



RESPONDING TO THE TRANSGENDER ISSUE

PARENT RESOURCE GUIDE

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SUPPORTING ORGANIZATIONS

The Parent Resource Guide is the product of a unique collaboration between organizations with very diverse political opinions and goals, who share one concern in common: The negative consequences that result when society regards bodily sex as irrelevant. United, the five supporting organizations believe that public schools should never feel pressured to force boys and girls to sacrifice their bodily privacy, promote unscientific theories about human biology, or celebrate ideas that place young children on a path to chemical sterilization or cosmetic “gender confirmation” surgery. The supporting organizations sincerely hope that the Parent Resource Guide will encourage parents and others across the political spectrum to speak up on behalf of all children, because every child deserves a safe educational experience and the opportunity to experience healthy adulthood.

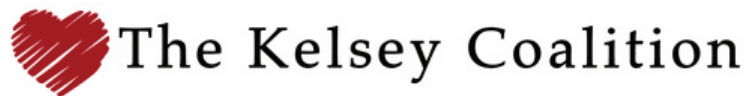
Thank you to everyone who offered their time and talents to the creation of the Parent Resource Guide, from the parents of trans-identified children who shared their experiences, to the generous help provided by many experts in education, law, and other fields. **Special appreciation is extended to the American College of Pediatricians for generously contributing their expertise to the medical content of the Parent Resource Guide.** Many hands contributed to this project so that the Parent Resource Guide would land in the hands of many people!



familypolicyalliance.com



heritage.org



kelseycoalition.org



parentsofrogdkids.com



womensliberationfront.org

Family Policy Alliance is a Christian ministry that advances biblical citizenship, equips and elects statesmen, promotes policy and serves an effective alliance, all committed to a common vision. We envision a nation where God is honored, religious freedom flourishes, families thrive, and life is cherished. When groups as diverse as those supporting this Guide come together, it's clear that radical transgender ideology is deeply harming parents, women and children. This Guide sheds light on a political agenda that is devastating lives, and provides a platform from which we can work together on solutions.

The mission of **The Heritage Foundation** is to formulate and promote conservative public policies based on the principles of free enterprise, limited government, individual freedom, traditional American values, and a strong national defense. The Heritage Foundation supports the rights of parents to raise and educate their children according to their own values and beliefs.

The Kelsey Coalition is a non-partisan organization whose mission is to promote policies and laws that protect young people from medical and psychological harms.

Kelsey Coalition chose to co-brand this Guide to alert parents and teachers to:

- The recent exponential increase in the number of young people who identify as transgender;
- The underlying social and psychological factors fueling this rise;
- The need for a compassionate response to children who identify as transgender;
- The dangers of blindly affirming children who identify as transgender;
- The need to critically evaluate school curriculum that has lead vulnerable students to believe they have been born into the wrong body;
- The harmful hormonal and irreversible surgical interventions that are being performed on transgender-identifying children without one single long-term study to support their safety or efficacy;
- The increasing number of young people beginning to publicly express their painful regret of surgeries and hormonal interventions that have irreversibly impacted their health, appearance, fertility, and sexual function.

Parents of ROGD Kids was created in the fall of 2017 to support family members of children who suddenly, seemingly out of the blue, decided they were transgender. We came together to support each other, as we could find no official support from the medical community. Our parents are intelligent, well educated and open minded. They include doctors, lawyers, researchers, therapists and teachers, among others. They are supportive of all sexual orientations. They care deeply for their children and see that they are suffering. They are seeking healthy ways to help their children overcome their issues, but know there is no evidence to support transitioning as the solution. We are trying to protect our children from harm at the hands of a medical profession that has abandoned the tenets of science and evidence-based medicine in favor of untested treatment protocols dictated by political ideology. This guide is an essential resource for any parent trying to navigate the nightmare that ensues when their child suddenly decides they're transgender. It is very well written and well referenced. It will become a go-to guide for not just parents but anyone who is concerned with putting the welfare of children ahead of ideology and political interests.

WoLF is a radical feminist organization dedicated to the total liberation of women and girls from exploitation, to women's sovereignty over the material conditions of our lives, and to the end of male violence against women and children. WoLF is co-branding the Parent Resource Guide to highlight the concerns of many parents on the political left who recognize the negative impact of gender identity ideology, especially regarding the undermining of girls' athletic opportunities, the loss of physical privacy rights, and threats to child health.



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FAST FACTS HEALTH

One study showed that when a teen announces a transgender identity to their peer group, the number of friends who also became transgender-identified was

3.5

per group.²



In just seven years, there has been a nearly

2,000% increase

in children seeking treatment for sexual identity confusion in the United Kingdom.³



Up to **98%** of children who struggle with their sex as a boy or a girl, come to accept their sex by adulthood.⁴



Identifying as transgender or nonbinary may be linked to autism spectrum disorders. Children with autism spectrum disorders are

7 times more likely to want to be the opposite sex than the general population.⁵



After sex reassignment surgery, transgender-identified people are nearly

20 times

more likely to die from suicide than the general population.⁶



Studies show that **100%** of children who use puberty blockers will go on to use cross-sex hormones, leaving them permanently sterile.⁷



Girls as young as **13** are undergoing double mastectomies and boys as young as **17** are undergoing full genital sex reassignment surgeries.^{8,9}



The **long-term effects**

of puberty blockers and cross-sex hormones have not been studied.¹⁰



Science demonstrates that there are **two** sex chromosomes—two X chromosomes in females and an X and a Y in males—in nearly every single cell in our bodies.¹¹



Some transgender-identified patients are being prescribed cross-sex hormones on their very **first** visit to a clinic.¹²



