

# Transgender Care: A Reality Check

Quentin L. Van Meter, M.D. F.C.P.



# What exactly is Transgender?

- Began with the concept of gender identity
  - John Money- 1950's
- Transsexual
  - John Money, 1970's
- Gender Identity Disorder
  - Kenneth Zucker- 1980's
- Gender Dysphoria
  - Kenneth Zucker- 2013

Money, John, "Hermaphroditism, gender and precocity in hyperadrenocorticism: psychologic findings," Bulletin of the John Hopkins Hospital 95, no. 6 (1955): 253 – 264

Money J, Earhardt AA, Man & Woman, Boy & Girl, John s Hopkins University Press , 1972

Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York, NY: Guilford Press.

American Psychiatric Association, Diagnostic and Statisical Manual of Mental Disorders, 5<sup>th</sup> Edition, 2013, p 452

# What you have been told

- Gender has a biologic basis
  - There is a spectrum
- Sex is not binary and is assigned at birth
- Standards of Care are widely accepted
- There are clear benefits to mental and physical health from transgender affirmation
- There are irreparable harms, most notably increased suicide, unless incongruent gender is affirmed
- Desistance is a myth
- Be very mindful of the “correct” terminology

Abstract geometric shapes in a dark blue/purple gradient: a sphere in the upper left, a cube below it, and a large torus (donut shape) on the left side of the frame.

# Conflation of sex and gender



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### Sex differences in COVID-19 case fatality: do we know enough?

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The Lancet Global Health; Dehingia N and Raj A.

Global data indicate higher **COVID-19 case fatality** rates among men than women. Most countries with available data indicate a male to female **case fatality** ratio higher than 1·0, ranging up to 3·5 in some **cases** (appendix).<sup>1</sup> However, the **COVID-19 case fatality** rate is higher in women than men in a few countries, such as I...

### Understanding COVID-19: Digit ratio (2D:4D) and sex differences...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7224643>

Early Human Development; Manning JT, Fink B

May 13th, 2020 - The reported national **case fatality** rates (CFRs) for coronavirus disease 2019 (**COVID-19**) shows a **sex** bias with males > females. The relative lengths of the index (2D) and ring (4D) fingers (digit ratio; 2D:4D) is a **sexually** dimorphic (males < females) proxy of fetal **sex** steroids (low 2D:4D indicates high prenatal testosterone/low prenatal ...

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†Source: Managed Markets Insight & Technology (MMIT). LLC/Data on File, Lilly USA, LLC DOF-GN-US-0012 as of May 2020

### Sex Differences in Case Fatality Rate of COVID-19...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7256502>

Mayo Clinic Proceedings; Alkhouli M, Nanjundappa A et. al.

Aug 5th, 2020 - To confirm whether a relationship exists between male **sex** and coronavirus disease 2019 (**COVID-19**) mortality and whether this relationship is age dependent. We queried the **COVID-19** Research Network, a multinational database using the TriNetX network, to identify patients with confirmed **COVID-19** infection. The main end point of the study was...



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## Subtopics

- Betacoronavirus (2)
- Coronavirus Infections (2)
- Disease Susceptibility (2)
- Hospitalization (2)
- Odds Ratio (2)
- Pandemics (2)
- Pneumonia, Viral (2)
- Severity Of Illness Index (2)
- Sex Factors (2)
- Diagnosis (2)
- Isolation & Purification (2)
- Mortality (2)

Perhaps you meant: covic-19 gender susceptibility and outcomes: A systematic review ?

Top Searches: N95 Masks Proper Use & Fit

### COVID-19 gender susceptibility and outcomes: A sy...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7608911>

PloS One; Lakbar I, Luque-Paz D et. al.

Nov 3rd, 2020 - Epidemiological differences between men and women have been reported with regards to sepsis, influenza and severe coronavirus infections including SARS-CoV and MERS-CoV. To systematically review the literature relating to men versus women on SARS-CoV-2 in order to seek differences in disease characteristics (e.g. infectivity, severity) and **outcomes** (e.g. mortality). We searched 3 electro...

### The Effect of Prior ACEI/ARB Treatment on COVID-19 Susceptibility ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665377>

Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America; Xu J, Teng Y et. al.

