

Archdiocese of San Francisco April – May 2024

Gender Ideology: What Catholics Need to Know

Mary Rice Hasson, JD



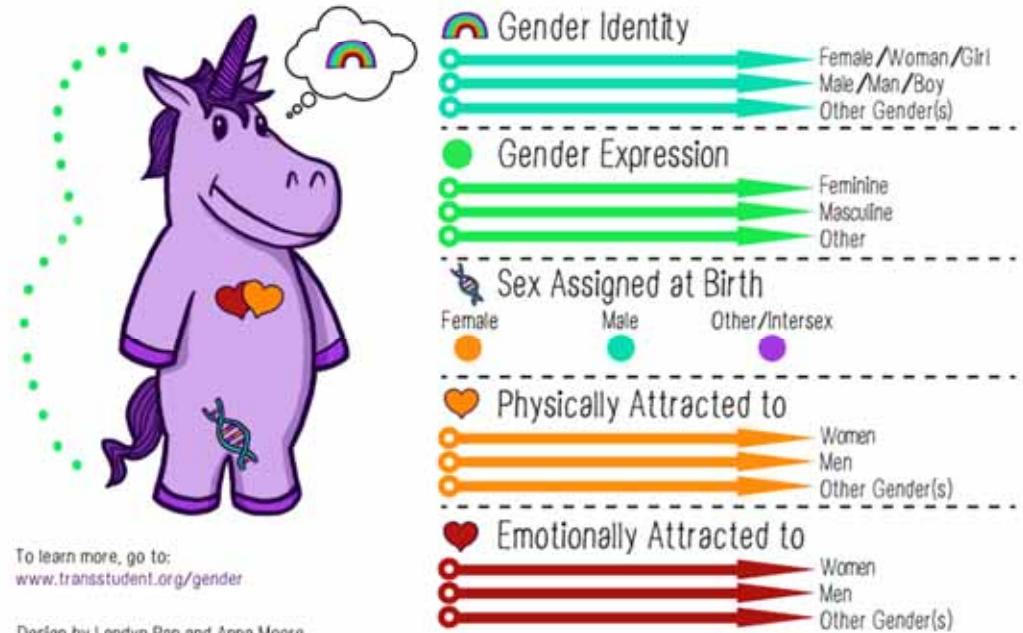
Series

- The Big Question: “Who am I?”
- “Transgender Tipping Point: 10 Years Later”
- The LGBTQ Generation: Influences on Youth
- **What About “Transgender” Body Modifications?**
- Gender, Mental Health + Suicide: The Facts
- The Catholic Response: Truth and Charity



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Clash of Anthropologies:
Irreconcilable views of the person

Align hearts and minds with Catholic teaching

**“It is one thing
to be understanding
of human weakness
...and another
to accept ideologies
that attempt to sunder...
inseparable aspects of
reality.”**

– Amoris Laetitia, 56

**Pope Francis: Gender ideology is ‘one
of the most dangerous ideological
colonizations’ today**



CNA | Catholic
News
Agency

By [Courtney Mares](#)
Rome Newsroom, Mar 11, 2023



**“Accompany...
never abandon them”
-Pope Francis**



Governments

Philanthropists

**Global corporations
Tech**

**Big Pharma, Big Medicine
\$1.9 B business (2030)**

Ideologues/Activists

NGOs

**Int. Organizations
UN, WHO, etc.**

HARM

**Powerful Global Coalitions Advance Gender Ideology
“Ideological Colonization” and Institutional Capture**



A confused generation

• LGBTQ 2024 (PRRI)

- Gen Z 28%
- Millennials 16%
- Gen X 7%
- Boomers 4%

• LGBTQ CDC 2023
1 in 4 teens "LGBT"

• TRANS Pediatrics 2021
9.2% H.S. "trans"
(Past: .002 "trans")

Media/ Social media
Schools
Healthcare

What is the truth about “transgender” body modifications?

“Experts” say:
“medically necessary”
“lifesaving”
denial is “abusive”

Dr. Rachel Levine says changing kids' genders will soon be fully embraced: 'Wheels will turn on this'

Levine also said gender-affirming care for minors had the 'highest support' of the Biden administration



By Joshua G. Nelson - Fox News

Published March 18, 2023 8:35pm EDT



PEDIATRICS PERSPECTIVES | DECEMBER 20 2023

PEDIATRICS

Prohibition of Gender-Affirming Care as a Form of Child Maltreatment: Reframing the Discussion

Emily Georges, MD; Emily C.B. Brown, MD, MS; Rachel Silliman Cohen, MD

What is the truth about “transgender” body modifications?



8 substantive evidence reviews

The New York Times

Youth Gender Medications Limited in England, Part of Big Shift in Europe

Five European countries have recently restricted hormone treatments for adolescents with gender distress. They have not banned the care, unlike many U.S. states.

“Experts” say: “weak evidence”
“dangerous” “banned”

‘Gender-Affirming Care Is Dangerous. I Know Because I Helped Pioneer It.’