- ¹ "Fast Facts: Back to School Statistics," *National Center for Education Statistics*, accessed December 18, 2018, <https://nces.ed.gov/fastfacts/display.asp?id=372>.
- ² Lisa Littman, "Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," *PLOS ONE* 14, no.3, (March 19, 2019), <https://doi.org/10.1371/journal.pone.0214157>.
- ³ Paul W. Hruz, et al., "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *New Atlantis*, Spring 2017, <https://www.thenewatlantis.com/publications/growing-pains>, ("The Gender Identity Development Service in the United Kingdom, which treats only children under the age of 18, reports that it received 94 referrals of children in 2009/2010 and 1,986 referrals of children in 2016/2017 — a relative increase of 2,000%").
- ⁴ Michael K Laidlaw, et al., "Letter to the Editor: 'Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, 104, no. 3 (March, 2019): 686–687, <https://academic.oup.com/jcem/article-abstract/104/3/686/5198654?redirectedFrom=fulltext> ("Children with GD will outgrow this condition in 61-98% of cases by adulthood.").
- ⁵ Zhana Vrangalova, "There's Growing Evidence For A Link Between Gender Dysphoria And Autism Spectrum Disorders," *Forbes*, November 15, 2017, <https://www.forbes.com/sites/zhanavrangalova/2017/11/15/growing-evidence-for-a-link-between-gender-dysphoria-and-autism-spectrum-disorders/#5e12ab90153e>.
- ⁶ Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.
- ⁷ AL DeVries, et al., "Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study," *Journal of Sexual Medicine*, 8, no. 8, (August, 2011); 2276-83, <https://www.ncbi.nlm.nih.gov/pubmed/20646177>.
- ⁸ Johanna Olson-Kennedy, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *Journal of the American Medical Association Pediatrics* 172 no. 5, (2018): 431–436, <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>.
- ⁹ Korin Miller, "Jazz Jennings Says She Had A 'Complication' During Her Gender Confirmation Surgery," *Women's Health*, February 6, 2019, <https://www.womenshealthmag.com/health/a23828566/jazz-jennings-gender-confirmation-surgery-complication/>.
- ¹⁰ Paul W. Hruz, et al., "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *New Atlantis*, Spring 2017, <https://www.thenewatlantis.com/publications/growing-pains>, ("Whether puberty suppression is safe and effective when used for gender dysphoria remains unclear and unsupported by rigorous scientific evidence."); See also: Johanna Olson-Kennedy, et al., "Health considerations for gender non-conforming children and transgender adolescents," *UCSF Center of Excellence for Transgender Health*, accessed on February 21, 2019, <https://transcare.ucsf.edu/guidelines/youth>, ("While clinically becoming increasingly common, the impact of GnRH analogues administered to transgender youth in early puberty and <12 years of age has not been published.").
- ¹¹ Kalpit Shah, Charles E. McCormack, and Neil A. Bradbury, "Do You Know The Sex Of Your Cells?" *American Journal of Physiology* 306, no. 1 (January, 2014), <https://doi.org/10.1152/ajpcell.00281.2013>.
- ¹² "Transgender Healthcare," *Planned Parenthood of Greater Texas, Inc.*, accessed on February 22, 2019, <https://www.plannedparenthood.org/planned-parenthood-greater-texas/patient-resources/transgender-healthcare>, ("If you are eligible, Planned Parenthood staff may be able to start hormone therapy as early as the first visit.").

TERMINOLOGY

CHAPTER 1

Gender has four different definitions. Gender is used:

- as a synonym for sex,
- as the name given to sex stereotypes,
- to describe the socio-cultural and behavioral aspects of sex,
- as the name of an ideology that claims bodily sex is irrelevant to human identity.

In this guide, we use the fourth definition of gender (the theory that bodily sex is irrelevant), as this definition alone is the operating principle in school policies that refer to “gender” or “gender identity”.

Gender proposes a conception of human identity that is chosen, fluid, and not objectively verifiable. Gender can directly contradict sex, the observable and unchangeable biological status of being either male or female. A gender identity policy will, for example, typically allow students to enter restrooms regardless of their sex, or how well a student adheres to stereotypes of the opposite sex, demonstrating that these policies do not consider gender to be either sex, sex stereotypes, or behavioral aspects of sex. To prevent confusion, avoid the term “gender” and use the term “sex” instead.

Gender Dysphoria¹ refers to the distress induced by a strong desire to identify as something other than one’s sex, preferring the typical dress and social activities of the opposite sex, or having a desire to change one’s body to appear to be the opposite sex (transition). Those who struggle with gender dysphoria should be aided by therapies that guide an individual to explore root causes of their distress and a healthy acceptance of their sex. A diagnosis of gender dysphoria does not justify the use of irreversible hormonal and surgical interventions which give false hope, promote a negative view of the body, and ignore mental health needs. Helpful resources can be found in footnote 1.

Gender Fluidity describes the nature of gender identity as a subjective state of mind that can fluctuate on a spectrum in the same way feelings can. Feelings are dynamic in adults, but in children they are even more likely to shift and are easily influenced by peers and their social environment.

Gender Identity is an individual's self-perceived or desired status as male, female, both or neither. Gender identity is self-asserted, based on feelings, and is subject to change over time. It is important to note that gender identity is based entirely on subjective claims that do not depend on a physical or mental health diagnosis. Because gender identity is totally unrelated to sex, there are an infinite number of possible gender identities, such as "agender", "non-binary", and "genderqueer".

The concept of gender identity is used to justify as "medically necessary" the often irreversible body modifications known as "sex reassignment" in both children and adults, and this concept also shapes "gender identity" laws, which grant individuals the unqualified right to assert themselves as the opposite sex or of no sex at all, regardless of how they dress or act.

Gender Inclusion Policies are institutional practices that remove sex distinctions. Typical school gender inclusion policies include provisions that allow students to access facilities like restrooms, locker rooms, shower areas and overnight accommodations of the opposite sex, play on sports teams of the opposite sex, and wear uniforms of the opposite sex. These policies also commonly require students to use so-called "preferred pronouns" for their classmates.

Gender Nonconforming is a term that describes self-expression that differs from the stereotypical norms for the sexes.

Non-binary refers to persons who reject the labels man, woman, male, or female for themselves.