Oct 20th, 2020 - There have been arguments on whether angiotensin-converting enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB) treatment alters the risk of **COVID-19 susceptibility** and disease severity. We identified a total of 102 eligible studies for **systematic review**, in which 49 studies adjusting for confounders were included in the meta-analysis. We found no...

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<sup>†</sup>Source: Managed Markets Insight & Technology (MMIT). LLC/Data on File, Lilly USA, LLC DOF-GN-US-0012 as of May

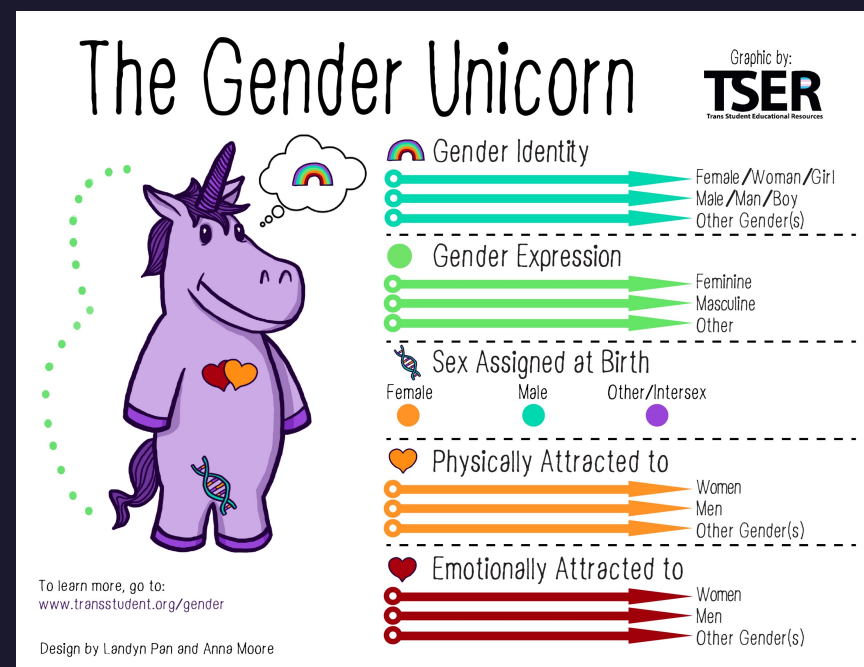
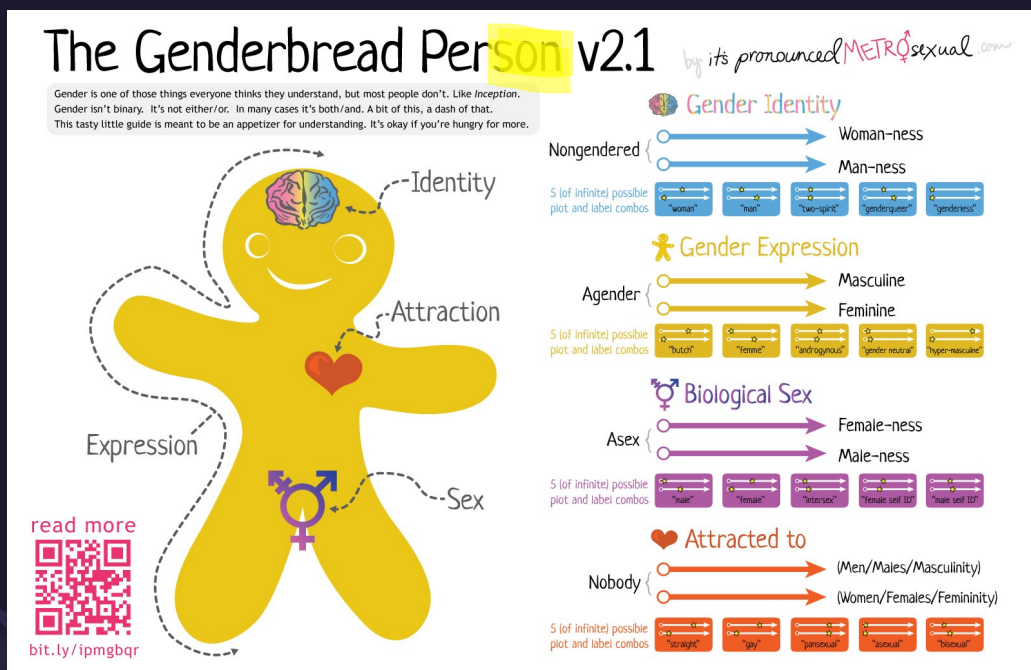
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# What the public sees in schools, online and in the political arena



