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Over 70,000 health professionals oppose laws that require affirming children's nontraditional gender identity without extensive assessment and exploration.ⁱ Research suggests that affirmation increases persistence,ⁱⁱ sending children down a path of dangerous hormones and surgeries. Therapists must be allowed to investigate possible psychodynamic and social factors behind a discordant gender identity. Providing alternative ways to ease dysphoria in this context is not conversion therapy and must not be banned.

***Children with gender dysphoria (GD) believe they are not their biological sex.ⁱⁱⁱ**

***Gender identity is not inborn and can change over time due to many factors.^{iv}**

****As many as 88% of girls and up to 98% of boys outgrow GD by late adolescence w/ either watchful waiting or therapy that affirms biological sex.^v Therapy bans criminalize both approaches.***

***In the only study on record, 100% of children placed on puberty blockers claimed a transgender identity and went onto toxic cross-sex hormones. This suggests that "affirming therapy" and puberty blockers inevitably lead children to a transgender outcome and a lifetime of toxic medications instead of an over 85% acceptance of their sex by adulthood.^{vi}**

*** 100% of young children affirmed as the opposite sex, placed on puberty blockers followed by cross-sex hormones are permanently sterilized.^{vii}**

***Cross-sex hormones also carry a lifetime risk of potential side-effects: severe bone damage^{viii}, cardiac disease, stroke, diabetes, hypertension, cancers.^{ix}**

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REFERENCES

- ⁱ The Association of American Physicians and Surgeons, the American College of Pediatricians, the Christian Medical Association, the Catholic Medical Association, the Alliance for Therapeutic Choice, the National Task Force for Therapy Equality, the American Association of Christian Counselors, the Catholic Psychotherapy Association represent over 70,000 physicians and health professionals who oppose therapy bans as currently written.
- ⁱⁱ American Psychological Association. *Handbook of Sexuality and Psychology*. Vol.1;2014:744.
- ⁱⁱⁱ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed; 2013:455.
- ^{iv} Zucker KJ, Bradley SJ. Gender Identity and Psychosexual Disorders. *FOCUS* 2005;3(4):598-617.
- ^v Diamond LM and Tolman, DL (eds.) *APA handbook of sexuality and psychology*. Washington, DC: American Psychological Association, 2014. See also: Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. *J Sexual Med* 2008;5:1892–1897.
- ^{vi} De Vries ALC, Steensma TD, Doreleijers TAH, Cohen-Kettenis, PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med* 2011;8:2276-2283.
- ^{vii} Sadjadi S. The endocrinologist's office—puberty suppression: saving children from a natural disaster? *Med Humanit* 2013;34:255-260.
- ^{viii} <http://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>
- ^{ix} Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and healthcare research. *Curr Opin Endocrinol Diabetes Obes* 2016;23:180-187.