Intersex Conditions, sometimes referred to as **Disorders of Sexual Development (DSDs)**, are exceedingly rare and medically identifiable anomalies in which either the sexual anatomy is inconsistent with the chromosomal sex (XX or XY) or the sexual anatomy is not clearly male or female. People who have DSDs are either male or female, but because of ambiguous sexual anatomy usually caused by hormonal and developmental abnormalities, medical science does not always identify their sex correctly at birth. Individuals with DSDs do not constitute a third sex.

Sex is the biological reality of being male or female. Sex is determined by the presence of XX (female) or XY (male) chromosomes at conception and then recognized via external genitalia at, or before, birth. Sex can also be recognized through a person's reproductive organs and secondary sex characteristics. Because there are only two types of gamete—sperm or ova—we know that human sex is an objective, binary trait, and does not exist on a spectrum.

Sex Reassignment Surgery also known as **Gender Confirmation Surgery**, describes cosmetic medical procedures meant to alter one's appearance to mimic that of the opposite sex. Although medical technology has developed the means to reshape or remove sexual characteristics via hormones and surgery, these procedures cannot actually change a person's sex.

Social Transition can refer to a change of haircut, clothing, grooming, and perhaps most significantly, a change of legal name and "preferred pronouns". **Medical Transition** refers to use of puberty blockers, cross-sex hormones, and/or surgery to imitate the physical appearance of the opposite sex.

Transgender is a term that refers to people who wish to determine their identity based on their feelings instead of their sex. People who identify as transgender may or may not be formally diagnosed with gender dysphoria, and they may or may not choose to transition. Transgender status is grounded entirely on self-declaration and feelings, and is not medically diagnosable, having no basis in observable medical or scientific fact. Individuals who identify as transgender do not represent a new sex category. Note: In this Guide, we use the term "**transgender-identified**" to refer to people who feel that they are the opposite sex or another gender identity.

Transition describes the process by which a person makes an effort to be recognized as the opposite sex or another gender identity via social, legal, and/or medical means.

¹ William Malone, "Gender Dysphoria Resource for Providers 3rd Edition," accessed on August 9, 2019, <https://www.scribd.com/document/421298610/Gender-Dysphoria-Resource-for-Providers-3rd-Edition>; See also: "If Your Child Says S/he's Transgender," *Arlington Parent Coalition*, accessed on August 21, 2019, <https://arlingtonparentcoa.wixsite.com/arlingtonparentcoa/if-your-child-says-s-he-s-transgend>.



FREQUENTLY ASKED QUESTIONS

CHAPTER 2

1 Is sex assigned at birth?

No. Sex is determined at conception, when the sperm carrying an X or Y chromosome unites with the egg which has an X chromosome, creating either a male (XY) or a female (XX).¹ Sex is then recognized during prenatal testing or at birth via observation of external genitalia. Biologically, males are defined as the sex that produces sperm, and females are defined as the sex that produces ova.²

2 Do 'sex' and 'gender identity' mean the same thing?

No. Sex is unchangeable and has natural limitations and advantages linked to one's status as male or female. Conversely, gender identity makes reference to a state of mind.

3 Is it possible to have a female brain in a male body, or vice versa?

No. Sex is not defined by the brain, but by the body's reproductive class. The brain is comprised of brain cells that have either male or female chromosomes and cannot possibly oversee the development of a body that is the opposite sex. There are two sex chromosomes—two X chromosomes in females or an X and a Y in males—in nearly every cell in our bodies.³ Even hair follicles and teeth all have either male or female chromosomes that correspond with our biological sex.

4 Do school gender inclusion policies only affect students who identify as transgender?

No. Everyone is affected by gender identity policies which negate sex-based protections by prioritizing feelings over biology. For example, when a school passes a gender inclusion policy, every single locker room and restroom changes from a single-sex facility into a mixed-sex facility. Similarly, sports teams that were previously separated by sex will now force girls to compete against much faster and stronger boys. **Gender inclusion policies affect 100% of the student body.**

5 Are schools legally prohibited from informing parents when their child asserts a transgender identity?

No. Despite repeated claims to the contrary, schools are not prohibited from informing the parents of a student who asserts a transgender identity or requests a name or pronoun change.⁴ The Family Educational Rights and Privacy Act (FERPA) requires schools to provide parents with an opportunity to “inspect and review” his or her child’s education records (if the student is under the age of 18).⁵ The law does not require—or prohibit—a school from proactively disclosing information to a parent.

6 Doesn’t Title IX require that schools allow students and staff to use opposite sex restrooms and locker rooms?

No. Title IX specifically states that schools can maintain separate living facilities for the different sexes,⁶ and the implementing regulations of Title IX state that schools may “provide separate toilet, locker room, and shower facilities on the basis of sex” without committing sex discrimination.⁷

7 Are parents informed when school locker rooms and restrooms become mixed-sex?

Schools often allow students to use opposite sex restrooms and locker rooms without notifying parents by claiming that to do so would violate the privacy of transgender-identified students. But the result of mixed-sex use of restrooms and locker rooms are privacy violations of every single student. Parents should request facility use policies and practices directly from their school administrators.

8 Is denying kids access to the restroom of their choice a form of discrimination?

No. Discrimination is treating things that are the same differently. Boys and girls are not the same. **Bodily sex does not change according to how we identify and our anatomy clearly demonstrates that men and women are meaningfully different from one another.** Sex-specific restrooms simply recognize these unchangeable physical differences and do not treat anyone as inferior. This is unlike racial discrimination addressed by the Civil Rights Act of 1964, enacted to protect African Americans from being treated as second-class citizens because of an unchosen, unchangeable, identifiable trait: the color of their skin. In contrast to skin color, gender identity is a subjective, unverifiable, and chosen identity. **It is not bigotry to acknowledge the biological differences between men and women.**

9

Do mixed-sex changing rooms increase the likelihood of sexual offenses?