My country, and others, found there is no solid evidence supporting the medical transitioning of young people. Why aren't American clinicians paying attention?

By Riittakerttu Kaltiala
October 30, 2023



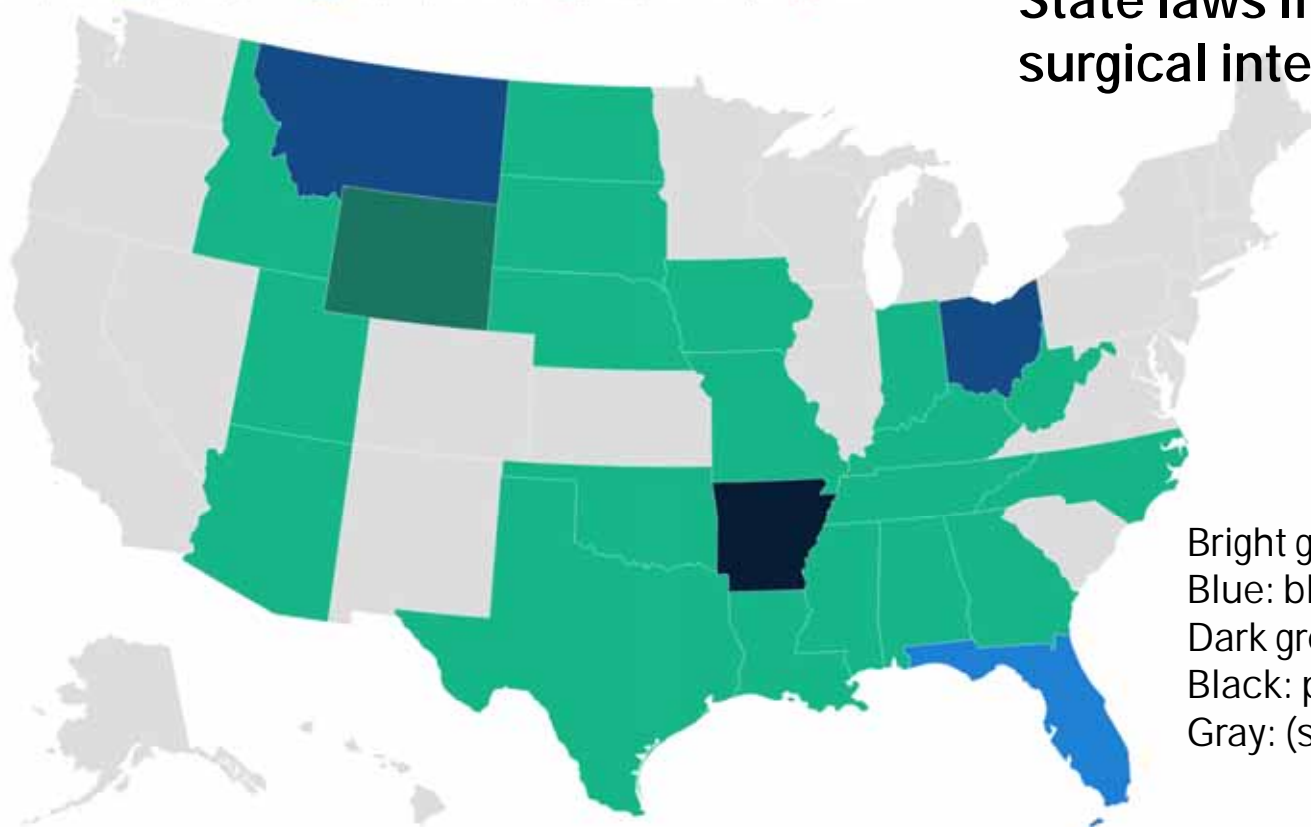


Current Status of State Laws/Policies Limiting Youth Access to Gender Affirming Care

Click on the buttons below to see data for the different variables:

State Landscape Youth Impacted Litigation **Current Legal Status**

■ Permanently blocked ■ Temporarily blocked ■ Temporarily blocked in part ■ Passed, not in effect yet. ■ In effect



State laws limiting medical or surgical interventions in minors

Bright green: laws In effect
Blue: blocked in part
Dark green: temporarily blocked
Black: permanently blocked
Gray: (some) "trans refuge"

NOTE: Last Updated: 4/17/24
SOURCE: KFF Analysis of State Laws and Policies Restricting Minor Access to Gender Affirming Care • PNG

“Transgender Body Modifications”

HISTORY - See The WPATH FILES by Mia Hughes, page 6 and following

- Sexual Radicals - Hirshfeld to Money - 1913 – early 1960s
- Sexual Revolution – Trans liberation 1960s – 1987 (adults)



