

## MENTAL CONCERNS

### What are the psychological outcomes for those who transition?

Short-term studies often show good psychological outcomes, but longer-term studies show much worse outcomes with extremely high levels of suicidality and psychological problems.<sup>20</sup>

### Is suicidality among trans people due to bullying or stigma?

Many groups (disabled, obese) face higher levels of suicidality than the general population which may be partly due to bullying.<sup>21</sup> No one should have to face bullying, and victimization has been shown to increase mental distress. However, suicidality remains exceptionally elevated after transition for transgender individuals. A recent meta-analysis of trans suicidality found that there were no significant differences between suicidality prior to transition and suicidality over the last year. This sobering finding was a surprise to the researchers.<sup>22</sup>

## SOLUTIONS

### Recognize that childhood and adolescence are developmental stages.

Children only have a minimal understanding of sexual distinctions and should not be permitted to make decisions which may set them on a medical pathway. Adolescence is a chaotic time due to hormonal changes, physiological development, and the onset of sexual interest. Most adolescents have limited comprehension of the consequences of permanent sexual changes on fertility or sexual behaviour.

### Gender dysphoria goes away in most cases. Wait and be cautious.

Gender dysphoria remits after puberty in 80-90% of cases.<sup>23</sup> While puberty may be difficult for those who are dysphoric, most are able to navigate these changes with support and settle into their natal sex.

### Celebrate the diversity of male and female. Teach and encourage.

The basic diversity of male and female is worth celebrating. Teach girls that it's good to be a woman. Start with their unique ability to bring life into the world, but don't stop there. Teach boys that it's good to be a man. Start with the greater physical strength men possess and how to use that strength to serve others, but don't stop there. Diversity is good. Male and female are not interchangeable.

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- protect parents' right to fiercely defend their children, their values and their freedoms, including the right to speak their minds freely;
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## WHAT DOES TRANSGENDER MEAN?

Reliable facts about a new phenomenon and its impact on children



### DEFINITIONS

- What is gender identity?
- What does transgender mean?
- Is intersex different than transgender?
- What is gender dysphoria?



### STATISTICS

- How many people identify as transgender?
- What is the prevalence of gender dysphoria?
- How many trans people have surgery?
- Is gender dysphoria among children increasing?



### PHYSICAL CONCERNS

- What is involved in medical transition?
- What are "puberty blockers"?
- Are cross-sex hormones safe?
- What's involved in sex-reassignment surgery?



### MENTAL CONCERNS

- What are the psychological outcomes for those who transition?
- Is suicidality among trans people due to bullying?



### SOLUTIONS

- Recognize development cycles of children/adolescents.
- Gender dysphoria goes away in most cases.
- Celebrate the diversity of male and female.

## DEFINITIONS



### 01 WHAT IS GENDER IDENTITY?

Gender identity is the idea that personal identity as male or female, or somewhere in between, is determined by self-perception or feelings without reference to the body.

#### How many genders are there?

Agender, bigender, gender fluid, genderqueer, and non-binary were just a few of the 71 gender options recently listed on Facebook. Because gender identity is not related to the body, there are an infinite number of terms or identities which could exist.

### 02 WHAT DOES TRANSGENDER MEAN?

A person may identify as transgender if their biological sex is the opposite of how they identify or present themselves. This may include social transition (new name, pronouns, or gender-stereotyped clothing choices) or medical transition.