Yes. Anyone can take advantage of mixed-sex policies. [A 2018 study](#) showed that there were three times more voyeurism offenses in Target retail stores after the public announcement of their mixed-sex restroom and fitting room policy.⁸ Furthermore, [a UK investigative report](#) found that “almost 90% of reported sexual assaults, harassment, and voyeurism in swimming pool and sports-centre changing rooms” take place in mixed-sex facilities. Of 134 reported incidents that included voyeurism, harassment, sexual assault, and rape, 120 were committed in mixed-sex spaces.⁹

Sex segregated changing rooms exist to protect women from assault and sexual crime, but safety is not the only reason for single-sex intimate spaces. Women and girls (and men and boys) also deserve the dignity of privacy from the opposite sex when changing clothes or using a restroom.

10

Is it fair for transgender-identified men and boys to compete with women and girls in sports competitions?

No. [Because the average male is stronger](#) than nearly all females, women and girls need female-only teams in order to excel at their sport.¹⁰ Before puberty, boys and girls have roughly the same physical capabilities, but after puberty, boys race ahead of girls. [Testosterone](#) plays a key role in male puberty, when it contributes to their advantage over women in skeletal size, lung capacity, heart size, muscle mass, hemoglobin levels, and muscle memory.¹¹ When men’s and women’s testosterone levels are within a normal range, **male levels at their lowest are often still four times higher than a woman’s levels of testosterone at their highest.**¹² These physical advantages mean that, among athletes, [“non-elite males routinely outperform the best elite females.”](#)¹³ Consider Florence Griffith Joyner’s still-standing women’s world record in the 100 meter race at the 1988 U.S. Olympic trials: men have beaten her time in *every single* Olympic Games since 1932.¹⁴

Testosterone suppression, though mandated by some professional sports governing bodies, does not change many of the effects testosterone has already had on a man’s body, like height or lung capacity, and it is important to note that most [high school athletic eligibility policies](#) do not require boys to lower their testosterone levels in order to compete on girls’ teams.¹⁵

Laws that protect women’s and girls’ equal access to sports programs are based on the fact that they cannot simply identify out of the competitive disadvantages and risk of physical injury they face if forced to play against men. Equal opportunities for women and girls in sports competitions are therefore largely dependant on competition categories based on sex, not gender.

11

How are transgender identities diagnosed?

Transgender status is self-declared; there is no scan or test that a medical professional can administer which can diagnose or even observe a gender identity.¹⁶

12

Is transgender-identification being used to justify medical treatments in some children?

Yes. Though there is no objective biological criteria for diagnosing a transgender identity, and despite the fact that the majority of young children identifying as transgender accept their sex by adulthood (see Appendix 1), medical interventions are promoted by transgender advocacy groups. A medical treatment protocol called the “gender affirmative model” includes puberty blockers around age 10, cross-sex hormones at 14, and surgery anytime between 13 and 18. Known effects of the gender affirmative model may include osteoporosis in early adulthood, life-threatening cardiovascular disease, and permanent sterility.¹⁷

13

Are puberty blockers and hormones totally reversible?

No. Puberty blockers are used to prevent secondary sex characteristics like breasts or facial hair from developing in children who are transgender-identified so they can successfully mimic the opposite sex later in adolescence. There are reasons to believe that puberty blockers are not reversible. First, there are virtually no reports of adolescents withdrawing from puberty suppressing drugs and resuming normal development for their sex, meaning that there are no data on whether puberty will proceed as normal if blockers are stopped. **There are data, however, showing that as many as 100% of children who use puberty blockers go on to use cross-sex hormones.**¹⁸ Children who use cross-sex hormones following puberty blockers will be left infertile. Surgery to remove the testicles or ovaries will render them permanently sterile and will not be reversible.

Second, blocking puberty may cement persistent transgender feelings, instead of acting as a “pause button”.¹⁹ Undergoing natural puberty appears to offer children who identify as transgender a unique opportunity to become comfortable with their body.²⁰ The consequences for children whose puberty has been suppressed and who later come to identify as their biological sex are unknown.

Third, puberty blockers are associated with significant neurological and bodily harms. They have been observed to lower IQ,²¹ to increase depression symptoms,²² and to harm bone development.²³

14

Are kids having transgender surgery?

Yes. Minors are increasingly approved for “gender reassignment” surgeries.²⁴ Girls as young as 13 have undergone cosmetic double mastectomies in their attempt to appear male,²⁵ and popular media like TLC’s ‘I am Jazz’,²⁶ National Geographic,²⁷ and the BBC²⁸ have all highlighted boys under the age of 18 who have gone through full genital “gender reassignment” surgeries.

15

Are doctors ignoring mental health issues in those who want to transition?

A significant number of youth who identify as transgender have a pre-existing psychiatric disorder, and mental health assessments are needed to ensure these conditions are not contributing to the desire to transition.²⁹ However, the standards of care promoted by transgender activists and many professional medical associations³⁰ claim that mental health problems in this population are a result of discrimination and are best solved by “affirming” a chosen gender identity.³¹ Doctors are now under increasing pressure³² to enable medical transition without questioning the patient’s motivation for doing so, even when the patient is a child.³³ Thus, children are being medicalized based on a self-diagnosis. As a result, some individuals³⁴ are reporting³⁵ that they were offered prescriptions for cross-sex hormones and referrals for surgery instead of appropriate psychological treatment.³⁶

16

Do children who want to be the opposite sex grow out of it?

Yes. According to all 11 published studies on this question, most young children who are diagnosed with gender dysphoria will not have that desire as adults if they are not given medical interventions such as puberty blockers and if they are not socially transitioned. Nearly all will grow up to be adults who do not seek medical transition. In total, there have been three large studies and eight smaller ones. The number varies by study, but all agree that 61-98% of children with gender dysphoria (or gender identity disorder) will eventually accept their own bodies. These studies are listed, along with their outcomes, in Appendix 1. Guidelines that support “gender affirmation” and medical procedures on children, simply ignore the scientific consensus saying most children will naturally grow out of it, and are exposing children to serious, unnecessary, and irreversible medical harm. It is important to note that we are witnessing a new demographic of adolescents and young adults not captured in earlier studies who are suddenly identifying as transgender. Though there are few studies on this new presentation, there is increasing evidence of regret among teens who underwent medical transition.³⁷

17

Doesn't medical transition help transgender-identified people?