<https://environmentalprogress.org/big-news/wpath-files>

“Transition” language: Masking harmful reality

- **“WPATH”** World Professional Association for Transgender Health – self-appointed “experts”
- “gender dysphoria” - diagnosis - “distress” (DSM) or “gender incongruence (ICD-11).
- “Gender identity” – self-perception, regardless of sex
- “Transition” - **Changes** to appearance, behaviors, or body to “affirm one’s gender identity”
- **Puberty blockers** – medication to **disrupt** natural pubertal development
- **Medical/surgical “transition”** - **hormones, medication, surgery** to physically change body to match self-perception
- **“top surgery”** – double mastectomy
- **“facial feminization surgery”** – alter shape of brow, chin, trachea, forehead, nose, etc.
- **“bottom surgery”** – removal of reproductive organs (ovaries, testicles, uterus), castration, Alter genitals (penile inversion, vaginectomy, penectomy), construct non-functional “neogenitals”
- **“Nullo”** or “Barbie/Ken” surgery –remove genitalia to create smooth “sexless” body. Urinary hole.
- **“Eunuch”** – 2022 WPATH “gender identity” – identify as castrated male, seek castration

PARADIGM SHIFT

A change from
one way of
thinking to
another.

Out: "trans" = mental illness
In: "trans" = "normal"/good

New goal: meet consumer demand
Instead of heal, restore function

Psychology's paradigm shift:

When lose sight of truth, then lose sight of what is "good"

- Pre-1963: "Delusion"
- 1980: "Disorder" APA DSM III
transsexual
- 1994: "Disorder" DSM IV
gender identity
- 2013: "Dysphoria" DSM -5
"normal" but "distress"
- UN 2016: "Human right"
"gender affirming care"
- 2019: "Difference" (incongruence)
WHO ICD "sexual health"
- 2022: "Dysphoria" DSM -5- TR
"embodiment goals"



Past: .002 of the population

Past: "Typical trans" = adult males or young children

ADULT MALE ONSET – THEORIES

Sexologists Ray Blanchard, Michael Bailey

- “**Effeminate homosexuals**”
Attracted to males
- “**Autogynephilia**” (AGP) paraphilia
Attracted to females
Sexually aroused by self as “woman”

Factors:

- Possible underlying trauma, psych issues
- Pornography (“trans” #4 on Pornhub)
“sissy”
- **Anime, video** gaming (avatars)
- **Autism** (“don’t fit in”)
- Same-sex attraction
- Huge impact on family (“trans widows”)



Lia Thomas, male



“Sometimes I wonder if dressing up like this is the equivalent of having sex with myself, male and female at the same time.” – Caitlin Jenner, *The Secrets of My Life*

Past Treatment of Children experiencing “identity or body-related distress”

PAST: therapy, “waiting”

- Childhood Onset
- Less stringent dx
- Less than .02%
- 3x more likely to be boys
- “Puberty” helps clarify/resolve
- Same-sex attraction in adults
- No social transition
- No medical interventions
- Majority did not identify as “trans” as adults



children given therapy or no treatment

Steensma (2013)

Drescher, Hastings (2014)



The Dutch protocol: experiments based on false compassion

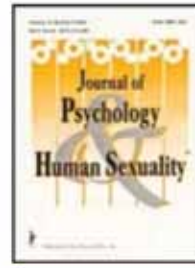
- 1987- suicidal 12 year old girl – puberty blockers by Dr. Delemarre-van de Waal (precocious puberty specialist)
- Dr. Delemarre-van de Waal, Peggy Cohen-Kettenis (psychologist) and Louis Gooren (endocrinologist) - the Dutch Protocol
- Gooren – “gay” Catholic sympathized w marginalized “transsexuals”
- **Motive: Adults unhappy – poor outcomes. Begin earlier**
- 1st study presented in 2006 (Ferring Pharmaceuticals)
- “**reasonably safe**” (no research)
- “**fully reversible**”
- **Enable easier “passing”** as adult “transsexuals”
- Published small studies – “success”



"A large number of adult transsexuals recall that their gender dysphoria started early in life...They remember puberty with abhorrence...[became determined] to rid themselves from the primary and secondary sex characteristics...."

"Children... often hope that a 'magical' solution for their problem will happen one day.... "

"An early start of (cross-sex) hormone treatment [would] spare them the torments of developing the secondary sex characteristics of a sex they view as not their own. ...a loathed sex can be suppressed... [We are] breaking new ground but ...cannot ignore their plight.



Journal of Psychology & Human Sexuality

ISSN: 0890-7064 (Print) (Online) Journal homepage: www.tandfonline.com/journals/wzph20

The Feasibility of Endocrine Interventions in Juvenile Transsexuals

Louis Gooren, PhD, Henriette Delemarre-van de Waal, PhD, Journal of Psychology & Human Sexuality, 8:4, 69-74 (1996)

- Dr. Louis Gooren
- The conceit of "breaking new ground"
- Labels children as "juvenile transsexuals"
- Anthropology problem!

The Dutch Protocol

> [J Sex Marital Ther.](#) 2023;49(4):348-368. doi: 10.1080/0092623X.2022.2121238.
Epub 2022 Sep 19.

