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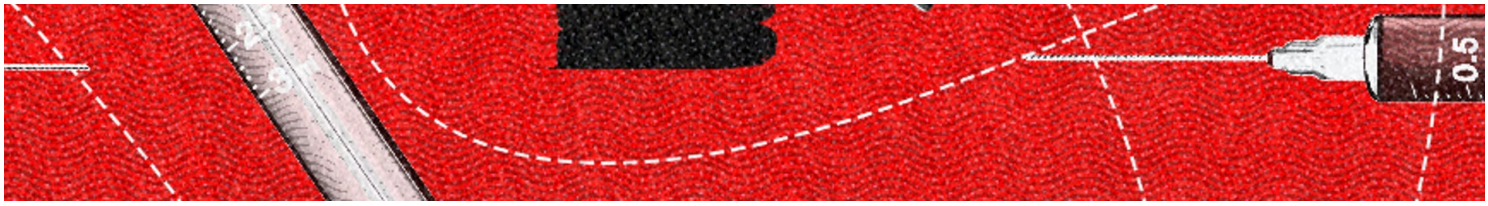

OPINION

How Do Gender Transitions Impact Children? Here's What The Science Says

By Miriam Grossman, MD

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What Is A Woman?

President Joe Biden has advised parents that early surgeries, hormone treatments, and affirmations are crucial for the health of their gender-confused children. According to the president, these are some of the most powerful things a parent can do. As a child and adolescent psychiatrist who treats some of the families facing these issues, his statements are surprising and, due to their medical and societal implications, warrant thorough fact-checking.

To clarify, "affirmation" means unquestioning acceptance of a child's chosen gender identity – be it the opposite sex, a combination of male and female, neither male nor female, or one of the multitudes of other possibilities presented to children by the media, online, and at school. This means abandoning the use of a child's given name and the pronouns consistent with their biology and replacing them with the name and pronouns they've picked; permitting them the clothing and hairstyle of their choice; allowing girls to bind and boys to tuck; and facilitating their use of opposite sex restrooms, participation in opposite sex sports teams, and so on.

“Hormone treatment” refers to both puberty blocking agents (PBAs), which halt the critical process by which children mature into adults and cross-sex hormones, which are given a few years after PBAs to chemically simulate the puberty of the opposite sex.

“Surgeries” refer to bilateral mastectomies, the removal of ovaries and the uterus, and the construction of a faux penis in girls and breast implants, the removal of the penis and testes, and the construction of a faux vagina in boys. In the U.S., mastectomies are performed on girls as young as thirteen, and minor boys are being castrated. There is also a surgery that removes all genitalia, marketed by surgeons to individuals who identify as neither male nor female, or “non-binary.”

Perhaps Joe Biden believes there is strong evidence that these life-altering social and medical interventions lead to positive outcomes. If so, he couldn’t be more mistaken.

The severe lack of scientific knowledge of gender dysphoria is acknowledged by experts in the field. The American Psychological Association has stated, “… because no approach to working with [transgender and gender nonconforming] children has been adequately, empirically validated, consensus does not exist regarding best practice with pre-pubertal children.” The lack of knowledge is even more pronounced for gender dysphoria with onset in adolescence who constitute a new, unstudied cohort.

In 2020 the UK’s National Institute for Health and Care Excellence (NICE) did a systematic review of puberty blockers and cross-sex hormones and found evidence that the medications’ “potential benefits are of very low certainty.”

Similarly, Dr. Stephen Levine, a pioneer in the study and treatment of sexuality and gender problems since 1974 and arguably the most highly credentialed

and respected voice in the field, wrote in an expert affidavit: "The knowledge-base concerning the causes and treatment of gender dysphoria has low scientific quality."

Professor Carl Heneghan, Editor in Chief of the *British Medical Journal* and director of the Centre of Evidence Based Medicine at Oxford, along with Professor Tom Jefferson, a clinical epidemiologist, completed an independent analysis of research on transgender medical interventions. Concerning puberty blockers, Prof Heneghan stated, "The quality of evidence in this area is terrible."

For these and other reasons, the science regarding the treatment of children and teens with gender dysphoria is far from settled, and there is no consensus whatsoever among doctors and therapists.

The stakes are high: the consequences of hormones and surgeries include: infertility, sexual dysfunction, osteoporosis, cardiovascular disease, and, for some, crippling emotional pain.

Yet the president is calling for early treatment; it's one of the most powerful things a parent can do, he says. Jazz Jennings' parents made sure their child was treated early for gender dysphoria. Jazz, the poster child for the transgender industry, started PBAs at the age of eleven and went on estrogen in high school. Before castration and the construction of a faux vagina at age seventeen, Jazz reported to surgeon Marci Bowers that sexual sensations and orgasm were unknown experiences. Now twenty-one, Jazz has gained a hundred pounds and is "struggling severely with mental health issues."

For the White House to state that early affirmation of children with gender issues is "crucial" is a dangerous falsehood, one that misleads parents and places children at risk for serious harm and lifelong suffering.

Instead, parents must be aware of the following:

Regarding children who develop gender dysphoria before puberty, the great majority, on average about 80% but ranging between 50 and 96% depending on the study, become comfortable with their bodies. This improvement occurs if they go through normal puberty and is called "desistance." There is no way to know if a particular child will desist, but Jazz could have been one.

One clinician with expertise in the field explains, "Gender dysphoria in pre-adolescent children is a condition that ameliorates by itself in most cases if you are just patient."

Changing names, pronouns, and presentations can decrease desistance. Puberty blockers are controversial and have a history of lawsuits. Their off-label use in healthy children is experimental, and they have serious adverse effects that are irreversible, such as osteoporosis and early menopause. There is no country in which PBAs are licensed for the treatment of gender dysphoria.