Short-term studies show that many transgender-identified people experience a brief “honeymoon” period of satisfaction after transitioning, but this result often doesn't last. Long-term studies paint a different picture of the effects of transitioning, demonstrating that, in many cases, quality of life deteriorates significantly and suicide rates rise. “A recent large cohort study, which tracked nearly 4,000 transgender-identifying adults receiving hormone therapy for an average of eight years, found that women's risk of heart attack tripled while men's risk of developing venous thromboembolism became five times greater. The full extent of the medical harms of hormonal treatments – prescribed for lifetime usage – will not be realized for many years.”³⁸ **The best quality studies show that transitioning leads to negative outcomes.**³⁹

18

Are there more than two sexes?

No. There are only two sexes. Human sex is determined at conception by the sex chromosomes and their contents, which direct the development of either male or female anatomy. In 99.98% of births, a baby's sex is clearly male or female. However, in fewer than 2 out of every 10,000 births, a baby is born with ambiguous genitalia.⁴⁰ This is a disorder of sexual development (DSD), sometimes referred to as an intersex condition.⁴¹ The majority of DSDs are sex-specific disorders, occurring in one sex or the other and are often the result of atypical chromosomes or hormonal irregularities that interfere with the development of sexual anatomy.⁴²

It is often argued that individuals with DSDs represent a third sex, or prove the existence of a spectrum of sexes. In reality, they are individuals with conditions that prevent the normal development of either male or female reproductive structures. In the same way that those born with six fingers do not disprove the norm of five-fingered hands, DSDs do not disprove the norm of two sexes.

Finally, consider that conception is always the result of the uniting of two sex cells—an egg from a woman and a sperm from a man; there is no third sex cell. Nor is there a third type of gonad that plays a role in reproduction; eggs are only produced in ovaries and sperm are only produced in testes. **Sex is not a spectrum and congenital disorders are not additional sexes.**⁴³

Furthermore, “most people with a DSD do not identify as transgender, and most people who do identify as transgender do not have a DSD.”⁴⁴ Transgender-identified people feel that they are something other than their sex, while typically possessing normal sex chromosomes and sexual anatomy.

- ¹ Scott F Gilbert, *Developmental Biology*. 6th edition (Sunderland (MA): Sinauer Associates, 2000), <https://www.ncbi.nlm.nih.gov/books/NBK9967/>.
- ² "Male", *Oxford Dictionaries*, accessed on February 21, 2019, ("Of or denoting the sex that produces gametes, especially spermatozoa, with which a female may be fertilized or inseminated to produce offspring") <https://en.oxforddictionaries.com/definition/male>; See also: "Female," *Oxford Dictionaries*, accessed on February 21, 2019, ("Of or denoting the sex that can bear offspring or produce eggs, distinguished biologically by the production of gametes (ova) which can be fertilized by male gametes.") <https://en.oxforddictionaries.com/definition/female>.
- ³ Michael K. Laidlaw, MD, "Gender Dysphoria and Children: An Endocrinologist's Evaluation of I am Jazz," *Public Discourse*, April 5, 2018, ("Assuming normal development, females have two X chromosomes, and males have one X and one Y chromosome. These sex chromosomes are present in every cell in the body. They remain in the cells from conception until death and do not change.") <https://www.thepublicdiscourse.com/2018/04/21220/>.
- ⁴ Model School District Policy on Transgender and Gender Nonconforming Students," GLSEN, accessed on August 22, 2019, https://www.glsen.org/sites/default/files/Model-School-District-Policy-on-Transgender-and-Gender-Nonconforming-Students-GLSEN_0.pdf, (see page 4, "Student Privacy").
- ⁵ U.S. Department of Education, "Family Educational Rights and Privacy Act (FERPA)", accessed on July 29, 2019, <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=fn>.
- ⁶ 20 USC 1681 (Title IX), see Sec. 1686. "Interpretation with respect to living facilities," <https://www.justice.gov/crt/title-ix-education-amendments-1972>.
- ⁷ 34 CFR 106.33, <https://www.law.cornell.edu/cfr/text/34/106.33>.
- ⁸ "New Study Shows Gender-Inclusion Policy at Target Stores Associated with Increased Sexual Violence," *Woman Means Something*, accessed December 21, 2018, <http://womanmeanssomething.com/target-study-press-release/>.
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CHILDREN AND THE TRANSGENDER TREND

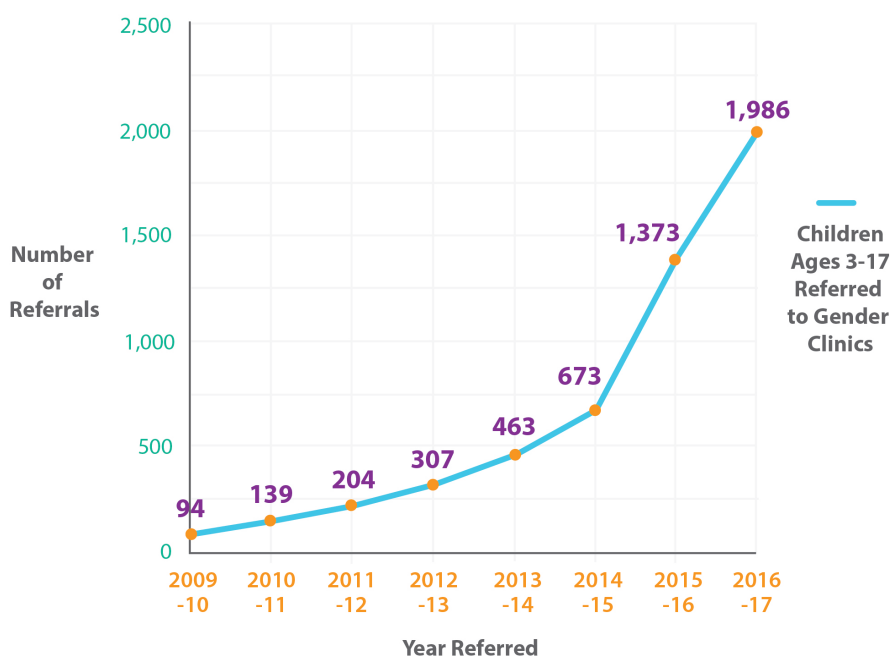
CHAPTER 3

Though it is scientifically impossible for someone to have been born in the wrong body, the number of people who self-identify as transgender has dramatically increased over the last ten years, across the US¹ and around the world². Studies are showing that there are a large number of young people following this trend. The US population of transgender-identified youth ages 13-17 is estimated to be 150,000³, and a 2016 survey of Minnesota high school students found that nearly 3% of 9th and 11th graders identified as something other than their sex.⁴