The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence

[Michael Biggs](#) ¹

Biggs M. The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence.
[J Sex Marital Ther.](#) 2023;49(4):348-368. doi: 10.1080/0092623X.2022.2121238.
[Epub](#) 2022 Sep 19. PMID: 36120756.

Claimed success based on small, poorly done studies of 55 adolescents.

American Experiment



2007 Dr. Norman Spack

Boston Children's Hospital
Nearly half presented with psychological difficulties
"accelerated" protocol
Mental health issues not an obstacle

- **Diane Ehrensaft:** criticized Dutch protocol for waiting until a child begins puberty.
- "We think that potentially puts children through unnecessary distress or trauma to go through a seriously unwanted puberty for the sake of making sure they know who they are."
- Let the child lead...

Human Development 2013,56:285-290
DOI: 10.1159/000355235

Human
Development

The Gender Affirmative Model: What We Know and What We Aim to Learn

Marco A. Hidalgo^a Diane Ehrensaft^b Amy C. Tishelman^c
Leslie F. Clark^d Robert Garofalo^a Stephen M. Rosenthal^b
Norman P. Spack^c Johanna Olson^d

^aAnn and Robert H. Lurie Children's Hospital of Chicago/Feinberg School of Medicine, Northwestern University, Chicago, Ill., ^bUniversity of California San Francisco Medical Center, San Francisco, Calif., ^cBoston Children's Hospital/Harvard Medical School, Boston, Mass., and ^dChildren's Hospital Los Angeles/Keck School of Medicine, University of Southern California, Los Angeles, Calif., USA

The American Experiment: “gender affirmation”

- Gender therapist Laura Edwards-Leeper describes the premise of the “gender affirmative” approach:
- “[T]he **gender identity** and related experiences asserted by a child, an adolescent, and/or family members” **should be accepted as “true”** and “the clinician’s role in providing affirming care to that family is to **empathetically support** such assertions.”
- - Edwards-Leeper, et al, Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity* (2016)

What kids teach us about gender

Gender identity is not a decision. Trans children do not decide they are transgender, they decide to tell you

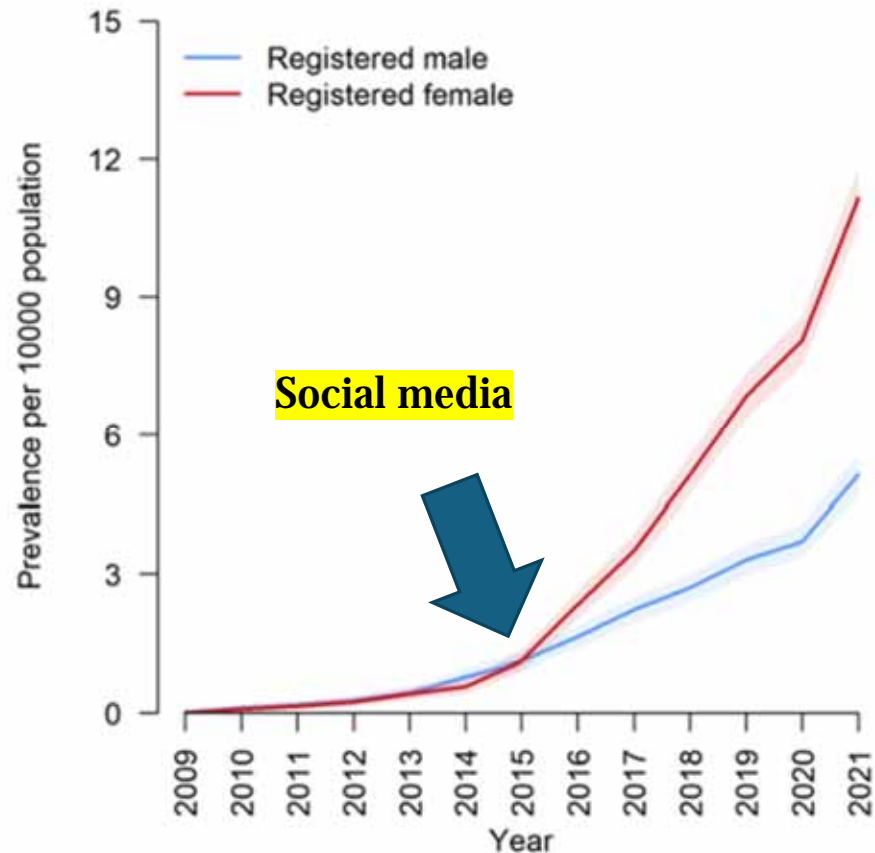
By **SCHUYLER BAILAR**

OCTOBER 17, 2023 6:30AM (EDT)

“Trans children do not decide they are transgender. They decide to tell you...denying care contributes to...negative mental health outcomes for kids including self-harm, depression and suicide.” [FALSE NARRATIVE]



Affirmation + social media = dramatic rise in “dysphoric” youth



Ratio flipped: 2:1 girls

Troubled kids: High rates of autism, ADHD, anxiety, depression, eating disorders, suicidality, self-harm and adverse childhood experiences. *Cass 2024*

