

The Facts About Transgenderism

The prevailing narrative of today's culture is that our biological sex is assigned to us at birth without our consent and that our gender identity emerges as we mature. According to this narrative, our gender can be fluid and for some may not match our assigned biological sex, leading to individuals feeling that, for example, they identify as male but have a female body (or vice versa). By assenting to this false narrative, we are endangering the lives and the emotional wellbeing of literally thousands of our young people. Five European countries have either reversed or limited their policies on gender affirming care for young people because of their significantly negative consequences. Here are some facts revealing why our public officials should be following the lead of these European countries to reverse this extremely unhealthy and dangerous policy:

1. As noted above, several European countries who were forerunners in promoting gender affirming therapy (receiving hormones opposite of one's biological sex) have reversed their policies – refusing funding and banning it for children and adolescents—United Kingdom,¹ Sweden,² and Finland.³ Norway has imposed new limits on gender affirming care,⁴ and France recommends extreme caution because of severe risks.⁵
2. The suicide rate of sexually reassigned persons is one of the very highest in the world—by far—20 times higher than the general population. According to Paul McHugh (Johns Hopkins Medical School): “The most thorough follow-up of sex-reassigned people—extending over thirty years and conducted in Sweden, where the culture is strongly supportive of the transgendered—documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers.”⁶
3. The physical-emotional problems of transgenderism start almost immediately after gender-affirming therapy (reception of hormonal treatment). The most extensive longitudinal study done in the Netherlands (over 50 years) by physicians administering gender-affirming therapy (led by Dr. Martin den Heijer) found that transgender women (biological men who transitioned to women) had two times the mortality rate of biological men and three times the mortality rate of biological women.⁷ They also found that despite multiple attempts to lower the mortality rates, they were unable to do so *over fifty years*.⁸ Therefore, receiving hormones of the opposite of one's biological sex will increase death rates by two to three times.
4. According to Lawrence Mayer and Paul McHugh (Professors at Johns Hopkins University School of Medicine), there is no biological basis for the assertion that one is a man trapped in a woman's body or a woman trapped in a man's body. Brain studies do not provide any evidence for a neurobiological basis for cross-gender identification.⁹
5. According to Mayer and McHugh, “Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.”¹⁰ Most children will move away from their cross-gender identification back to their biological sex on their own prior to their adolescence, though some children will need assistance from therapy.
6. So what is the cause of gender confusion if it is not biologically based? There are three converging causes: (1) Sexual abuse of children (40%-55% of cross-gender identified children have been sexually abused¹¹), (2) Parental anxiety in the home (up to 80% of gender confused children come from such households¹²), and (3) Homosexual feelings.¹³ Gender affirming therapy and sexual reassignment surgery do not resolve the anxieties associated with these three causes of cross-gender confusion in the long term. If these three causes across gender confusion are not treated (even after gender affirming therapy and sexual reassignment surgery), the feelings of anxiety will recur with even greater strength, causing a sharp rise in mortality rates and suicides (see #'s 2&3 above). Currently, 13.1% of the

transgendered undergo detransition.¹⁴ Many more feel regret and depression, but do not attempt to detransition because of their belief that it is too hard and that the damage is permanent.

Some Questions

If gender affirming care causes a 2 to 3 times increase in mortality rates, sexual reassignment surgery causes a 20 times increase in suicide rates, and five European countries (formerly forerunners of gender affirming care) have reversed their policies on this (because of the significant negative consequences to young people), why would any policy maker or physician recommend it for any young person? How could such a deleterious procedure be considered ethical? Why would any conscientious policy maker knowingly vote for these injurious procedures for young people?

When you are voting in upcoming elections, consider your candidates' explicit and implicit position on this dangerous course of action. If they *are* proponents of it, do *you* want to affirm what they are doing?

Please vote rationally and conscientiously in upcoming elections.