The transgender trend has led to an increase in pediatric medical transitioning, despite the fact that there is no medical test or scan that can observe a transgender identity. Data from gender identity clinics in England⁵, Australia⁶, and Canada⁷ show that the number of children referred for medical services has skyrocketed over the last decade, and that the number of girls referred in particular is higher than ever⁸. In the US, there are at least 48 clinics⁹ that specifically target transgender-identified children, an increase of 15 clinics since 2014¹⁰. One of these pediatric gender clinics has seen nearly 700 patients ages 3 to 25 since its founding in 2012.¹¹

A number of factors are contributing to the increasing number of children and teens who are struggling to accept their sex. The evidence suggests that transgender identities are heavily influenced by social contagion, mental health issues, popular culture, and current trends in medical treatment.¹²

REFERRALS TO PEDIATRIC GENDER CLINICS



In the UK, where data on pediatric patients of gender identity clinics is available, there has been an exponential rise in cases of children seeking medical help to transition.¹³

FEEDING THE TREND

- Young people are often exposed to transgender ideas on social media or websites like YouTube, which features thousands of very popular videos of teens documenting their hormonal and surgical transformations. Parents of transgender-identified young people reported in a [recent study](#) that YouTube and Tumblr acted as a powerful influence on their child and that their child had increased their use of social media just before announcing their transgender status.¹⁴
- Social contagion is the spread of a behavior throughout a group, and it may play a role in transgender-identification among young people, who are known to be vulnerable to [peer influence](#).¹⁵
- Young people with Autism Spectrum Disorder (ASD), autistic traits, and ADHD are overrepresented at gender clinics. Nine large-scale studies have found, [“almost without exception, rates of ASD or autism traits range from 5% to 54% among those with gender dysphoria, significantly higher than among the general population.”](#)¹⁶ It is estimated that roughly 1-2% of the general population meets the criteria for ASDs. [Similarly, studies suggest that children with ADHD are six to seven times more likely to present with gender dysphoria than children without ADHD.](#)¹⁷
- [Many young people](#) who identify as transgender have a serious coexisting mental health diagnosis that may be leading them to identify as such.¹⁸ [One study](#) looked at mental health in 1,347 “transgender and gender-nonconforming youth retrospectively between 2006 and 2014 and found that these youths had 3 to 13 times higher [rates of] mental health conditions” compared to youth who do not identify as transgender or gender nonconforming.¹⁹
- Many transgender-identified young people have behaviors and preferences that do not conform with those typical of their sex. **Sex stereotypes vary between cultures and historical eras, and conformity to them is not an accurate indication of one’s biological identity.** Boys and girls have a wide variation of personality traits and preferences that in no way contradict their sex.

WHEN TEENS IDENTIFY AS TRANS

The growing phenomenon of teens suddenly identifying as transgender after exposure to the concept through peers and social media is described by some researchers as Rapid Onset Gender Dysphoria (ROGD). Though ROGD is poorly understood and under researched, preliminary observations describe a sudden unhappiness with one's sex that presents particularly in female adolescents who showed no signs of discomfort with their sex before puberty. Observational evidence and anecdotal reports show a similar pattern may be emerging in young male adults.

The following quotes come from parents of teens whose children announced a transgender identity without warning.

"My daughter started identifying as transgender two years ago at the age of 11. There are a shocking number of young students at my daughter's school who identify as transgender. In my daughter's 7th grade classroom of 30 students, four girls and one boy identity as transgender. That is nearly 17% of her entire class."²⁰

"In my daughter's extra-curricular activity, one of the groups has about 20 kids in it (all teenagers). Seven of those kids are natal females. THREE of those seven females are publicly out as FTM [girls who identify as transgender boys]. This does not include my daughter, who has never come out publicly. So four of seven girls have some issue with gender identity. Of the three girls who have socially transitioned, one is on testosterone and has had surgery. All are under 18. All of them made this discovery after puberty."²²

"Our son told us suddenly at age 15 that he was "non binary". Within one month he said he was a transgender girl. Our son never expressed any signs of gender dysphoria ever while growing up. We took him to a total of four counselors and a psychiatrist. Not a single one inquired about his autism, diagnosis or history of any sort.²¹

"My quirky, non-conforming, socially awkward, very intelligent daughter decided she was a boy after a summer spent on YouTube & Tumblr. Dysphoria followed. This has eased now, and nearly two years later she is a lot happier in her body... Schools need sensible advice on how to help children like my daughter."²³

"I was shocked when my 13 year old daughter told me she was really my transgender son. She had no masculine interests and hated all sports. As a smart quirky teen on the autism spectrum, she'd had a long history of not fitting in with the girls. **Where did she get the idea she was transgender? From a school presentation.** A school where over 5% of the student body called themselves trans or non-binary, where several students were already on hormones, and one had a mastectomy at the age of 16. In my daughter's world, real life and online, trans identities are common and hormones and surgeries are no big deal."²⁴

"At the age of 17 after immersion on Tumblr, and after two of her oldest and closest friends in high school declared themselves transgender, our daughter told us that she is really a guy. Her therapist diagnosed her as high functioning on the autism spectrum... My daughter is now 20, has been on testosterone for a year and has made an appointment for a consult about a double mastectomy. All this, even though she can't legally buy an alcoholic drink."²⁵

"When I asked my daughter how she determined she was trans she said by looking at those around her and how they identified, and the internet."²⁶