# Gender has a biologic basis

## IDEOLOGY

- The brain of a transgender person is anatomically more like the brain of opposite sex
- Twin studies show a genetic predisposition

## SCIENTIFIC REALITY

- There are no longitudinal studies to show an identifiable difference in functional brain anatomy from infancy through adulthood
- MRI comparison study was flawed by small numbers
  - Neuroplasticity easily explains difference
- The environment plays a more significant role than does biology

Manzouri A, Savic I, [Possible Neurobiological Underpinnings of Homosexuality and Gender Dysphoria](#). *Cereb Cortex*. 2019 May 1;29(5):2084-2101

Gu J, Kanai, R. "What contributes to individual differences in brain structure?" [Front Hum Neurosci](#). 2014 Apr 28;8:262. doi: 10.3389/fnhum.2014.00262

Diamond M. Transsexuality Among Twins: Identity, Concordance, Transition, Rearing, and Orientation. *International Journal of Transgenderism* 2013; **14**(1): 24-38

Heylens G, De Cuypere G, Zucker KJ, et al. Gender identity disorder in twins: a review of the case report literature. *J Sex Med* 2012; **9**(3): 751-7.

Guo SW. Does higher concordance in monozygotic twins than in dizygotic twins suggest a genetic component? *Hum Hered* 2001; **51**(3): 121-32.



# Sex is not Binary and is assigned at birth

## IDEOLOGY

- Health Care Providers assign the sex of the child at birth based on anatomy
- There are mixtures of male and female sex in 1.7% of the population

## SCIENTIFIC REALITY

- Sex is determined at the moment of fertilization and is recognized most often at the moment of birth, but is sometimes determined earlier by pre-natal screening
- Disorders of Sexual Differentiation are rare and are not all indicative of a mixture of the male and female sex
- The purpose of male and female sex is for reproduction of the species

Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality*, Basic Books, 2020

Sax L. How common is Intersex? A response to Anne Fausto-Sterling. *Journal of Sex Research* 2002; **39**(3): 174-8

Lee PA et al, *Consensus Statement on Management of Intersex Disorders*, PEDIATRICS 2006; 118 e488-e500.



# Standards of Care are widely accepted

## APPEARANCE

- WPATH has published standards of care
- Endocrine Society has published Guidelines

- REALITY
- WPATH is a political organization which lobbies for transgender rights under the guise of a professional society
  - Membership requires only paying of dues
  - “SOC” not backed up with valid science and is not the product of review by a body of scientists with differing viewpoints
- The Endocrine Society Special Committee that developed the Guidelines consisted only advocates of transition and does not reflect the opinion of the membership of the Endocrine Society at large
  - The Guidelines are specifically not standards of care
  - There is little or no scientific basis for 19 of 23 guidelines

The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> edition, 2009

Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T’Sjoen GG, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline*, J CLIN ENDOCRINOL METAB. 102(11):3869-3903 (2017).



# Standards of Care are widely accepted

## APPEARANCE

- The Pediatric Endocrine Society
  - Published guidelines in 2016
- The American Academy of Pediatrics
  - Published Policy Statement in 2018

## • REALITY

- There was no membership consensus
  - Contrary input was ignored and chastised
- One-sided Webinar
  - Moderator would not recognize specific questions
- AAP policy written by one person, no membership input
  - Policy immediately rebuked by eminent LGB advocate for profound misrepresentation of scientific literature

Lopez X , Marinkovic M, Eimicke T, Rosenthal SM, and Olshan JS, Pediatric Endocrine Society Transgender Health Special Interest Group, Statement on gender-affirmative approach to care from the pediatric endocrine society, Curr Opin Pediatr, 2017 Aug;29(4):475-480.

