

CONCERNED  
**WOMEN** *for* **AMERICA**  
LEGISLATIVE ACTION COMMITTEE

## **Protecting Vulnerable Children from Medical Harm**

Gender dysphoric children in the United States are being referred for radical treatment involving unverified medical interventions using puberty blockers and cross-sex hormones. Some youth are undergoing irreversible surgeries like double mastectomies and genital removal to “become” the opposite sex. Such interventions by medical professionals and researchers impose permanent damage to normal bodily development and sexual functioning, including sterilization. Children struggling with identity should be treated with compassion but also protected from unethical sex reassignment interventions that reject their long-term health and well-being. There are currently 56 transgender pediatric clinics in the U.S. <sup>1</sup>

**No long-term, scientific research exists to support the safety or efficacy of sex reassignment treatments on children – in fact, there is evidence to the contrary.**

- Puberty blockers arrest bone growth, decrease bone density, and prevent normal sexual development of the brain.
- High doses of opposite-sex hormones can be carcinogenic,<sup>2</sup> increasing breast cancer in males who have taken estrogen to transition,<sup>3</sup> and increased rates of ovarian cancer in females.<sup>4</sup>
- A 30-year study in Sweden showed a significant increase in number of suicides, heart disease, suicide attempts, and psychiatric hospitalizations in people a decade after they have undergone sex-reassignment surgery compared to a control group of people of the same age and sex.<sup>5</sup> **An affirmation-only approach to dysphoria is rejecting maturation and long-term health.**
- Children are being permanently harmed by medical and research professionals prescribing potent puberty blockers and opposite-sex hormones that deviate from the drug manufacturers’ guidelines.
- Minors making self-determinations of their sex have no understanding of their sexual function and cannot understand or consent to the lifelong impact of such radical, irreversible intervention.
- Studies prove the fluid nature of gender dysphoria: 80%<sup>6</sup> no longer wish to change their sex after puberty. Some studies find the rate as high as 90%.<sup>7 8</sup>

**Parents are being misinformed by an activist medical community**

- Rather than educating parents about gender dysphoria, parents are presented with a binary choice: transition your child or face a high risk of suicide. There is no scientific evidence substantiating the suicide claim for dysphoria.
- Any child experiencing suicide ideation needs compassionate and effective psychological treatment. Prescribing potent drugs that put a child on a path to sterilization is not the solution.

**Children and youth are not capable of informed consent.**

- Puberty blockers and cross-sex hormones are given to children as young as 8-years-old and pediatric transgender clinics are pushing for surgical options at younger ages, including more mastectomies for 13-year-olds<sup>9</sup> and lowering the age guidelines for genital or “bottom surgery” for youth younger than 18.
- It is impossible for children and youth to understand, let alone give informed consent about the permanence of treatments causing sterilization, impairment of sexual function, loss of bone density, increased cancer risk, changes to their physical appearance, as well as their physiological and potentially mental well-being.
- ***Children who receive puberty-blocking hormones followed by cross-sex hormones are likely sterilized permanently.***<sup>10</sup>

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- <sup>1</sup> Human Rights Campaign. (n.d.). Clinical Care for Gender-Expansive Children & Adolescents. Retrieved from <https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>.
  - <sup>2</sup> Braun, H., Nash, R., Tangpricha, V., Brockman, J., Ward, K., & Goodman, M. (2017). Cancer in Transgender People: Evidence and Methodological Considerations. *Epidemiologic reviews*, 39(1), 93–107. doi: <https://10.1093/epirev/mxw003>. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868281/>.
  - <sup>3</sup> Blok, C. J. M. de, Wiepjes, C. M., Engelen, K. van, Adank, M. A., Koen, Barbé, E., ... Nienke M Nota. (2019, May 14). Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. Retrieved from <https://doi.org/10.1136/bmj.l1652>.
  - <sup>4</sup> Zhu H., Zhu X., Zheng L., Hu X., Sun L., Zhu X. The role of the androgen receptor in ovarian cancer carcinogenesis and its clinical implications. *Oncotarget*. 2016; 8: 29395-29405. Retrieved from <http://www.oncotarget.com/index.php?journal=oncotarget&page=article&op=view&path%5B%5D=12561&path%5B%5D=39803>.
  - <sup>5</sup> Dhejne, C., Lichtenstein, P., Boman M., Johansson, A.L.V., Långström 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. Retrieved from <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0016885&type=printable>.
  - <sup>6</sup> Steensma, T. D., Mcguire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(6), 582-590. doi:10.1016/j.jaac.2013.03.016 Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0890856713001871>.
  - <sup>7</sup> Singh, Devita. "A Follow up Study of Boys with Gender Dysphoria." *nymag.com*, 2012, <http://images.nymag.com/images/2/daily/2016/01/SINGH-DISSERTATION.pdf>.
  - <sup>8</sup> Singal, J. (2016, July 25). What's Missing From the Conversation About Transgender Kids. Retrieved from <https://www.thecut.com/2016/07/whats-missing-from-the-conversation-about-transgender-kids.html>.
  - <sup>9</sup> Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., & Clark, L. F. (2018, May 1). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29507933>.
  - <sup>10</sup> Kennedy, P. (2008, March 30). Q&A with Norman Spack: A doctor helps children change their gender. *The Boston Globe*. Retrieved from [http://archive.boston.com/bostonglobe/ideas/articles/2008/03/30/qa\\_with\\_norman\\_spack/?page=2](http://archive.boston.com/bostonglobe/ideas/articles/2008/03/30/qa_with_norman_spack/?page=2)