### 03 IS INTERSEX DIFFERENT THAN TRANSGENDER?

Yes, these are significantly different. Intersex individuals are those born with a disorder of sexual development (DSD) in which their chromosomes, reproductive function, or external genitalia do not normatively match their sex. Only in the rarest cases do those with a DSD not know their sex.<sup>1</sup> Those with a DSD are not more likely to be transgender than the general population.<sup>2</sup>

### 04 WHAT IS GENDER DYSPHORIA?

Gender dysphoria (GD) refers to “the subjective experience of dissatisfaction and discontent about one’s biological status as male or female” and causes significant distress.<sup>3</sup> GD used to be called Gender Identity Disorder in the DSM, and it is often used as a clinical term or diagnosis. Anne Lawrence, a trans sex researcher, has argued that this name change was politically, and not clinically motivated.<sup>4</sup>

## STATISTICS

### HOW MANY PEOPLE IDENTIFY AS TRANSGENDER?

Between 0.3 and 0.6% of the population identifies as transgender.<sup>5</sup> For adolescents the number can be much larger, with 1.2% in one study.<sup>6</sup>

### HOW MANY OF THESE HAVE HAD SURGERY?

Precise data is not available, but between 75 and 98% of those who identify as trans have not had full sex-reassignment surgery to change their bodies to match their perceived gender.<sup>8</sup>

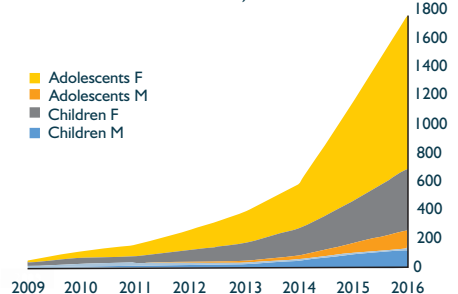
### WHAT IS THE PREVALENCE OF GENDER DYSPHORIA?

The prevalence of GD is usually listed as significantly less than 0.1% of the population, depending on the measurement

### IS GD AMONG CHILDREN INCREASING?

All over the world GD is increasing significantly among children and adolescents. In the UK, where some of the best data is available, there was a twenty-fold increase over 7 years.<sup>9</sup> Also alarming is that the sex ratio has changed significantly over the last twenty years from predominantly male to predominantly female, leading some to question whether social pressures or contagion are responsible.<sup>10</sup>

UK GIDS Referrals, de Graaf 2018



## PHYSICAL CONCERNS

### WHAT IS INVOLVED IN MEDICAL TRANSITION?

Physical transition for children includes puberty blockers as early as 10 yrs of age, cross-sex hormones at 12, and double-mastectomies at 13.<sup>11</sup> Sterilization is an effect of cross-sex hormones.<sup>12</sup>

### WHAT ARE “PUBERTY-BLOCKERS”?

Puberty blockers, like Lupron by Abbvie, were designed for “precocious puberty” in order to put off the early onset of puberty by a few years before allowing the normal pubertal process of the body to restart. For gender dysphoric children it is being used off-label to prevent a normal pubertal process.<sup>13</sup> Recommended treatment guidelines state that there may be “adverse effects on bone mineralization” and “unknown effects of brain development”.<sup>14</sup>

### ARE CROSS-SEX HORMONES SAFE?

There is little long-term data on the life-long administration of estrogen to male bodies, or testosterone to female bodies. Risks include cardiovascular disease,<sup>15</sup> multiple sclerosis,<sup>16</sup> breast cancer and liver dysfunction.<sup>17</sup> Some of the effects of cross-sex hormones are irreversible.

### WHAT IS INVOLVED IN SEX-REASSIGNMENT SURGERY?<sup>18</sup>

Male-to-females undergo penile inversion vaginoplasty wherein a cavity is created to accommodate the degloved and inverted penile tissue to create a neo-vagina with the glans being reduced to form a neoclititoris. The neo-vagina must be regularly dilated in order that the opening not close up. This procedure is complicated in situations where patients have taken puberty blockers.

Female-to-males will usually undergo several surgeries as part of forearm flap phalloplasty in which skin from the forearm is used to create a neo-phallus over a prosthesis. Complications of this kind of procedure are “relatively common”.

Breast-binders are often used by females who identify as boys and transgender support groups will often make them available in schools. Health risks include back pain, chest pain, shortness of breath and neurological issues.<sup>19</sup>