Rafferty J, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents, Pediatrics, Oct 2018, 142 (4) e20182162

James M. Cantor (2019): Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy, Journal of Sex & Marital Therapy, DOI:10.1080/0092623X.2019.1698481



# Standards of Care are widely accepted

## APPEARANCE

- No reputable organizations reject these “standards of care”

## • REALITY

- Swedish National Council for Medical Ethics
- Royal College of General Practitioners
- American College of Pediatricians
- Royal Australasian College of Physicians
- Australian National Association of Practising Psychiatrists
- The UK High Court decision
- The Finnish Government

Kjell Asplund, National Council for Medical Ethics (Sweden), 2019-04-26, Dnr Komm2019/00368/S1985:A

C. Heneghan, T. Jefferson, ‘Gender-affirming hormone in children and adolescents; BMJ EBM, 25 February 2019

[www.acpeds.org/Gender-Dysphoria-in-Children](http://www.acpeds.org/Gender-Dysphoria-in-Children)

Cook M. Australia launches inquiry into safety and ethics of transgender medicine. BioEdge. 2019 August 18

<https://napp.org.au/2021/10/managing-gender-dysphoria-incongruence-in-young-people-a-guide-for-health-practitioners/>





# Benefits to mental and physical health from transgender affirmation

## IDEOLOGY

- Social affirmation is always positive
- Medical Affirmation improves health and mental wellness
- Surgical affirmation improves mental health

## SCIENTIFIC REALITY

- Social affirmation is harmful , especially when the child's gender identity returns to match biologic sex
- Medical affirmation does not improve mental health and can worsen it
- Puberty blockers and cross sex hormones are used in sequence which sterilizes the child permanently and which causes increased medical morbidity from stroke, heart disease, and cancer
- Surgical affirmation creates non-functional pseudo-anatomy with post-op morbidities
- Mental health is not improved
- Suicide completion is higher



# Benefits (?) to mental and physical health from transgender affirmation

Olson KR, Durwood L, DeMeules M, and McLaughlin KA, Mental Health of Transgender Children Who Are Supported in Their Identities, *Pediatrics* 2016, 137 (3) e20153223

Turban JL, Dana D, Carswell JM, Keuroghlian AS, Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation, *Pediatrics*, 2020, 145 (2) e20191725

Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *Am J Psychiatry* 2020; 177:727–734.

Zucker, K. J. (2019), Debate: Different strokes for different folks. *Child Adolesc Ment Health*. doi:[10.1111/camh.12330](https://doi.org/10.1111/camh.12330)

Giovanardi, G. Buying time or arresting development? The dilemma of administering hormone blockers in trans children and adolescents. *Porto Biomedical Journal*. 2:153–156, 2017

Laidlaw MK, Van Meter QL, Hruz PW, Van Mol A, Malone WJ, Letter to the Editor: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 104, Issue 3, 1 March 2019, Pages 686–687

De Vries ALC, Steensma TD, Doreleijers TAH, Cohen-Kettenis, PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med*. 2011;8:2276-2283

Radix A, Davis AM. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons. *JAMA*. 2017;318(15):1491–1492

Rossi Neto, R., Hintz, F., Krege, S., Rübben, H., & vom Dorp, F.. (2012). Gender reassignment surgery - a 13 year review of surgical outcomes. *International braz j urol*, 38(1), 97-107

Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLoS ONE* 6(2): e16885

Richard Bränström and John E. Pachankis. Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals' Mental Health: Response to Letters. *American Journal of Psychiatry* 2020 177:8, 769-772 doi: 10.1176/appi.ajp.2020.20050599

<https://www.economist.com/united-states/2021/10/16/opinion-on-the-use-of-puberty-blockers-in-america-is-turning>



# There is irreparable harm from not affirming incongruent gender with an increase in suicide

## IDEOLOGY

- Not affirming the patient's incongruent gender will result in death by suicide
  - Would you rather have a dead daughter or a trans son?
  - Online coaching on using suicide as a threat

## SCIENTIFIC REALITY

- There are undercurrent mental health issues in both affirmed, and non-affirmed patients that if not addressed, will lead to an increase in suicide risk if those issues are not recognized as precedent and are not addressed