"My daughter decided she is transgender just as soon as she learned of it as a concept, in her senior year of high school. The previous school year she was dealing with a lot of anxiety and stress. She learned of transgender from a small high school group of friends. The university diversity center director took a group of transgender students to a free gender clinic, where my daughter then returned and received, after a single visit, a prescription for testosterone."²⁷

"My kid, having shown no signs of being transgender as a kid, announced at age 12 that she was transgender. She was diagnosed with ASD [Autism Spectrum Disorder] just a month or two before her announcement. She had been heavily involved on Tumblr with a nearly 100% transgender friend group there. She is obsessed with all aspects of identity, but especially with gender identity and sexual orientation. At first, her dysphoria wasn't too bad, but now, about 15 months on, it's a daily topic of discussion and an ongoing struggle. She also suffers from depression and anxiety and has been hospitalized in a psych unit twice."²⁸

THE "GENDER AFFIRMATIVE" TREATMENT MODEL

Despite the fact that there are no long term studies to support medical interventions for children who are confused about their sex, parents are increasingly being told²⁹ by medical professionals³⁰ to assume that the best way to treat³¹ their child's transgender feelings is with social and medical transition. This treatment protocol recommends a "social transition" in early childhood, puberty blockers in early adolescence, and cross-sex hormones for teenagers, steps that are progressively more difficult to reverse and inhibit a child's ability to accept their sex.³²

THE GENDER AFFIRMATIVE MODEL

	Examples	Ages	Risks
Social Transition	Change hairstyle, clothing, name, pronouns, access restrooms of the opposite sex	Toddlers to adults	Increases likelihood of persistence
Puberty Blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early puberty, around 9-11	Brittle bones, joint problems, ³² impaired memory. ³³ Puberty blocked kids go on to use cross-sex hormones in nearly 100% of cases, ³⁴ which causes permanent sterility.
Cross-Sex Hormones	Testosterone for girls, Estrogen, plus androgen inhibitor for boys	Around 14 to adult	Sterility if used after puberty blockers. For women: lowered voice, weight gain, balding, possible cardiovascular disease, type 2 diabetes, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine). For men: breast growth, gallstones, weight gain, blood clots, sexual dysfunction, possible cardiovascular disease, type 2 diabetes, and breast cancer. ³⁵
Sex Reassignment Surgery	"Top" surgery: Double mastectomy or breast implants; "bottom" surgery: Alterations to or removal of, genitalia or reproductive organs	Around 14 to adult	Loss of sensation, infections, irreversibility. Post-surgical complications to genital SRS are common in both men and women. ³⁶
Legal Document Changes	Changing sex recorded on birth certificates, school records, or other official identification	Any age	Inaccurate recording of vital statistics; mistaken sex in medical care.

- The "gender affirmative" approach includes a "social transition" for children as young as two years old, which entails dressing them in clothing typical of the opposite sex, changing their hairstyle and name, and making use of opposite-sex restrooms. **When children socially transition, studies show that they are less likely to become comfortable with their biological sex and they end up on a fast-moving conveyor belt towards hormones and surgery.**³⁸

- After social transition, the “gender affirmative” model recommends the use of puberty blocking drugs in adolescence to prevent a child from seeing their body develop normally.
- **The use of puberty-blocking drugs in otherwise healthy adolescents to delay a normal stage of development is relatively new and the long-term effects are unknown.** Women who took puberty blockers for early onset puberty in childhood, an FDA approved use, describe adverse effects like brittle bones and joint problems later in life.³⁹ It is currently unknown if puberty will proceed as normal if blockers are stopped or if they have any effect on the still-developing brain.⁴⁰
- In older adolescents, cross-sex hormones (testosterone for girls and estrogen for boys) are administered to induce development of opposite sex physical characteristics. Cross-sex hormones cause irreversible effects, including sterility if used after puberty blockers, the growth of breast tissue in males and a lowered voice in females. **Cross-sex hormones may also cause serious adverse effects including cardiovascular and gynecological risks, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, and cancer.**⁴¹
- Surgery is the final step in the “gender affirmative” model and a step that younger and younger teens are undergoing. Minors are increasingly approved for “gender reassignment” surgeries. **Girls as young as 13 are now being referred for double mastectomies⁴² and teen boys are having their genitals permanently altered by “gender reassignment” surgeries.**⁴³
- Many young people who identify as transgender have pre-existing mental health conditions or past experiences of trauma that may be contributing to the way they feel about their sex. These young people need comprehensive therapy options that will address their mental health needs and patiently guide them towards acceptance of their bodily sex. Sadly, some states have adopted so-called “conversion therapy bans”⁴⁵ which outlaw therapeutic approaches that seek to help individuals to live comfortably in their own bodies. In fact, the only treatment option considered legal under a conversion therapy ban is gender identity “affirmation.”
- **The “gender affirmative” model enables and cements false beliefs that children have about themselves.** Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she is insistent that she is overweight. Instead, children “need medical professionals who will help them mature in harmony with their bodies, rather than deploy experimental treatments to refashion their bodies.”⁴⁶

“My daughter came out as trans age 12/13. Outgrew it by age 17. I was encouraged by well meaning people to put her on puberty blockers—which could have caused bone damage and cognitive delays... It was agonizing. I was so worried about her. And I felt completely alone. Every other parent of a trans child I saw in the media was “so happy” about their child being transgender. No mention of the risks involved, no expression of fear or loss. It was awful.”⁴⁴

ARE WE STERILIZING CHILDREN?

Because the “gender affirmative” model of medical treatment prevents the natural sexual maturation of a child’s reproductive organs, it often results in permanent sterility for the children to whom it is prescribed.

Minor children cannot possibly consent to, or even understand, the risks inherent in this approach.

