

The Ethical Case for Waiting: Research Shows Why Medical Transition Procedures are not Appropriate for Minors[©]

Based on the research report:

***Transgender Research: Five Things Every Parent and Policy-Maker
Should Know[©]***

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The Ethical Case for Waiting until Adulthood: Why Medical Transition is not Appropriate for Minors

Five Key Research Findings:

- 1. Roughly 7 in 10 gender-confused children will outgrow it; we can't predict who the 7 are.**
- 2. Research does not show that gender-confused youth must “transition” to prevent suicide.**
- 3. Research shows serious health risks of medical transition, including sterility & suicidality.**
- 4. Nearly all youth who receive puberty blockers move on to irreversible cross-sex hormones.**
- 5. The teenage brain is not equipped to make life-altering decisions about gender transition.**

Therefore:

Given that the large majority of gender-confused children will naturally outgrow it, most of those who are medically “transitioned” are being subjected to risk-laden permanent procedures without cause. No adult, not even a parent or physician, should presume to make this life-altering decision for minors, who are not equipped to make it responsibly. The ethical approach: have minors wait until adulthood, when they can decide.

1. Roughly 7 of 10 gender-confused children will outgrow it; we can't predict who the 7 are:

Research shows childhood gender dysphoria usually resolves in favor of biological sex by adulthood if transgender identity is not supported through social transition and/or medical intervention.

Ristori & Steensma, 2016

- A review of 10 studies measuring the persistence of childhood gender dysphoria found that, on average, 85% identified with their biological sex as adults.

Zucker, 2018

- Results of four studies: “Among children meeting the diagnostic criteria for ‘Gender Dysphoria’...67% were no longer gender-dysphoric as adults; the rate of natural resolution for gender dysphoria was 93% for children whose gender dysphoria was significant but [did not reach a medical] diagnosis” (as quoted by Levine, 2022).

Singh, 2021

- 88% of boys with childhood gender dysphoria did not identify as transgender by young adulthood.

Bachmann, 2024; Rawee, 2024

- Two strong studies of large population-based samples in Germany and the Netherlands found 64% of those with gender dysphoria as young adolescents were no longer gender-dysphoric as young adults.

2. Research does not show that a gender-confused youth must “transition” to avoid suicide.

Dhejne, 2011 - A landmark 30-year Swedish study of life after transgender surgery found:

- Ten years after sex reassignment surgery, the transgender patients were 19 times more likely to have died from suicide than the typical Swedish population, after accounting for differences in individual mental illness before surgery.
- The study authors concluded: “...surgery and hormonal therapy...is apparently not sufficient to remedy the high rates of [mental illness] and mortality [i.e., suicide] found among transsexual persons...”

Heylens, 2014

The study found there was no reduction in suicide attempts at any step in the process of cross-sex medical intervention.

Branstrom, 2020b (revised)

A 10-year study on the impact of cross-sex surgery reported there were no positive effects on mental health or suicide attempts.

Wiepjes, 2020

Research showed the suicide rate was roughly the same before and after cross-sex surgery.

Turban, 2020

Puberty blockers reduced suicidal *thoughts* in adolescents, but there was no reduction in the more credible indicators of suicidality: *suicide attempts, lifetime suicide attempts, and suicide attempts resulting in hospitalization.*

Carmichael, 2021

The study sought to replicate an early weak study that said puberty blockers improved mental health in transgender youth (deVries, 2011). But this recent study found that puberty blockers did not improve mental health or reduce suicidality.

Turban, 2022

While there was a reduction in suicidal *thoughts* for adolescents starting cross-sex hormones, there was no reduction in the more credible indicators of suicidality—*suicidal thoughts with a plan, suicide attempts, or suicide attempts requiring hospitalization*—related to the use of cross-sex hormones at any age.

Ruuska, 2024

A strong study of Finland’s national health register found cross-sex medical treatment did not reduce suicide for transgender youth.

3. Research shows serious risks of medical transition, including possible sterility & suicidality.

Turner, 2022

An investigation of England's Gender Identity Development Service reported that: "A barely pubescent child prescribed [puberty] blockers who goes on to take cross-sex hormones—as almost every patient does—will [likely] be infertile and unable to orgasm."

Bauer, 2015

For those who had suicidal thoughts, cross-sex medical treatment was associated with a three-fold increase in suicide attempts.

Dallas, 2021

California state health records show that suicide attempts increased two-fold after vaginoplasty surgery for adults undergoing male-to-female medical transition, that is, they doubled within 2 years post-surgery.

Biggs, 2022a

Use of cross-sex hormones was related to a two-fold increase in suicidality for young biological males receiving estrogen: increases in suicidal thoughts with a plan, suicide attempts, and suicide attempts requiring hospitalization.

Adams, 2017

A meta-analysis of 42 studies of suicidality in transgender adults reported suicidal thoughts appeared to increase after medical transition and suicide attempts did not appear to decrease.

National health agencies in 4 European countries do not recommend medical transition for minors because of the risk of significant harm and the poor evidence for possible benefits, based on their review of the best research:

- England's National Health Service (NHS), 2024
- Sweden's National Board of Health & Welfare, 2022, 2023¹⁸
- Finland's Board for Selection of Choices for Health Care, 2022¹⁹
- Norway's Board of Healthcare Investigation, 2023²⁰

4. Puberty blocking hormones influence nearly all youth who receive them to proceed to taking irreversible cross-sex hormones.

de Vries, 2011; Brik, 2020; van der Loos, 2023

- Instead of providing a young person with “time to make a decision,” puberty blockers funnel nearly all (87% - 100%) who receive them into an irreversible path of lifelong dependence on cross-sex hormones, with the accompanying risks of negative side effects (which can include infertility and sexual dysfunction, see Cheng, et al., 2019; Turner, 2022).

5. The teenage brain is not equipped to make life-altering decisions about gender transition.

- **It is well-established by medical science that the regions of the human brain that regulate impulse control, emotion, risk, and evaluation of consequences, are not fully developed until the mid-20s.**

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- United Nations Civil Society Conference (2019)
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