15 year follow up on gender noncontentedness

☰ DailyMail.com Health


EXCLUSIVE Most gender-confused children grow out of it, landmark 15-year study concludes - as critics say it shows being trans is usually just a phase for kids

By Alexa Lardieri U.S. Deputy Health Editor Dailymail.Com
11:56 EDT 03 Apr 2024 , updated 12:08 EDT 03 Apr 2024

Archives of Sexual Behavior
<https://doi.org/10.1007/s10508-024-02817-5>

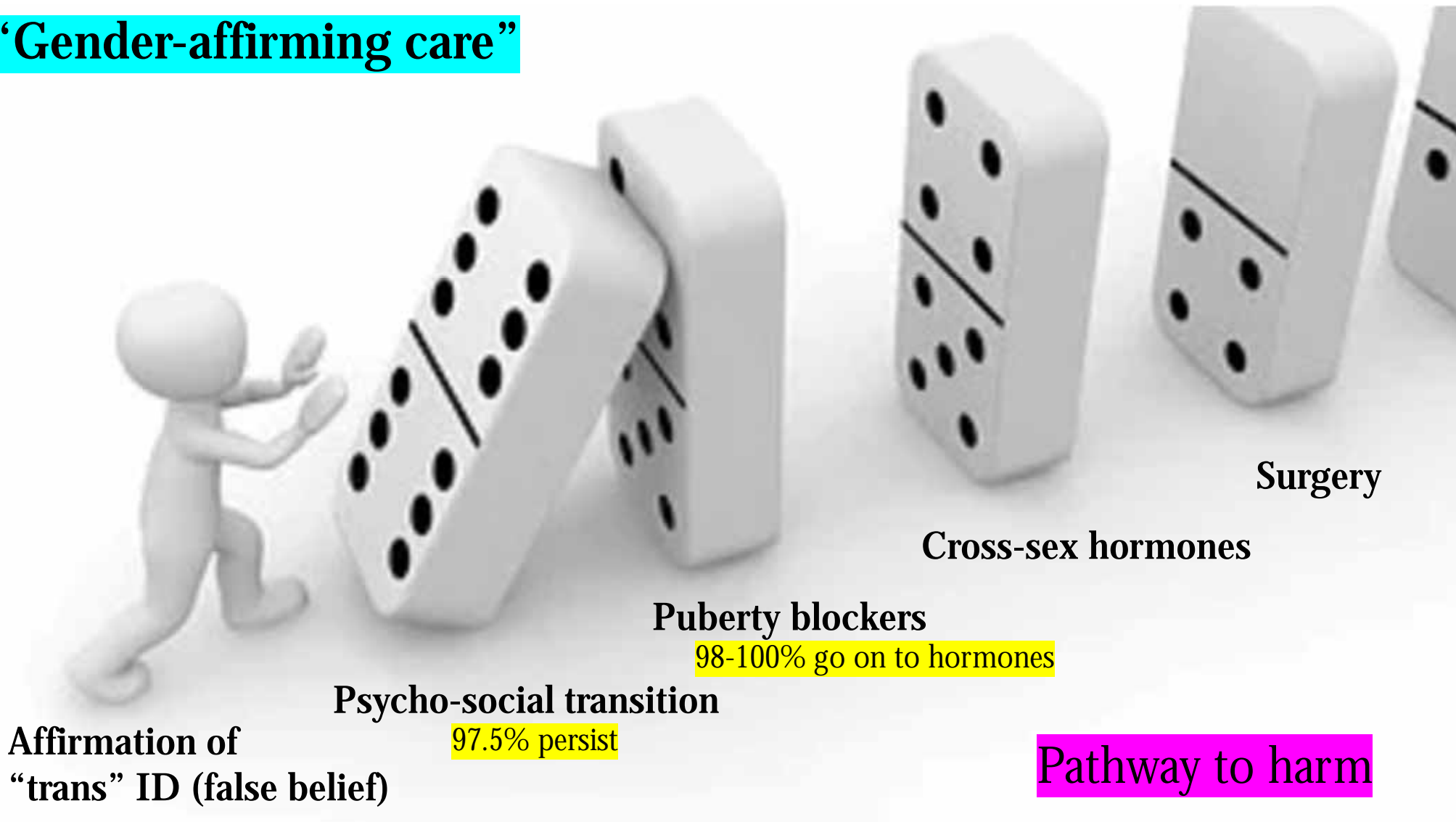
ORIGINAL PAPER

Development of Gender Non-Contentedness During Adolescence and Early Adulthood

Pien Rawee¹ · Judith G. M. Rosmalen^{1,2} · Luuk Kalverdijk² · Sarah M. Burke² 

Received: 28 April 2023 / Revised: 19 January 2024 / Accepted: 20 January 2024
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“Gender-affirming care”



Social transition: A powerful intervention

- Psycho-Social transition – concretizes child/adults' false belief /bodily disassociation
- Myth: Any child might be “trans” – let them try it
- Who decides? Message to youth: “You decide”
- Unanchored disembodied self
- Self- ID - new name, hair, participation/bathrooms, “trying on a new identity – rehearsing a role”
- **97% socially trans youth stay trans at 5-year mark: Olson (2022)**



Avery's dad: "At 4 years old, my child revealed her true self by stating very clearly... 'I am really a girl.'"
(Avery is male.)

