



**A Response to the Call for Input to a Thematic Report:
Gender, Sexual Orientation and Gender Identity**

March 5, 2021

Transgender ideology threatens already at-risk sexual minority youth with experimental and unproven hormonal and surgical gender affirming therapy [GAT]. GAT permanently and prematurely medicalizes children for a condition that overwhelmingly resolves by adulthood. GAT is not proven effective, not proven safe, does not reduce suicides, and is not the international standard of care for gender dysphoric minors.

DESISTANCE IS THE NORM FOR MINORS WITH GENDER DYSPHORIA (GD).

It resolving on its own in 75-95% by adulthood.^{1 2 3 4 5} Why medicalizing children for life for a psychological process that usually resolves?^{6 7 8}

CO-MORBIDITIES. The overwhelming majority of youth with gender dysphoria have one, and likely more, of additional mental health conditions, autism spectrum, adverse childhood events, and family issues that pre-date their gender incongruence.^{9 10 11} These issues need counseling, not harmful hormones and mutilating surgery of healthy sexual organs.

MINORS CANNOT GIVE TRULY INFORMED CONSENT.¹² Children have developing brain, their minds change often, and they don't grasp long-term consequences.^{13 14 15}

- Thus ruled the UK High Court in *Bell vs. Tavistock* last year.¹⁶
- Likewise the Swedish Pediatric Society and the Swedish National Council for Medical Ethics in 2019.¹⁷

THERE IS NO MEDICAL PROOF OF THE LONG-TERM BENEFITS OR SAFETY OF A CHILD UNDERGOING HORMONAL THERAPY OR SURGICAL TRANSITIONING.

- WPATH Standards of Care concurs.¹⁸
- The 2017 Endocrine Society Guidelines admit that GAT is only supported by “low” or “very low” evidence.¹⁹
- The UK's High Court in *Bell vs. Tavistock (2020)* ruled that GAT in minors was experimental, unproven and could not, in most cases, be given to minors under 16 without court order, and advised the same under 18.²⁰

PUBERTY BLOCKERS chemically castrate both sexes at the level of the brain.²¹

- The puberty blocker Lupron's package insert warns of mood swings, depression, suicidal ideation and attempts.
- They risk infertility by blocking the maturation of sperm and eggs.²² Following PBA with cross-sex hormones assures sterility.²³

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- They compromise bone mineral density and hinder brain development.^{24 25}
- Self-harm does not improve.^{26 27}
- They rob the minor of the puberty time frame shared with peers.²⁸
- Not proven fully reversible, long-term complications possible even if PBAs stopped early.²⁹

CROSS-SEX HORMONES ^{30 31 32 33 34 35 36}

- Estrogen use in male biology increases the risks blood clots (3-5 fold), heart attacks (doubling), strokes (3-5 fold), breast cancer, insulin resistance and more.
- Testosterone use in female biology increased the risks heart attacks (four fold), strokes, breast and uterine cancer, hypertension, severe acne and more.

GAT's SUICIDE REDUCTION CLAIM IS A MYTH, used as emotional blackmail.^{37 38}

- Psychology professors J. Bailey and R. Blanchard stated: "There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves."³⁹
- The Lupron (the main puberty blocker in the US) package insert warns of "mood swings, depression, rare reports of suicidal ideation and attempt..."
- A 2011 Swedish study of all their post-sex reassignment adults showed a completed suicide rate 19 times that of the general population 10 year out with nearly 3 times the rate of psychiatric inpatient care.⁴⁰
- A 2011 long-term Dutch study of cross-sex hormone therapy revealed significantly increased mortality from multiple causes including suicide.⁴¹

The international standard of care for youth with GD is watchful waiting, including psychological evaluation and support of the child and family, not gender affirming therapy (GAT).^{42 43 44}



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¹ APA *Diagnostic and Statistical Manual*, 5th edition, "Gender Dysphoria," p. 455.

² APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

³ Cohen-Kettenis PY, et al. "The treatment of adolescent transsexuals: changing insights." *J Sex Med*, 2008 Aug;5(8):1892-7.

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⁵ Kaltiala-Heino et al. 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.

⁶ S. Bewley, "Safeguarding adolescents from premature, permanent medicalisation," *BMJ.com*, 11 Feb. 2019.

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⁸ Brief of *Amici Curiae*, 11th Circuit Court of Appeals, Case: 18-13592, Drs. Miriam Grossman, Michael Laidlaw, Quentin Van Meter, and Andre Van Mol in Support of Defendant-Appellant School Board of ST. Johns County, Florida.

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¹² Stephen B. Levine (2018): Informed Consent for Transgendered Patients, *Journal of Sex & Marital Therapy*, 22 Dec 2018. DOI:10.1080/0092623X.2018.1518885

¹³ 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.

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¹⁶ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

¹⁷ <http://www.barnlakarforeningen.se/2019/05/02/blf-staller-sig-bakom-smers-skrivelse-angaende-konsdysfori/>

¹⁸ WPATH Standards of Care, pp. 47, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.

¹⁹ Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*,102:1–35.

²⁰ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

²¹ Lupron Depot-Ped Injection Label (August 2012) at 12.1 "Mechanism of Action" https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf.

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