

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. Increasingly, youth are undergoing irreversible surgeries like double mastectomies and genital removal or reconstruction to “become” the opposite sex. Promoted as “gender affirming care,” such interventions 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 medical interventions that ignore underlying causes, impede natural maturation, and reject long-term health and well-being. There are 79 academic-affiliated pediatric gender clinics in the U.S.¹

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,² increasing breast cancer in males who have taken estrogen to transition,³ and increased rates of ovarian cancer in females.⁴
- A 30-year study in Sweden showed a significant increase in heart disease and in the number of suicides, 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.⁵ **An affirmation-only approach is rejecting maturation and long-term health.**
- Youth are being irreversibly harmed by medical and research professionals prescribing potent puberty blockers and cross-sex hormones that deviate from drug manufacturers’ guidelines. The FDA has warned puberty blockers pose serious risks including brain swelling and vision loss.⁶
- 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%⁷ no longer wish to change their sex after puberty. Some studies find the rate as high as 90%.^{8 9}

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 rigorous scientific evidence substantiating the suicide claim for dysphoria.¹⁰
- 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 eight years old, and pediatric transgender clinics are pushing for surgical options at younger ages, including more mastectomies for 13-year-olds¹¹ and lowering the age guidelines for genital or “bottom surgery” for youth younger than 18.
- It is not possible for children and youth to understand, let alone give informed consent about the harms and 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.**¹²

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- ¹ Transgender Legal Defense and Education Fund, Trans Health Project. Retrieved from <https://transhealthproject.org/resources/academic-gender-centers/>
 - ² 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/>.
 - ³ 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>.
 - ⁴ 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>.
 - ⁵ 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>.
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 - ⁷ 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>.
 - ⁸ 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>.
 - ⁹ 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>.
 - ¹⁰ Greene, Jay, PhD, (2022, July 13). Puberty Blockers, Cross-Sex Hormones, and Youth Suicide. Retrieved from <https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide>.
 - ¹¹ 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>.
 - ¹² 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