Puberty blockers = pathway not “pause”

Claim: Safe, reversible. “Pause.”

Fact: High odds of persistence

90-100% continue to cross-sex hormones (“go” button)

Fact: Harm to bones (low density), immature development + decision-making. **Risks** to brain? Exec.

Function? Blindness? Long-term?

Puberty blockers + cross-sex hormones = Sterility

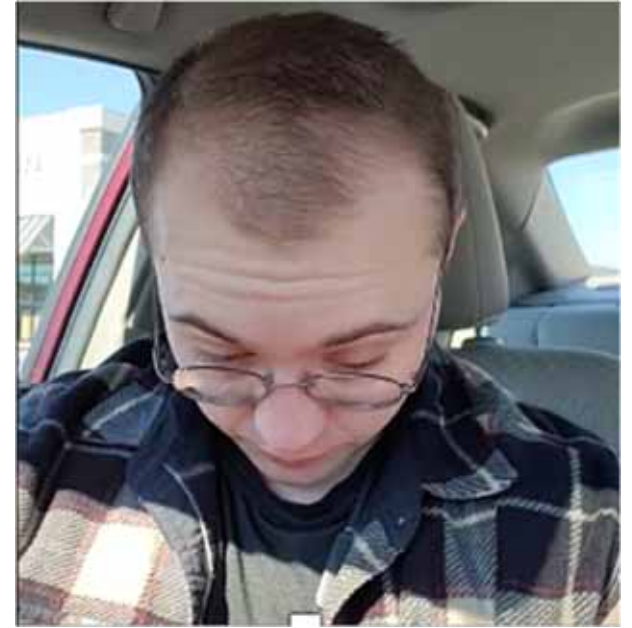
— NEWS —
FDA Officials Warn Of Brain Swelling,
Vision Loss In Minors Using
Puberty Blockers

By Brandon Dray · Jul 27, 2022 · DailyWire.com



Puberty blockers ‘stunt bone growth
of children’ Source: Times of London





“Cross-sex” hormones do NOT change a person’s sex. “Feminize” or “masculinize.”

“Iatrogenic”: causes harm in healthy person. Impairs function. Partly Irreversible.

Easy Access: Planned Parenthood (age 18) University Health Centers. Telehealth: Plume. Folx.

Effects: Alters appearance. Disables healthy function, organs. Age: 13-14+

Sterility or impaired fertility, lost sexual function. Hair loss, acne, voice. Risk blood clots, cardio, metabolic disorders. Long term?

Surgery (yes, on minors): Breasts, face, genitals, organs

- **Claim:** Align mind-body. Improve mental health. “Authentic”
- **Fact:** Amputate breasts, flay penis, remove ovaries/testes/uterus; reshape brow, jaw...
- **Fact:** Permanent harm. Destroys function. Can't change sex.
- **Fact:** Sterility. Impaired sexual function.
- **Fact:** Surgery cannot replicate opposite-sex function, fertility
- **Fact:** Complications - fissure, stenosis, necrosis, incontinence. Repeat surgeries.
- **WPATH (2022): No minimum ages**



Source: Crane Surgery



Bottom surgery:
remove vaginal tissue, uterus,
possibly ovaries
Create neo phallus