Becerra-Culqui TA et al, Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers, Pediatrics, May 2018, 141 (5) e20173845

Toomey RB, Syvertsen AK, Shramko M (2018). Transgender Adolescent Suicide Behavior. Pediatrics. 2018;142(4): e20174218

<https://thefederalist.com/2019/04/01/doctor-advises-threatening-suicide-get-transgender-treatments-kids/>

Bailey JM and Blanchard R, "Suicide or transition: The only options for gender dysphoric kids?" 4thwavenow.com, Sept. 8, 2017

Herman JL, Wilson BD, Becker T. Demographic and Health Characteristics of Transgender Adults in California: Findings from the 2015-2016 California Health Interview Survey. Policy Brief. UCLA Cent Health Policy Res. 2017 8:1-10. Res. 2017 8:1-10.

# Desistance is a Myth

## IDEOLOGY

- Those who realign their incongruent gender with their biologic sex were never “trans” in the first place

## • SCIENTIFIC REALITY

- Gender identity is fluid
- If allowed to proceed through unimpeded puberty, the vast majority of gender incongruent children will realign their gender to be congruent with their biologic sex by the time they reach adulthood
  - Addressing and treating undercurrent mental health morbidities is often a key to this resolution
- There is a burgeoning of de-transitioners now expressing their anger, misgivings, and regret

Turban JL, DeVries ALC, Zucker K. Gender Incongruence & Gender Dysphoria. In Martin A, Block MH, Volkmar FR: *Lewis's Child and Adolescent Psychiatry: A Comprehensive Text, 5<sup>th</sup> ed.* Philadelphia, Wolters Kluwer, 2018

Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology* (2 volumes). Washington D.C.: American Psychological Association, 1: 744

Singh D, Bradley SJ and Zucker KJ (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Front. Psychiatry* 12:632784. doi: 10.3389/fpsy.2021.632784

Steensma, T. D., Mcguire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors Associated With Desistance and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2013:52; 582-590

Detransition Subreddit. Reddit.com. (2020). Retrieved 22 September 2020, from <https://www.reddit.com/r/detrans/>.



# Be very mindful of the “Correct” terminology

## IDEOLOGY

### Use “preferred” lexicon

- Transmale – assigned female at birth (AFAB)
- Transfemale- assigned male at birth (AMAB)
- Cisgender
- Use “preferred” pronouns and announce your own personal preferences

## • REALITY

- Transmasculine (biologic) females and transfeminine (biologic) males
- Affirming incongruent or “neutral” pronouns is most often playing into delusional thought



# How Ideology invades medical thought

- “I have an idea”
  - Let’s apply our idea to a patient population and see what happens
    - No need for controlled studies
    - No need for informed consent
    - No need for protection of human subjects
    - Design a “study” so that it proves your idea



# Getting ideology to look like science

- Create an ideology-based organization that sounds legitimate
- Create a publication with an editorial board that aligns entirely with your ideology
- Create “standards of care” based on your ideology
- Invade credible professional societies and push your ideology as science imbued with political correctness
  - Get your ideology published in otherwise reputable journals which will also refuse publication of contrary scientific evidence
  - Provide ideology as science through CME conferences
    - Gain editorial control to have any contrary thought shunned from presentation
- Use academia as your weapon
  - Deny tenure or remove faculty with disparate opinions
  - Refuse institutional support to prevent dissident thought

# Specific instances in Trans ideology where there is cause of demonstrable harm

- Gender is biologically based

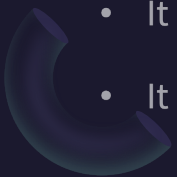
- Legal rights conferred to gender, not just sex
- Banning of “conversion” of trans individuals to re-identify as congruent with their sex

- Gender identity trumps sex

- School curricula promote trans ideology pre-school through post-graduate education

- Blocking puberty is beneficial because it allows time for decision making while preventing “bad things” from happening to the body in the meantime

- It is the first step on a conveyor belt which inevitably leads to cross sex hormones and ultimate sterilization
- It prevents the success of spontaneous resolution of the gender incongruence by adulthood.