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Magis Center of Reason and Faith

¹ Staff "The National Health Service Ends the 'Gender-Affirmative Care Model' for Youth in England" in *Society for Evidence Based Gender Medicine*, October 24, 2022.

[The NHS Ends the "Gender-Affirmative Care Model" for Youth in England | SEGM](#)

² The Swedish National Board of Health and Welfare has revised its previous advocacy of gender-affirming therapy, noting that "the risks outweigh the benefits." See staff "Summary of Key Recommendations from the Swedish National Board of Health and Welfare" in *Society for Evidence-Based Gender Medicine*, February 27, 2022.

<https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

³ Staff "One Year Since Finland Broke with WPATH 'Standards of Care' – Finland prioritizes psychotherapy over hormones, and rejects surgeries for gender-dysphoric minors," July 2, 2021.

https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors

⁴ Joshua Cohen, "Increasing Number of European Nations Adopt A More Cautious Approach to Gender Affirming Care Among Minor", *Forbes*, June 6, 2023 <https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/>

⁵ Society For Evidence Based Gender Medicine. "National Academy of Medicine in France Advises Caution in Pediatric Gender Transition", Press Release March 3, 2022 <https://segm.org/France-cautions-regarding-puberty-blockers-and-cross-sex-hormones-for-youth>

⁶ Paul McHugh, "Transgenderism: A Pathogenic Meme" in *Public Discourse*, June 10, 2015 <https://www.thepublicdiscourse.com/2015/06/15145/>

⁷ See Kenny Walters "Mortality Rate Much Higher for Transgender People," in *Clinical News for Professionals*, September 3, 2021.

<https://www.hcplive.com/view/mortality-rate-higher-transgender-people>

See also Christel de Blok, CM Wiepjes, DM van Velzen, et. al. "Mortality Trends Over five Decades in Adult Transgender People Receiving Hormone Treatment: A Report from the Amsterdam Cohort of Gender Dysphoria in *The Lancet Endocrinology*, September 2, 2021.

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00185-6/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00185-6/fulltext)

⁸ Ibid Kenny Walters and Ibid Christel de Blok.

⁹ Lawrence Mayer, M.B., M.S, Ph.D. and Paul McHugh, M.D. "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences" *The New Atlantis* 50 (Fall 2016), p.9 <https://www.thenewatlantis.com/publications/number-50-fall-2016>

¹⁰ Ibid.

¹¹ See Darlyne Gehring and Gail Knudson, “Prevalence of Childhood Trauma in a Clinical Population of Transsexual People,” *International Journal of Transgenderism* 8, no. 1 (2005): 23–30. See also Holly Devor, “Transsexualism, Dissociation, and Child Abuse: An Initial Discussion Based on Nonclinical Data,” *Journal of Psychology and Human Sexuality* 6, no. 3 (1994): 49–72.

¹² See Kenneth J. Zucker and Susan J. Bradley, *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (New York: Guildford Press, 1995), 262–263.

See Kenneth J. Zucker, S. Bradley, D. Ben-Dat, C. Ho, Laurel Johnson, A. Owen, et al., “Psychopathology in the Parents of Boys with Gender Identity Disorder,” *Journal of the American Academy of Child and Adolescent Psychiatry* 42, no. 1 (January 2003): 2–4.

<https://pubmed.ncbi.nlm.nih.gov/12500069/>

¹³ Ray Blanchard, “Clinical Observations and Systemic Studies of Autogynephilia,” *Journal of Sex and Marital Therapy*, 17.4 (Winter 1991): 235–251.

Anne Lawrence, “Men Trapped in Men’s Bodies: An Introduction to the Concept of Autogynephilia,” *Transgender Tapestry* 85 (Winter 1998).

¹⁴ Robin Respaut, C. Terhune, and M. Conlin, “Why Detransitioners are Crucial to the Science of Gender Care,” Reuters:

<https://www.reuters.com/investigates/special-report/usa-transyouth-outcomes/>