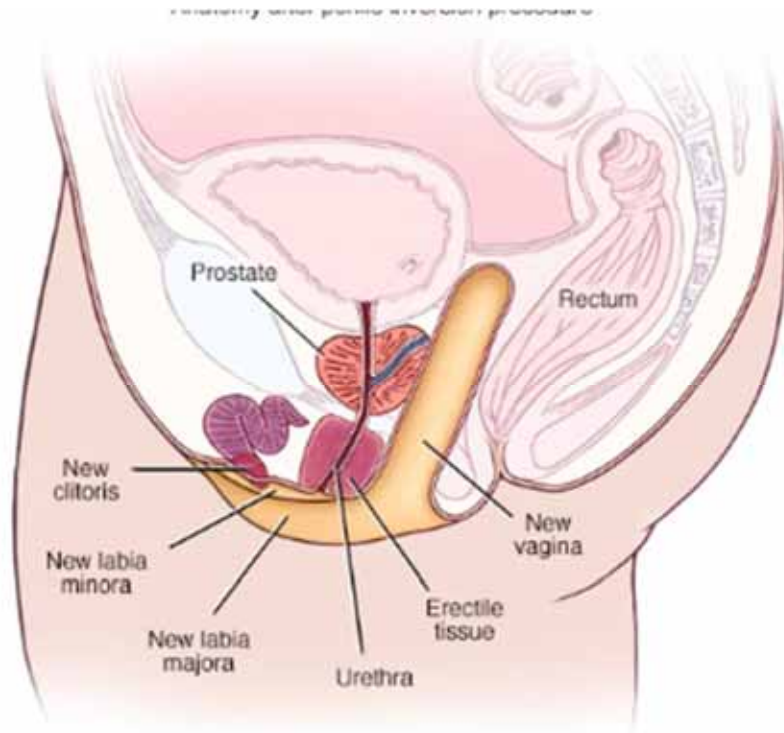
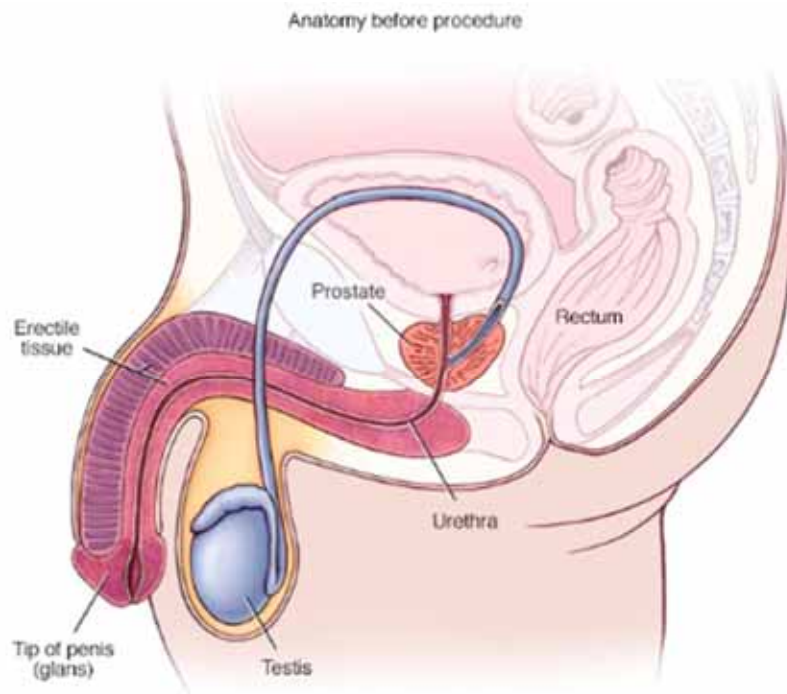
Surgery: Permanent harm. Fails to
heal inner wounds. No minimum age



“top” –
Double mastectomy

Source: Gallagher Surgery

Penile Inversion Vaginoplasty



Puberty blockers create need for complicated genital surgery



- Puberty blockers prevent genital and sexual maturation
- Not enough scrotal tissue for penile inversion
- Need skin from colon or elsewhere
- High complication rate
- Surgery "split open"
- Multiple corrections
- Anorgasmic

"JAZZ" JENNINGS

Images: Jazz Jennings Instagram

Informed Consent? No.

Capacity (age, mental state)