Once on puberty blockers, desistance is very rare. Nearly all children placed on blockers go on to take opposite sex hormones, which must be taken forever.

Until very recently, gender dysphoria was a very rare diagnosis, with a prevalence of 1:30,000 to 1:110,000 and a male to female ratio of 6:1. A massive explosion of gender dysphoria cases began in the past decade or so. A 2017 study noted a prevalence of self-reported transgender identity in children, adolescents, and adults ranging from 5:1000 to 13:1000. A 2021 study suggested that the rate of transgender identification among urban youth in the US may be as high as nine in 100. It is not definitively known what is causing so many young people to reject their biology.

The new form of gender dysphoria develops during adolescence, predominantly in girls with no earlier discomfort with their sex. It appears suddenly and is therefore known as Rapid Onset Gender Dysphoria (ROGD). The girls' discomfort with being female typically follows increased use of the internet and social media and is associated with comorbid mental health disorders and neurodevelopmental disability.

The social influence aspect of ROGD is striking, with one study showing that 86.7% of young people with ROGD had one or more friends who came out as transgender at the same time and/or had an increase in their use of social media. The spreading of behaviors and beliefs amongst friends, especially between girls, is a well-documented phenomenon.

Every adolescent goes through some degree of difficulty accepting the physical and emotional changes of puberty. That difficulty is magnified for children with emotional and neurodiverse conditions such as ADHD and autism spectrum disorder. They struggle with their changing bodies, nascent sexuality, individuation from parents, and acceptance by peers. Many are lonely; this was exacerbated during COVID lockdowns. These vulnerable kids search for relief, and they find it on the internet.

Transgenderism is promoted by online activists as a solution to nearly every psychosocial problem. Youth are led to believe their social awkwardness, lack of friends, sadness, eating issues, discomfort with their bodies – all of it – is because they might be "trans": their gender does not "align" with the sex "assigned" to them at birth.

Upon announcing a "trans" identity, a new name, and new pronouns, a child is welcomed by an enthusiastic community, both online and in real life, and showered with attention, praise, and – most importantly – acceptance. It's

what he or she has always yearned for: to be admired and appreciated – to belong.

The significance to an unhappy, anxious, socially awkward child of being embraced and celebrated by peers cannot be overestimated. Parents and clinicians caring for trans-identified young people must look at the secondary gain of adopting new identity.

Recognizing that the nature of adolescence is to explore identity and that the brain – and therefore many cognitive processes related to identity and decision-making – is not fully developed until the mid-20's, Arkansas and Tennessee passed bills outlawing hormonal and surgical treatments for gender dysphoria in minors. Similar bills have been introduced in the state legislatures of Idaho, Utah, Missouri, and Alabama. President Biden calls these bills "hateful," but they protect children who lack the capacity to grasp the long term consequences and risks of life-altering medical interventions.

Parents tempted to give the president's words credibility should also know that treating their child's distress with hormones and surgeries greatly reduces the size of their dating pool and their chance of marriage. Studies from different countries indicate more anxiety, depression, substance abuse, domestic violence, eating disorders, suicidal ideation, and suicide in the transgendered. A thirty year study from Denmark showed shortened life expectancy and a high incidence of suicide. A Swedish study found that sex-reassigned, transsexual persons – both male and female – had approximately a three times higher risk of all-cause mortality than non-transsexuals. Elevated causes of mortality included cancer, cardiovascular disease, and violent crime. A Dutch study over five decades showed an increased mortality risk in transgender people using hormone treatment.

There is a risk of suicide in gender-questioning teens, but there is no evidence that transition lowers that risk. One study showed that following genital surgery, transgender patients were 4.9 times more likely to attempt suicide and 19.1 times more likely to have died from suicide, after adjusting for the presence of psychiatric comorbidities.

President Biden failed to mention the possibility that a gender-confused child who is automatically affirmed and given hormones and operations before he or she has a chance to grow up, experience the pleasure their healthy body can provide, or carefully consider parenthood, may one day deeply regret the entire process. Those people advising the president on this issue probably claim regret is rare, but it's not. This detransitioners' site alone has 28,000 members.

One of the major complaints of people who regret their transition is directed at the medical professionals who immediately affirmed their new identities without fully considering the possibility of other underlying emotional causes. Years later, these people realize they had serious mental health problems that led them to flee from their masculinity or femininity. If those problems had been addressed at the time, they claim they would not have transitioned.

It's deeply troubling that the president did not mention the role of psychotherapy in the treatment of gender-questioning children. Anyone who is following this topic knows that in contrast to U.S. practitioners who pressure parents to affirm and medicalize, several socially progressive and LGBT friendly countries, following systematic review of the literature, made dramatic U-turns in their treatment approach to minors: Finland and Sweden have banned hormones and surgeries for patients under 16 or 18 in regular clinical settings. England sharply curtailed medical treatment of minors. Holland examines each child closely and makes decisions on a case-by-case

basis. France has urged "great caution." A position statement by psychiatrists in Australia and New Zealand does not specifically endorse affirmation. The preferred treatment in all those countries is now psychotherapy.

What this means is that a gender-questioning girl in Stockholm or Amsterdam will explore her struggles with a mental health professional. Whereas the same girl in Boston or Seattle can access Testosterone and mastectomies with ease, and within months, she'll have a flat chest and a permanently lowered voice.

Understand this: other countries have applied the brakes on affirmation, hormones, and surgery, but our president has instructed parents to accelerate. . But Biden's advice is scientifically baseless. Available data does not support the argument that any type of "affirmation" of transgender identity results in improved emotional health in the long term. To the contrary, there is evidence of serious harm. The White House is promoting nothing less than a reckless experiment on children. For this man-made catastrophe, young Americans and their families are paying and will continue to pay a terrible price.

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