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The American College of Pediatricians Scientific Opposition to Sex-Rejecting Procedures

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The American College of Pediatricians (ACPeds) recommends against Federal funding of sex-rejecting procedures. ACPeds is a scientific organization of physicians and other pediatric healthcare professionals dedicated to the ethical principle of first do no harm. ACPeds promotes recommendations expected to yield optimal health outcomes for youth from conception through young adulthood. ***Contrary to the claims of some medical and psychological associations, sex-rejecting procedures, which include puberty blockers, administration of opposite-sex hormones and mutilating surgeries, are neither evidence-based nor the international standard of care for youth with gender dysphoria (GD).*** Since 2019, there have been several high quality systematic reviews of the world's scientific literature regarding the use of sex-rejecting procedures for GD in youth. All have concluded that sex-rejecting procedures for minors are based on low to very low-quality evidence and must be considered experimental. This means the alleged benefits of sex-rejecting

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procedures put forth in those studies are likely not true due to significant flaws in the studies' design.[1,2,3,4,5,6,7] As a result, the UK, Sweden, Finland, Norway and Denmark have greatly restricted the use of sex-rejecting procedures among youth with GD and instead recommend comprehensive psychotherapy to address underlying issues and comorbid conditions.[8] Most recently, a very large longitudinal registry study of children and adolescents from Finland demonstrated that sex-rejecting procedures do not improve, and in many cases, worsens subjects' mental health.[9]

Brief summary of harm from sex-rejecting procedures

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Illness (DSM-5), GD of childhood and adolescence describes a psychological condition in which youth express a marked incongruence between their experienced gender and their sex. The associated emotional distress may result in impaired social function. However,

[1] Department of Health and Human Services Office of the Secretary. (2025). Treatment for Pediatric GD: Review of Evidence and Best Practices. Available from https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report.pdf; accessed April 8, 2026.
[2] Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with GD and recommendations for research. Acta Paediatr. Accepted Author Manuscript. https://doi.org/10.1111/apa.16791
[3] Swedish Agency for Health Technology Assessment and Assessment of Social Services' 2019 literature review. https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/
[4] Finland 2020:"Recommendation of the Council for Choices in Health Care in Finland (PALKO/ COHERE Finland). Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors" https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
[5] 2020. UK's The National Institute for Health and Care Excellence (NICE) reviews: N.I.C.E. Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with GD.: https://ia802301.us.archive.org/4/items/gov.uscourts.ared.128159/gov.uscourts.ared.128159.45.9.pdf or https://cass.independent-review.uk/nice-evidence-reviews/; see also N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with GD.: https://cass.independent-review.uk/nice-evidence-reviews/
[6] Cass Review, Interim Report (2022) https://cass.independent-review.uk/publications/interim-report/
[7] 2022 Florida AHCA Generally Accepted Professional Medical Standards Determination on the Treatment of GD, comprehensive literature review (Attachment C), Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with GD: Evaluation of the Best Available Evidence. 16 May 2022. https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf
[8] Society for Evidence Based Medicine (2023) "Denmark Joins the List of Countries That Have Sharply Restricted Youth Gender Transitions" Available at https://segm.org/Denmark-sharply-restricts-youth-gender-transitions
[9] S.-M.Ruuska, K.Tuisku, T.Holttinen, and R.Kaltiala, "Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study," Acta Paediatrica (2026): 1–9, https://doi.org/10.1111/apa.70533.

when this occurs in the pre-pubertal child, GD resolves in the vast majority of patients by young adulthood.[10] Prior to the 21st century, the international standard of care for GD in children was watchful waiting with or without psychotherapy to identify and treat underlying causes of this disorder. The use of sex-rejecting procedures to alter the bodies of youth with GD arose in the Netherlands for only the most resistant cases of pediatric GD. Between 2007 and 2016, however, this "Dutch Protocol" as it was initially called, gradually became widespread across Western nations for all GD children regardless of age.[11] The pervasive application of this protocol begins by having children as young as 18 months of age socially impersonate the opposite sex, followed by the administration of puberty blockers as young as 8 years of age, and finally the administration of opposite-sex hormones as young as age 11. ***Significant debate over the protocol arose because the combined use of puberty blockers and opposite-sex hormones at such young ages can cause permanent sterility and other chronic life-altering diseases across the lifespan.*** What follows is a brief review of what is known of GD in youth and of the harms of sex-rejecting procedures.