- Sex gametes (sperm⁴⁷ and ova⁴⁸), require natural puberty to mature to the point that they are viable for reproduction. Administering cross-sex hormones in young children concurrently or immediately following puberty blockers means that these reproductive cells will never mature and infertility is the result.⁴⁹
- Treatment with puberty blockers followed by testosterone medically induces early menopause in girls, a condition that carries serious health risks. Early menopause in adult women can take years off a woman's expected lifespan and increases the risk of cardiovascular disease.⁵⁰
- Medically necessary treatments like chemotherapy can cause permanent infertility in children as an unintended and unfortunate result, but “gender affirming” treatments are cosmetic in nature and should never be misunderstood as medically necessary. **Sterilization is not just an unfortunate and unintended result of “gender affirming” procedures, it is a direct violation of a child’s human right to one day choose to procreate.**
- Studies show that in many cases children diagnosed as gender dysphoric will later self-identify as same-sex attracted.⁵¹ **Feelings of same-sex attraction should in no way indicate the need for hormone treatments or surgical procedures on children and teens.**



A pediatric endocrinologist taught my daughter—a minor—to inject herself with testosterone. My daughter then ran away to Oregon where state law allowed her—at the age of seventeen, without my knowledge or consent—to change her name and legal gender in court, and to undergo a double mastectomy and a radical hysterectomy.

The level of heartbreak and rage I am experiencing, as a mother, is indescribable. Why are doctors, who took an oath to first do no harm, allowed to sterilize and surgically mutilate mentally ill children?⁵²



ARE "GENDER AFFIRMATIVE" TREATMENTS IMPROVING LIVES?

- In 2016, there were more than 3,000 sex reassignment surgeries performed, indicating a 20% increase in those procedures between 2015 and 2016.⁵³ Some claim that medical transition is improving lives, but long-term studies call into question whether transition has a long-term positive effect.
- While there are short-term studies showing some improvement to mental health after transition, the two best⁵⁴ and longest-term studies⁵⁵, show little or no benefit at all. Short-term studies may only capture a temporary honeymoon period of relief.
- According to a long-term study conducted in the LGBT-affirming country of Sweden, transitioning does not prevent suicide. **This 2011 study followed 324 transgender-identified people who had undergone sex reassignment surgery and found that after surgery, these adults were nearly 5 times more likely to attempt suicide and nearly 20 times more likely to commit suicide than the general population.** The conclusion of this study states, "Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population."⁵⁶

LETTING KIDS BE KIDS

- **Kids often have interests or behaviors that fall outside of what is considered stereotypically normal for their sex.** Some girls like to play sports and some boys enjoy dancing, but these preferences do not indicate the need to identify as transgender. To the contrary, encouraging kids in their non-stereotypical interests may help them to understand that there is no wrong way to be a boy or a girl. Allowing kids to have some say in how they dress or style their hair, for example, allows them the freedom to express themselves and differentiate their interests from those of their parents—a common tactic among teens.
- **If children are being bullied at school because they don't conform to sex stereotypes, or have unusual interests compared to their same-sex peers, schools should address this through their anti-bullying policies.** No child should be led to believe that his or her personality is inappropriate for their body or sex. Fostering "a culture of respect for difference" will help kids to understand that they can "be themselves" without needing to reject their body through hormones and surgery.⁵⁷

REGRET IS REAL

Many transgender-identified people eventually discover transitioning does not solve the distress they feel about their bodies and they make the decision to return to identifying as their biological sex. Describing themselves as “detransitioners,” they often explain they were never offered comprehensive psychological care before they were referred for hormonal and medical procedures that could not be rectified when they changed their minds.

“ [I]t was apparent that I had developed a dissociative disorder in childhood to escape the trauma of the repeated cross-dressing by my grandmother and the sexual abuse by my uncle. That should have been diagnosed and treated with psychotherapy. Instead, the gender specialist never considered my difficult childhood or even my alcoholism and saw only transgender identity... Coming back to wholeness as a man after undergoing unnecessary gender surgery and living life legally and socially as a woman for years wasn't going to be easy. I had to admit to myself that **going to a gender specialist when I first had issues had been a big mistake**. I had to live with the reality that body parts were gone. My full genitalia could not be restored—a sad consequence of using surgery to treat psychological illness.⁵⁸

—Walt Heyer, a detransitioned man

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I was told that my transgender feelings were permanent, immutable, physically deep seated in my brain and **could NEVER change**, and that the only way I would ever find peace was to become female. The problem is, I don't have those feelings anymore.⁵⁹

—Dave, a detransitioned man

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I was clinging to the accomplishment of “becoming a woman” but wasn't yet ready to admit that my real accomplishment had merely been a successful impersonation of one...this victory which carried with it such sexual and social collateral damage; it was becoming less and less worthy of celebration. All along I had never been a woman, and honestly couldn't say anymore that I'd ever felt like one...Still, I couldn't give up what I now realized, but could not admit, was a need to pretend.⁶⁰

—Mike, a detransitioned man

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I couldn't fit in with other kids. I really hated myself for a really long time; I think I wanted to become someone else.⁶¹ I started to investigate online and came across the word 'transgenderism'. It was really scary but the more I read, the more I felt it must be what I was going through.

At first, [transition] felt like the answer to my problems, but after a year or so, the old feelings of not fitting in began to plague me again.

After around 18 months, I began to realise I'd been changing my gender for all the wrong reasons—it wasn't because I wanted to be a boy, it was because I felt uncomfortable with my female body.⁶² **A lot of people think that transition is something that you get to the end of and then suddenly you're happy.** I thought, "Oh, once I'm past a certain stage of transition and I am accepted as a man, then I will fit in." But that never came. It wasn't what I wanted.⁶³

—*Cale, a detransitioned woman*

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I thought the only explanation for my gender dysphoria must be that I was actually a man. I was struggling with self-harm and had attempted suicide on a number of occasions. I became convinced that my options were transition or die. **I didn't understand that the degree of disconnect from and hatred of my body could be considered a mental health problem.**

The darkest moment was when I realized that I had actually looked normal for a girl, that I had actually been slim and pretty. That my body hadn't been grotesque in the way I thought it was... I will always have a flat chest and a beard, and there's nothing I can do about that. If I was talking to a gender dysphoric girl who hated her body the way I hated mine, I would tell her to get out into the mud, to climb trees, to find a way of inhabiting her body on her terms.⁶⁴

—*Lou, a detransitioned woman*

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