

Fact Sheet: Gender Dysphoria and Transgenderism

Gender dysphoria is the experience of “disconnect” between the objective reality of the child’s body and the child’s subjective self-perception that is accompanied by emotional distress.

- Adolescents who think they are transgender have experienced on average five childhood traumas and/or suffered from mental illness prior to developing signs of gender dysphoria.^{1, 2}

Prior to the widespread use of transgender interventions, most gender dysphoric youth resolved their dysphoria by young adulthood.

- As many as 88% of gender-dysphoric girls and as many as 98% of gender-dysphoric boys will desist if their biological integrity is affirmed.³
- Visit biologicalintegrity.org or contact us to find pediatricians and therapists that respect biological integrity.

There is evidence that transgender interventions harm adolescents.

- Medical harms of puberty blockers when used for gender dysphoria include emotional distress, new-onset psychiatric illness, reduced bone density, permanent sexual dysfunction and the possibility of permanent sterility (if used in early puberty then combined with or followed by cross-sex hormones).^{4, 5}
- Medical harms of cross-sex hormones include cardiovascular disease, high blood pressure, heart attack, blood clots, stroke, diabetes, and cancer.⁵
- Transgender surgeries maim healthy tissue and destroy healthy organs.
- Youth affirmed as transgender by their parents had greater anxiety and lower self esteem than their age matched peers.⁶
- There are no long term studies of medical and surgical interventions for gender dysphoria in youth.

¹ <https://pubmed.ncbi.nlm.nih.gov/33510668/>. Attachment Patterns in Children and Adolescents with Gender Dysphoria.

² 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.

³ Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed., American Psychiatric Association, 2013.

⁴ Lupron package insert (https://www.lupronped.com/about-lupron-depot-ped?cid=ppc_ppd_msft_Lupron_Branded_lupronped.com_Phrase_USLUPR220485)

⁵ Laidlaw M, Van Meter QL, Hruz PW, Van Mol A and Malone WJ. *The Journal of Clinical Endocrinology & Metabolism*, 2019;104(3): 686–687, <https://doi.org/10.1210/jc.2018-01925>

⁶ Schumm W and Crawford DW. Is Research on Transgender Children What It Seems? Comments on Recent Research on Transgender Children with High Levels of Parental Support. *Linacre Quarterly*(87;1), February 2020, (pp.9-24). Available at <https://journals.sagepub.com/doi/epub/10.1177/0024363919884799>

Adolescents experiencing gender dysphoria are *not* more likely to commit suicide if they do not undergo transgender interventions.

- Three systematic reviews of the world scientific literature found no evidence that puberty blockers and cross-sex hormones reduce the risk of suicide.^{7, 8, 9}
- 22% of gender dysphoric patients attempt suicide — a similar incidence for autistic patients and patients suffering from depression or anxiety.¹⁰
- A long term study of transgender adults who underwent hormones and surgeries revealed a suicide rate 19 times that of the general population.¹¹

Several European nations have reversed course on medical and surgical interventions for gender dysphoric youth due to risk for irreversible harm and low evidence of any benefit.

In the U.S., 23 states have passed legislation to protect minors from harmful transgender interventions.



A project of The American College of Pediatricians

⁷ Recommendation of the Council for Choices in Health Care in Finland

https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf

⁸ The National Institute for Health and Care Excellence (N.I.C.E.) Evidence review: Gonadotropin releasing hormone analogues for children and adolescents with gender dysphoria (2020).

<https://arms.nice.org.uk/resources/hub/1070871/attachment>; and N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria (2020).

<https://arms.nice.org.uk/resources/hub/1070905/attachment>

⁹ Ludvigsson JF, Adolfsson J, Hoistad M, Rydelius PA, Kristrom B, Landen M. A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatr.* 2023; 112. doi:10.1111/apa.16791. Epub ahead of print.

¹⁰ Herman JL, Wilson BD, Becker T. Demographic and Health Characteristics of Transgender Adults in California: Findings from the 2015-2016 California Health Interview Survey. Policy Brief. UCLA Cent Health Policy Res. 2017 Oct;(8):1-10. <https://healthpolicy.ucla.edu/publications/Documents/PDF/2017/transgender-policybrief-oct2017.pdf>

¹¹ 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. Available at <https://pubmed.ncbi.nlm.nih.gov/21364939/>