# Specific instances in Trans ideology where there is cause of demonstrable harm

- Cross sex hormones will create the desired bodily changes with a potential for side effects which are minimal compared to the mental health risks caused by not using them
  - There is no diminution of mental health morbidity when these are used
  - There is a lifetime of significant adverse outcomes and the patient is dependent on medication for a lifetime, which is shortened by such treatment
- Surgical removal of healthy organs and creation of new anatomic structures on the perineum brings the trans patient to complete resolution of morbidity
  - Patients are sterilized
  - Their created anatomy does not function physiologically and requires, in some cases, multiple surgical adjustments or painful maintenance procedures





# The issue of informed consent and assent of minors

- The human brain does not fully mature until age 25, and decision-making is one of the last processes to mature in sequence
- It is folly to expect that a child or adolescent can understand the implications of:
  - Sterilization
  - Loss of function of sexual performance
    - Pleasure of erotic stimuli and achievement of orgasm
  - Increased risk of cancer, stroke, heart disease
- Why are their age limits for purchase of tobacco, alcohol, and firearms?
- Why do we limit the age of allowing tattoos, or getting a driver's license or of being able to vote?

# Justifying the meteoric rise in the incidence of gender incongruence

## IDEOLOGY

- Trans individuals have been present throughout the millennia but are now free to be themselves because of the great resolution of social stigma

## • REALITY

- Incidence of trans feminine before 2016, 6 per 100,000,
- Incidence of transmasculine before 2016, 3 per 100,000
- Incidence of trans morbidity currently 1.8%, with 2:1 ratio of female to male

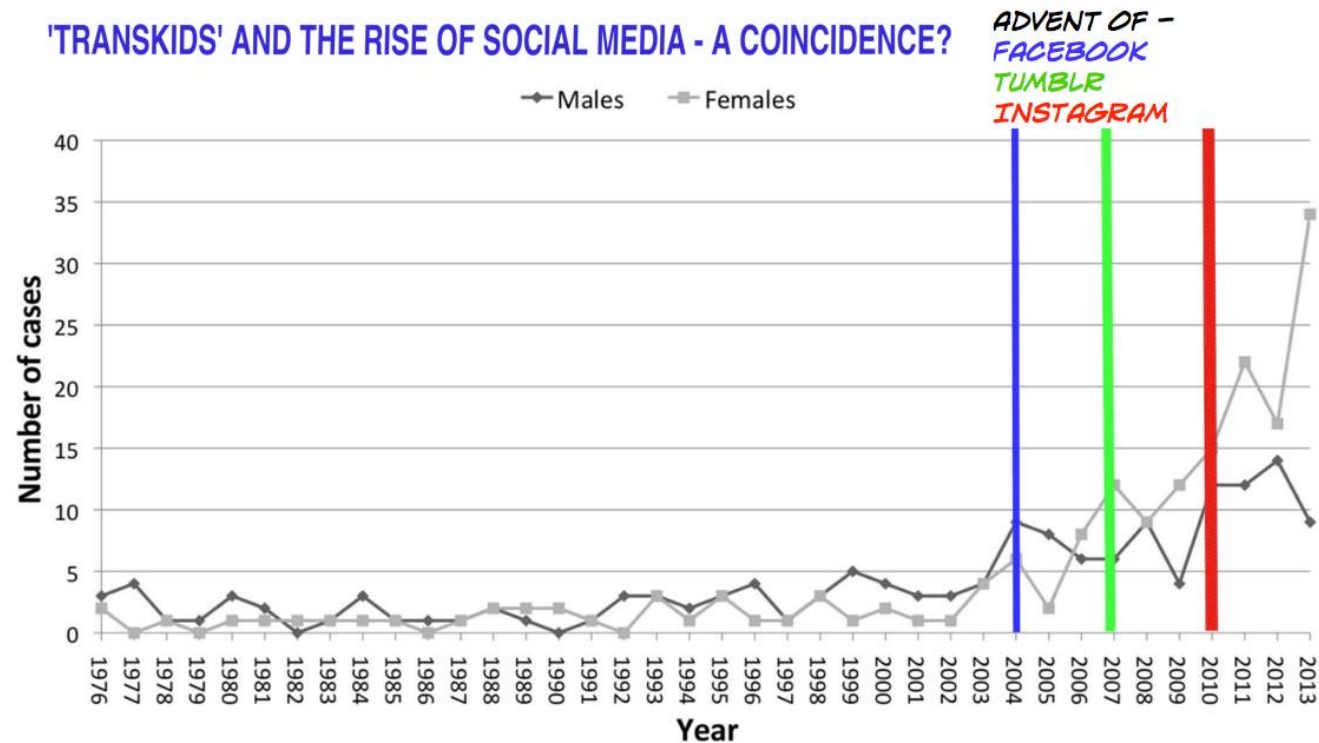
Aitken M, VanderLaan D, Wasserman L, Stojanovski S, Zucker K, Self-Harm and Suicidality in Children Referred for Gender Dysphoria, [Journal of the American Academy of Child and Adolescent Psychiatry](#) 55(6) · April 2016, pp. 513-520