GD desists when not socially reinforced and is most often preceded by traumas and/or mental illness.

Gender identity, in contrast to sex, is neither innate nor immutable. This is why there is no medical test to diagnose GD; no medical test to identify people who claim to be 'transgender' because 'transgender identities' exist only in the mind not in the body. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), gender is defined as the "lived role" of male or female, resulting from the interaction of cultural and psychological factors with a person's biological constitution.[12] Gender identity is defined similarly as "a category of social identity" that is determined by the interaction of cultural, psychological and biological factors.[20] Gender identity is shaped

[10] American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (Washington, D.C.: American Psychiatric Publishing, 2013), p. 450-455.
[11] Rafferty J. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Pediatrics (2018). Available at https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected
[12] American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (Washington, D.C.: American Psychiatric Publishing, 2013), pp. 451 and 822.

by many factors; it is not determined by genetics alone. *Therefore, gender identity is changeable.*

In fact, gender identities have long been documented to align with sex during childhood, adolescence, and adulthood. Prior to widespread social reinforcement and sex-rejecting procedures, the vast majority of gender dysphoric youth identified with their sex by young adulthood; for many youth resolution followed natural puberty. [13] Most gender-distressed teens are ordinary girls and boys who are anxious, depressed, traumatized, and uncomfortable with their bodies and struggling with their identity.[14] GD arises from the interaction of a person's biological vulnerability (e.g.: certain personality traits, autism/other neurologic difference, mental illness), plus one or more environmental factors (e.g: traumas, parent mental illness, social contagion via friend groups), plus individual free will choices (e.g. joining LGBQT+ student groups, choosing to binge on social media, pornography use).[15] For example, two large studies found that the vast majority of self-identified transgender youth experienced on average five childhood traumas and/or suffered from mental illness, including suicidal thoughts, before developing signs of GD or expressing a transgender identity.[16,17] *Since the traumas, mental illness and suicidal thoughts occurred prior to any sign of GD or transgender identification lack of social reinforcement (or bias/discrimination) was not the cause of their mental illness or suicidality.* In fact, as suggested by one large Finnish study, it is plausible that the underlying traumas and/or mental

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[13] Ristori J, Steensma TD. GD in childhood. Int Rev Psychiatry. 2016;28(1):13-20. See also: Clarke A, Spiliadis A. 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties. Clinical Child Psychology and Psychiatry. 2019;24(2):338-352. Available at https://journals.sagepub.com/doi/full/10.1177/1359104518825288 See also: Kenneth J. Zucker, "The Myth of Persistence" International Journal of Transgenderism 19(2):231-245 (2018); See also: Zucker KJ, Lawrence AA, Kreukels BP, GD in Adults, Annual Rev of Clinical Psych. 2016;12: 217-247 (p.237) Available at https://www.researchgate.net/profile/Kenneth_Zucker3/publication/291340368_Gender_Dysphoria_in_Adults/links/56fc815108ae8239f6dc4a74/Gender-Dysphoria-in-Adults.pdf (p. 237).

[14] Riittakerttu Kaltiala-Heino, et al., "Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development" *Child & Adolescent Psychiatry & Mental Health* 9:9 (2015); Lisa Littman, "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of GD" *PLOS One* 14(3):e0214157 (2018); Melanie Bechard, et al., "Psychosocial and Psychological Vulnerability in Adolescents with GD: A 'Proof of Principle' Study" *Journal of Sex and Marital Therapy* 43(7):678-688 (2017).

[15] Cretella M. GD. A Position Statement of the American College of Pediatricians published 2016. Available at https://acpeds.org/position-statements/gender-dysphoria-in-children

[16] Kozlowska K, Chudleigh C, McClure G, Maguire AM, Ambler GR. Attachment Patterns in Children and Adolescents With GD. Front Psychol. 2021 Jan 12;11:582688. doi: 10.3389/fpsyg.2020.582688. PMID: 33510668; PMCID: PMC7835132.

