



Policy Brief

16 FACTS about Gender Dysphoria/Gender Identity Disorder

There is much disinformation disseminated regarding gender dysphoria, the current clinical term used for extreme gender confusion. Therefore, for policy-makers wishing to make meaningful, effective policies around gender identity issues, it is critical to understand the basic, underlying medical facts and peer reviewed social science research in this area, especially those that pertain to children.

FACT #1 – “Gender Identity Disorder” (GID) was recognized as a mental disorder for many years and was listed as a mental disorder in the Diagnostic and Statistical Manual, DSM-III, 1980-1994, and DSM-IV-TR, 1994-2013, of the American Psychiatric Association (APA) for 33 years.^{[\[1\]](#)[\[2\]](#)}

FACT #2 – “Gender identity disorder” was removed from the DSM-V list of mental disorders in 2013 and replaced with “gender dysphoria,” described as a conflict “between one’s experienced/expressed gender and assigned gender, [accompanied by] significant distress or problems functioning.”^{[\[3\]](#)}

FACT #3 – The change from GID to gender dysphoria was primarily made, not because there was any new scientific evidence regarding GID, but rather it was to “reduce stigma against individuals who see and feel themselves to be gender different from their biological sex.”^{[\[4\]](#)}

FACT #4 – As a result, medical professionals are discouraged (and in some places forbidden) from treating gender dysphoria as a disorder or from treating it as something that can be overcome. Instead, the focus of psychologists, counselors, and psychiatrists is on relieving the distress experienced by those with gender dysphoria, rather than aligning the mind's perceived “gender” with their biological sex.^{[\[5\]](#)}

FACT #5 – Studies have shown that as many as 70 percent of patients with gender dysphoria have an additional psychiatric condition (comorbidity) concurrently or in their lifetime.^{[\[6\]](#)[\[7\]](#)}

FACT #6 – The APA now claims that a person’s “true self” is whatever that person believes him/herself to be regardless of the medical facts.^{[\[8\]](#)} The APA does not apply this same standard to other diagnoses such as “anorexia nervosa.”^{[\[9\]](#)} Should the therapist tell the patient diagnosed with anorexia nervosa that if she believes her “true self” is in fact obese, that she is right and should continue to starve herself? Why is there a separate set of standards for people confused about their biological sex? Clearly, it is because “gender identity” policies are informed largely by ideology rather than by medical facts.

FACT #7 – Biological sex is not assigned by doctors; sex declares itself in utero and is determined at conception. Chromosome pair 23 determines biological sex (XY male, XX female). About the sixth week of gestation, sexual differentiation of the fetus to develop male and female genitalia begins to occur.^{[\[10\]](#)} At birth, biological sex is recognized on the basis of a person’s genitalia.

FACT #8 – Congenital disorders of sex development (DSD) do not invalidate the sexual binary norm of male and female. DSD are disorders in which the appearance of the individual (phenotype) does not match what one would expect based upon their sex chromosomes (genotype). These are extremely rare medically diagnosable conditions, which occur in less than 0.02% of the population.^{[\[11\]](#)} Individuals with DSD do not represent additional sexes or a spectrum of sex. DSD are often referred to by the less accurate term, intersex.

FACT #9 – Most young children confused about their sexual identity generally come to accept their biological sex as they grow up, in fact, 80 percent to 90 percent accept their biological identity upon reaching adulthood—that is if they are not pushed otherwise, for example, if they are given puberty blockers or cross-sex hormones.^{[\[12\]](#)}

FACT #10 – The quality of evidence for a true benefit from hormonal therapy and cross-sex surgery for gender dysphoria is very low. The studies that have been conducted and outcomes from these trials are nowhere near, for example, the quality and results required to obtain FDA approval for a new medication or device.^{[\[13\]](#)} ^{[\[14\]](#)}

FACT #11 – No scientific studies have proven that transgenderism is genetic. If it were, then identical twins (who carry the same genetic code) would both identify as transgender nearly 100 percent of the time. But in a clear majority of cases, when one identical twin is transgender, the other is not. Further, no gene or set of genes conferring transgenderism has ever been found.^{[\[15\]](#)} ^{[\[16\]](#)}

FACT #12 – No evidence has been found that the brains of transgender individuals were “wired differently” at birth. In other words, no scientific evidence exists to support the idea that a person can be born in the wrong body.^{[\[17\]](#)} In fact, it is impossible for an opposite sexed brain to be “trapped” in the wrong body. Every brain cell of a male fetus has a Y chromosome; female fetal brains do not. This makes male brains forever intrinsically different from female brains. Additionally, at eight weeks gestation, male fetuses have every cell of their body—including every brain cell—bathed by a testosterone surge secreted by their testes. Female fetuses lack testes, therefore none of their cells—including their brain cells—experience this endogenous testosterone surge.^{[\[18\]](#)} ^{[\[19\]](#)} ^{[\[20\]](#)}

FACT #13 – Using hormone suppressants to block puberty in normal children is an off-label use that has not yet been proven safe.^{[\[21\]](#)}

FACT #14 – Transgender people, both before and after sex-reassignment surgery and hormones, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.^[22]

FACT #15 – Studies have shown that the very high suicide rate (as high as 19 times greater than the general population), is not significantly reduced by cross-sex surgery and hormone treatment, and does not relieve many of the problems experienced by individuals with gender confusion.^{[23], [24], [25]}

FACT #16 – The treatment of gender dysphoria using cross-sex hormones, puberty blockers, and sex reassignment surgery is founded upon ideology, not medicine.^[26]

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^[3] American Psychiatric Association, *What is Gender Dysphoria*, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria/>

^[4] Drescher, *New Diagnostic Codes Lessen Stigma for Transgender People*, Medscape, 2017/9/11, <https://www.medscape.com/viewarticle/885141/>

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^[8] American Psychiatric Association, *What is Gender Dysphoria*, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria/>

^[9] [ICD10Data.com](http://www.icd10data.com), *2018 ICD-10-CM Diagnosis Code F50.0 Anorexia nervosa*, <http://www.icd10data.com/ICD10CM/Codes/F01-F99/F50-F59/F50-F50.0/>

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^[12] Hayes, Inc., *Sex reassignment surgery for the treatment of gender dysphoria*, Hayes Medical Technology Directory, Lansdale, Pa.: Winifred Hayes; May 15, 2014, <http://www.hayesinc.com/hayes/publications/medical-technology-directory/dir-sex707/>

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