Zucker, KJ, et al. Gender Dysphoria in Adults. *Annu. Rev. Clin. Psychol.* **2016**. 12:217–47

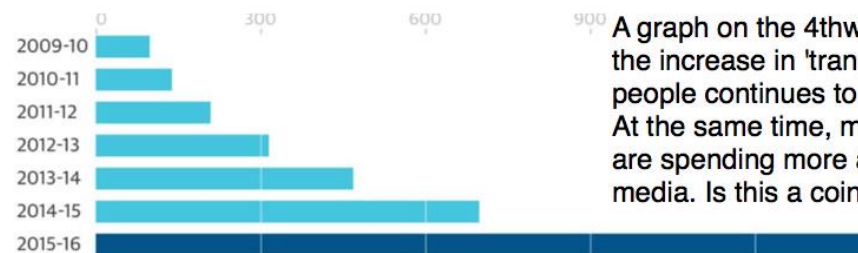
Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:67–71.



# Operation Trans Warp Speed



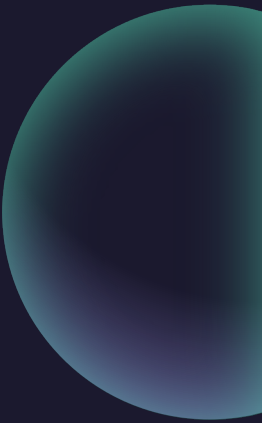
As reported in a 2015, in an article in the *Journal of Sexual Medicine*, researchers in Canada and the Netherlands examined data from 748 referrals of children to gender clinics in the two countries across several decades. There has been a huge increase in the number of girls presenting, and this coincides with the advent of social media.



A graph on the 4thwavenow website shows that the increase in 'trans identification' in young people continues to rise at an astonishing rate. At the same time, more and more youngsters are spending more and more time on social media. Is this a coincidence?

# The perfect storm

- A child or adolescent experiences one or more adverse childhood events
- There is secondary anxiety and/or depression
- There is a perceived lack of acceptance among peers
- There is suggestion, via social media, that identifying as a gender opposite from sex will solve all ills
- There is a sense of celebrity for coming to this conclusion, and finally....



There is a widespread lack of  
knowledge in the medical  
community and the society at  
large that has allowed science  
to be trumped by ideology

# The scientifically valid therapeutic approach to caring for a gender incongruent minor

- Establish a compassionate advocacy role with the patient
- Avoid referrals to any of the 66+ transgender centers in the U.S.
- Find a competent family mental health provider whose primary focus is to look deeply into the family dynamics and the potential ACE's the patient may have experienced and then help work through these issues completely
- Provide the patient and family with the resources they need to learn about the irreparable harm of social, medical and surgical affirmation, including access to those who have de-transitioned.

Mayer L and McHugh P, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," TheNewAtlantis, Fall 2016, p. 103.

[www.GenderResourceGuide.com](http://www.GenderResourceGuide.com)

<http://www.sexchangeregret.com>

<https://www.facebook.com/hisnameismoney>



[www.GenderResourceGuide.com](http://www.GenderResourceGuide.com)



RESPONDING TO THE TRANSGENDER ISSUE

# PARENT RESOURCE GUIDE



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