[17] 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).

illnesses trigger both suicidal ideation and subsequent or concurrent GD.[18] Several studies have found children and teens with GD can identify with their sex after counseling.[19]

Puberty is not a disease. It is a critical window of normal physical, cognitive, emotional, psychological, and social development that is permanently disrupted by puberty blockers when these are given to GD youth. When normal puberty is arrested with puberty blockers, valuable time is forever stolen from these children--time that should be spent in normal development. This time, during which highly significant and irreplaceable advances in bone, brain, social, emotional, spiritual and sexual maturation occur, is time in normal and active psychosocial and biological development that can never be given back.

Puberty blockers arrest pubertal development by acting on the brain. Boys are chemically castrated and girls are chemically driven into premature menopause for as long as the puberty blockers are used. This developmental arrest can result in permanent life-long sexual dysfunction, infertility, bone loss, and altered brain development with cognitive impairment.[20,21] When GD youth are given puberty blockers nearly 100% of them

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[18] Ruuska S, Tuisku K, Holttinen T, Kaltiala R. All-cause and suicide mortalities among adolescents and young adults who contacted specialised gender identity services in Finland in 1996–2019: a register study. *BMJ Mental Health*. 2024;27:e300940. https://doi.org/10.1136/bmjment-2023-300940

[19] Clarke, A. & Spiliadis, A, "'Taking the Lid Off the Box': The Value of Extended Clinical Assessment for Adolescents Presenting With Gender Identity Difficulties," https://journals.sagepub.com/doi/10.1177/1359104518825288, Feb. 6, 2019; Kenneth J. Zucker, et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder," *Journal of Homosexuality* 59(2):369-397 (2012); Kelley D. Drummond et al., "A follow-up study of girls with gender identity disorder," *Developmental Psychology* 44(1):34-45 (2008); Meyenburg B. Gender identity disorder in adolescence: Outcomes of psychotherapy. Adolescence. 1999;34:305-313; Kronberg J, Tyano S, Apter A, Wijsenbeek H. Treatment of transsexualism in adolescence. Journal of Adolescence. 1981; 4:177-185; Lothstein LM, Levine SB. Expressive Psychotherapy With Gender Dysphoric Patients. Archives of General Psychiatry. 1981; 38:924-929; Lothstein LM. The adolescent gender dysphoric patient: an approach to treatment and management. Journal of pediatric psychology. 1980; 5:93-109; Davenport CW, Harrison SI. Gender identity change in a female adolescent transsexual. Archives of sexual behavior. 1977; 6:327-340; Barlow DH, Reynolds EJ, Agras WS. Gender Identity Change in a Transsexual [male aged 17]. Archives of General Psychiatry. 1973; 28:569-576; Philippopoulos, G.S. A case of transvestism in a 17-year-old girl. Acta Psychother. 1964; 12: 29–37.

[20] 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

[21] Vigil P, et al., "Endocrine Modulation of the Adolescent Brain: A Review" *Journal of Pediatric & Adolescent Gynecology* 24(6):330-337 (December 2011). See also Craig MC, Fletcher PC, Daly EM, Rymer J, et al. Gonadotropin hormone releasing hormone agonists alter prefrontal function during verbal encoding in young women. Psychoneuroendocrinology. 2007;32(8-10):1116-27. DOI:10.1016/j.psyneuen.2007.09.009; Christian J. Nelson, et al., "Cognitive Effects of Hormone Therapy in Men With Prostate Cancer" *Cancer* 113(5):1097-1106 (2008).

go on to identify as 'transgender' and request opposite-sex hormones.[22] ***This suggests that social reinforcement and puberty blockers "lock" GD youth into their confusion.*** As a result, these children who have their development blocked in early puberty, and are later given opposite-sex hormones, will be permanently sterilized rather than healed.[26,23] Opposite-sex hormones also put these youth at an increased risk of heart attacks, stroke, diabetes, blood clots, cancer and other diseases across their lifespan.[26,24]

