened gender dysphoria."[53]
- Bone mineral density compromise and suppression of growth/height at its period of greatest growth. [54] Premature osteopenia/-porosis?
- Hindering of brain development milestones
- Interrupt the vital pubertal window for development of brain, bones and psychology with peers. [55] No one can have that window back.

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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.

[50] 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.

[51] 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.

[52] 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.

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

[54] 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

[55] 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

- The myth of PBAs as "pause buttons" that "buy time" to "wait and see." [56] [57] [58]
    - 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 96.5-100%.
        - Wiepjes, et al.,[59] 1.9% per Brik, et al.,[60] and 3.5% per Kuper, et al.[61]., and 2% per Carmichael, et al.[62]
    - Bell v Tavistock[63]: "The evidence shows that the vast majority of children who take PBs move on to take cross-sex hormones…' para. 136 … "it is appropriate to view PBs as a stepping stone to cross-sex hormones." Para. 137

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[56] 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.
[57] 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.
[58] 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.).
[59] 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
[60] 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
[61] 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
[62] 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
[63]
https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf, para. 136.

Cross-Sex Hormones & Risks.[64] [65] [66]

- Following PBA's with cross-sex hormones (CSH) assures sterility.[67]
    - Sperm and ova will never mature.
- Estrogen (in biological males)
    - Dyslipidemias
    - Thromboembolic disease[68] [69] [70] [71]
        - blood clots (3-5 fold)
        - Risk increases with length of use.[72]
            - 4 times after 2 yrs, 16 times after 8 yrs
    - Heart attacks (2 fold) and strokes (3-5 fold).
    - Breast cancer[73]
        - 46-fold higher than biological men not on estrogen.
    - Weight gain

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

[65] 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.

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[67] 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.

[68] 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.

[69] 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.

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

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

[72] 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.

[73] 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

    - Insulin resistance
    - Cholelithiasis (gallstones)
- Testosterone (in biological females)
    - Increased heart attacks (4 fold) and strokes.[74] [75] [76] [77]
    - Breast/uterine cancer
    - Liver dysfunction
    - Hypertension
    - Severe acne[78]
    - Liver cancer?[79]
    - 2019 International panel of endocrinology organizations[80] said the only evidence-based us of testosterone use in women was for hypoactive sexual desire disorder, short term, and with no other indications.

Sex Reassignment Surgery/Gender Affirming Surgery/Gender Confirming surgery:

- Note the ideologically leveraged language, weaponized.
- Contouring, "tops" (breasts), "bottoms" (genitals, organs), etc.
- Is cosmetic, creating poorly functioning pseudo-genitalia.
    - Usually no orgasms.
    - Sterility is guaranteed by absence of ovaries and testicles.

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[74] 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.

[75] 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.

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

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

[78] 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

[79] 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.)

[80] 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.

- 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.[81]
- **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.[82]
    - **40 years later and we are repeating the errors**.
- 2011 Swedish study (Dhejne) of all their SRS patients over 30 years (324) showed 19 times the completed suicide rate 10 years out.[83] Also, nearly 3 times the rate of overall mortality and psychiatric inpatient care.
- 2019 (online) Bränström and Pachankis. First total population study of 9.7 million Swedish residents.[84] Ultimately showed neither "gender-affirming hormone treatment" nor "gender-affirming surgery" provided reductions of the mental health treatment benchmarks examined.[85] [86] [87]
- 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…"[88]

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

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

[83] 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.

[84] 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

[85] 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.]

[86] 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

[87] Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters. American Journal of Psychiatry 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599.

[88] 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

- **COHERE Finland**: "Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors."[89]
- **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."[90]
  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.
- The **chemical castration and surgical mutilation** of minors with otherwise healthy organs is **not health care**.

Myth of Suicide Reduction

- **Emotional blackmail of bullying parents into affirming transition**.
    - Do you want a **dead daughter or a live son?**
    - Do you want to be planning a **transition or a funeral**?
- Bailey and Blanchard[91]: "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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surgical techniques. J Sex Med 2015;12:1499–1512.
http://ts.katja.cz/2015_horbach_et_al.pdf

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

[90] 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

[91] 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/

- **Amsterdam Cohort Study 2020 update.**[92] Among people undergoing gender affirming (transition affirming) treatment, suicide didn't really improve overall. 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)."

The Rising Tide of Regretters: GAT + Desistance = Regret.

- D'Angelo, et al (2020): "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)…"[93]
- 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."[94]

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[92] 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.

[93] 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

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

- 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"[95]
- **r/detrans** | Detransition Subreddit. Reddit.com. (2020). Retrieved 22 September 2020, from https://www.reddit.com/r/detrans/.
- **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

International Questioning of the Rush to Gender Affirmation Therapy for Minors:

- The Australasian College of Physicians.[96]
- The Swedish National Council for Medical Ethics, 2019. [97]
- Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review.[98] Found 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:[99] hormonal treatments **(PBA and CSH) will not be allowed under age 16**; patients **16-18 can only** received hormonal treatment in a **clinical trial** setting; **psychological and psychiatric care** must continue **under 18**; and they cite the **UK High Court ruling in Bell v Tavistock** and state that "These

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

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

[97] https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf.

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

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

treatments are potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis."

- The Royal College of General Practitioners (UK). [100]
- The UK's N.I.C.E. reviews (The National Institute for Health and Care Excellence*)*.[101]
- United Kingdom High Court case ruling in Bell vs. Tavistock Dec. 12, 2020.[102] Ruled that puberty blockers and cross-sex hormones constitute **experimental** treatments with **limited evidence for efficacy and safety** 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."
- **NHS** Dec 2020 amendments to service specifications for **Gender Identity Development Service (GIDS)** for children and adolescents:[103] 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.
- **Finland** rejects routine "affirmation" pathway for minors with GD, and placed strong emphasis on mental health care. From *Council for Choices in Health Care in Finland (COHERE Finland)* 2020.[104]

Summary: The chemical castration and surgical mutilation of otherwise healthy young bodies is not health care. Gender affirming therapy [GAT] permanently and prematurely medicalizes children for a condition that overwhelmingly resolves by

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100 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

101 https://arms.nice.org.uk/resources/hub/1070871/attachment and https://arms.nice.org.uk/resources/hub/1070905/attachment

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

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

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

adulthood. GAT is not proven effective, not proven safe, and does not reduce suicides. The international standard of care for youth with gender dysphoria is watchful waiting, including psychological evaluation and support for the child and family, exactly what counseling bans prohibit. The proposed ban on therapy puts already at-risk youth at further risk.

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."[105]
- **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.[106] [107] [108]
- **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." [109]
- 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**.[110]

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[105] 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.)

[106] 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.

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

[108] 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.

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

[110] 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

- **Michael Bailey** (2020):[111]
    - **"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."
    - 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 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."

What about disorders of sex development (intersex)?

- They are also established at conception for the 0.02% of people who have them. [112] [113]
- 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**."[114]

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.

[111] 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.

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

[113] 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/

[114] 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

    - DSDs **usually impair fertility**.[115]
- **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.[116]
    - **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 gender dysphoria (Zucker et al. 1996)."[117]
    - UK GIDS Tavistock study 2020: "All had normal karyotype and endocrinology" function in 44 GD youth.[118]
- Conversely**, in the trans-identified, there is no inherent defect in sex organ development, function or fertility**.
- **DSDs and gender dysphoria are two different things**.

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[115] 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

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

[117] 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.

[118] 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