Sex-rejecting procedures do not prevent suicide

Nevertheless, some transgender affirming ideologues insist these harms must be accepted because social affirmation, blockers, hormones and surgeries prevent youth suicide. This too is false. In reality, suicide risk among trans-identifying youth is similar to the elevated suicide rates among other at-risk youth. Based upon data from the United Kingdom's Tavistok Gender Identity Clinic, Oxford sociologist, Dr. Michael Biggs, has reported that being trans-identified increases suicide risk by a factor of 13. He notes that this elevated risk, while concerning, is less than or within range of the suicide risk associated with other disorders: anorexia increases suicide risk by a factor of 18; depression multiplies one's risk by a factor of 20, and autism raises suicide risk by a factor of 8. Anorexia, depression and autism also often coincide with GD.[25] Although individuals

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[22] Brik T, Vrouenraets LJJJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropin-releasing hormone analogues for GD [published online ahead of print March 9, 2020]. Arch Sex Behav. doi:10.1007/s10508-020-01660-8; Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics. 2020;145(4):e20193006; Annelou L.C. de Vries, et al., "Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study" *The Journal of Sexual Medicine* 8(8): 2276–2283 (2011). Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of GD study (1972-2015): trends in prevalence, treatment, and regrets. J Sex Med. 2018;15(4):582–590; Carmichael P, Butler G, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent GD in the UK. medRxiv 2020.12.01.20241653.

[23] Leena Nahata, et al., "Understudied and Under-Reported: Fertility Issues in Transgender Youth—A Narrative Review" *Journal of Pediatrics* 205:265-271 (February 2019)

[24] Dorte Glintborg, Katrine Hass Rubin, Tanja Gram Petersen, Øjvind Lidegaard, Guy T'Sjoen, Malene Hilden, Marianne Skovsager Andersen, Cardiovascular risk in Danish transgender persons: a matched historical cohort study, *European Journal of Endocrinology*, Volume 187, Issue 3, Sep 2022, Pages 463–477, https://doi.org/10.1530/EJE-22-0306; Talal Alzahrani, et al., "Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population" *Circulation* 12(4):e005597 (2019); Katrien Wierckx, et al., "Prevalence of cardiovascular disease and cancer during opposite-sex hormone therapy in a large cohort of trans persons: a case-control study" *European Journal of Endocrinology* 169(4):471-478 (2013).

[25] Biggs M. Suicide by trans-identified children in England and Wales (October 2018). Available at: https://www.transgendertrend.com/suicide-by-trans-identified-children-in-england-and-wales/

may report a "honeymoon period" of relief and happiness with the cosmetic results from opposite-sex drugs and surgeries, these interventions do not improve mental health in the long-term. A thirty year study of a large population of transgender-identified adults who used hormones and surgeries to impersonate the opposite sex (in LGBT-affirming Sweden) found that their mental health was significantly worse than that of the general population ten years after surgery and by the conclusion of the study, their completed suicide rate was 19 times greater than that of the general population.[26] **A newly released very large longitudinal registry study from Finland (2026) demonstrated that sex-rejecting procedures correlate with a significant worsening of mental health for youth with GD.**[27] *In short, suicide prevention for youth with GD should be the same as it is for all other at risk youth; namely, individual and family counseling to identify and resolve underlying issues, and psychiatric medications when indicated.*

Concluding remarks

An ethical society promotes policies that maximize and/or restore normal development, health and function, and relieve suffering. The majority of youth with GD are recognized to suffer from preceding unresolved traumas, neurodiversity and/or mental disorders. The use of social reinforcement, puberty blockers, opposite-sex hormones and surgeries to mimic the opposite sex, do not mitigate or heal these underlying issues, nor do they improve mental health or prevent suicide in the long term. ***Instead, sex-rejecting procedures disrupt normal mental and physical health, function and development. A vulnerable population of youth is essentially being sterilized, diseased and mutilated***. Congress must not be led astray by a vocal sector of the medical establishment driven by a dangerous ideology and economic opportunism. All people of good will must unite to end this grave social and medical scandal, and uphold the right to optimal health for these vulnerable youth.

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[26] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden" *PLOS One* 6(2):e16885 (2011) available at https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885

[27] S.-M.Ruuska, K.Tuisku, T.Holttinen, and R.Kaltiala, "Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study," Acta Paediatrica (2026): 1–9, https://doi.org/10.1111/apa.70533.