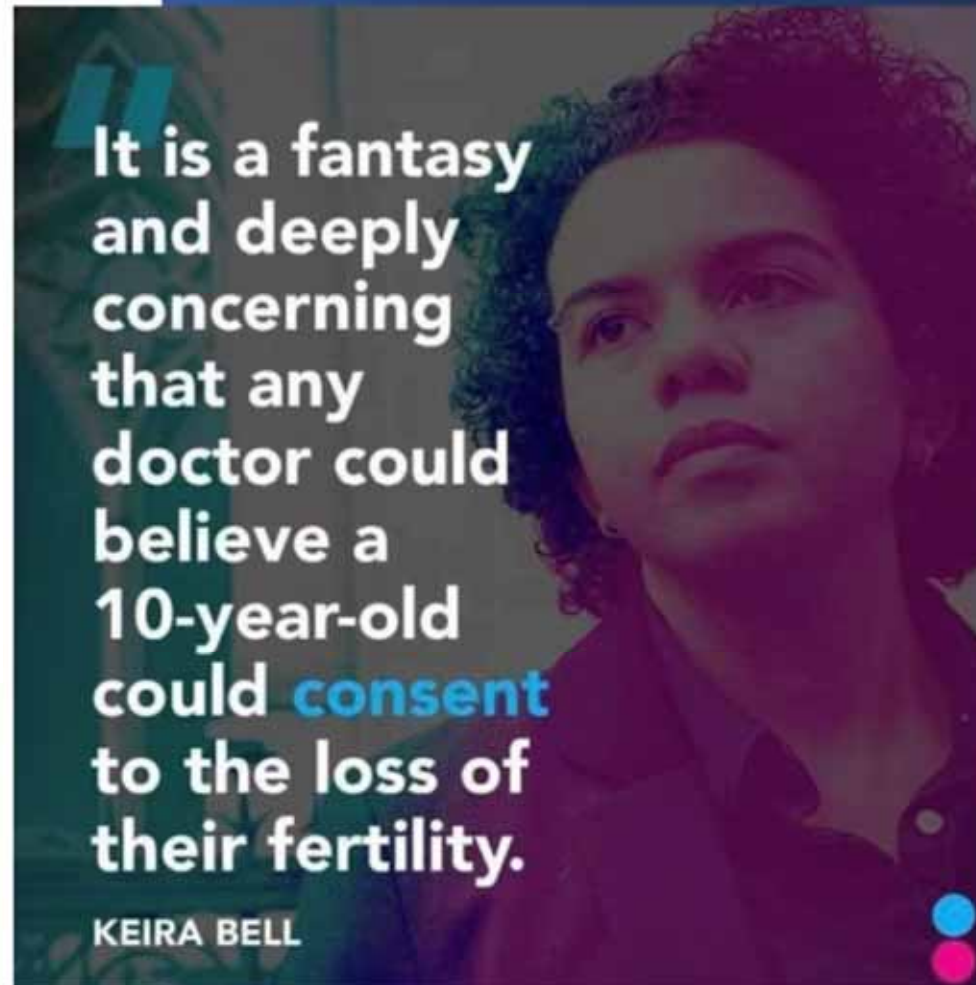
Nature of the intervention

Risks

Benefits

Unknowns

Alternatives



De-transitioners

“Detransitioner” Testimony

Chloe Cole, 18-yr old female

Identified as “a boy” at 12

Parents scared, turned to experts

“live son or dead daughter”

Extreme duress.

13 – puberty blockers

One month later – testosterone

15 –double mastectomy

De-transitioned at 16.





Lived experience: De-transitioners “Transition is not the solution”

- 72% detransitioners said transition was “**only option**”
- 20% report being pressured to transition
- 58% say gender dysphoria **caused by trauma/mental health**
- 51% say “transitioning **prevented them from** dealing w/ or **getting treatment for trauma/** mental health”
- Research Source (Littman 2021)
- From a formerly “trans-identified” young adult to his therapist:
- “I was mentally ill. **You let me dance in my delusion.** You took my time, my money, and **robbed me of my fertility.**”



Oct. 2023

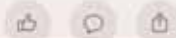
Dr. Riittakerttu Kaltiala in New York City on October 12, 2023. (Photos by Daniel Palk for The Free Press)

‘Gender-Affirming Care Is Dangerous. I Know Because I Helped Pioneer It.’

My country, and others, found there is no solid evidence supporting the medical transitioning of young people. Why aren't American clinicians paying attention?

By Riittakerttu Kaltiala

October 30, 2023



Whistleblowers, lawsuits expose danger

Female Detransitioner Sues American Academy of Pediatrics for Pushing Youth Gender Transition

Story by Caroline Downey • 3d

Health Topics mentioned in this article

Puberty

Testosterone

Autism



5 EU Countries Reverse Course: Psychotherapy 1st. Limit Minors' Med/Surg “Transition”

UK

Sweden

Finland

Norway

Denmark

- **Substantive evidence reviews**
- **Obvious Harm** (sterility, mental illness, suicidality, bodily harm)
- **Benefits: “very low, low” evidence**
- **Scandals, lawsuits** (Swe, UK, US)
- Dutch studies: Not replicated
- Netherlands, Germany - growing doubt
- France, Italy, Aus, NZ -cautions

WPATH Files: Public Claims at odds with Insider Conversations

- **Claim:** Informed consent
- **Reality:** Patients + *parents* lack understanding of long-term risks. Support harmful interventions in developmentally delayed, autistic, severely mentally ill patients.
- **Claim:** Rigorous screening for psych co-morbidities
- **Reality:** Lament “gatekeeping.” criticize docs who question “transition” for mentally ill (patients with DID/alter personalities)
- **Claim:** Medical “transition” safe, reversible
- **Reality:** Admit puberty blockers and cross sex hormones impair fertility, orgasm, Linked to aggressive cancers/death
- **Claim:** Surgeries on adults only
- **Reality:** Admit surgeries on minors who fail to understand lost fertility. Lament insurance denials for minors
- **Claim:** “Lifesaving” medical treatment
- **Reality:** Real goal: Fulfill “embodiment goals”

<https://environmentalprogress.org/big-news/wpath-files>

The WPATH Files

A new report exposing dangerously pseudoscientific surgical and hormonal experiments on children, adolescents, and adults



MICHAEL SHELLENBERGER
MAY 21, 2024



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Pediatricians Respond to WPATH Files Exposing the Underbelly of the Gender Industry

March 1, 2024

24 March 2024

WPATH: The truth about “gender-affirming healthcare”

Leaked files

expose the truth about transgender care “experts”



“Gender-affirming care” A Medical Scandal

Bad Medicine - Lack of evidence

- * uncertain basis for diagnosis
- * unclear rationale
- * “poor quality” studies
- * lacks “reliable evidence base”
- * “weak evidence” of benefit
- * “many unknowns” (no follow-up)

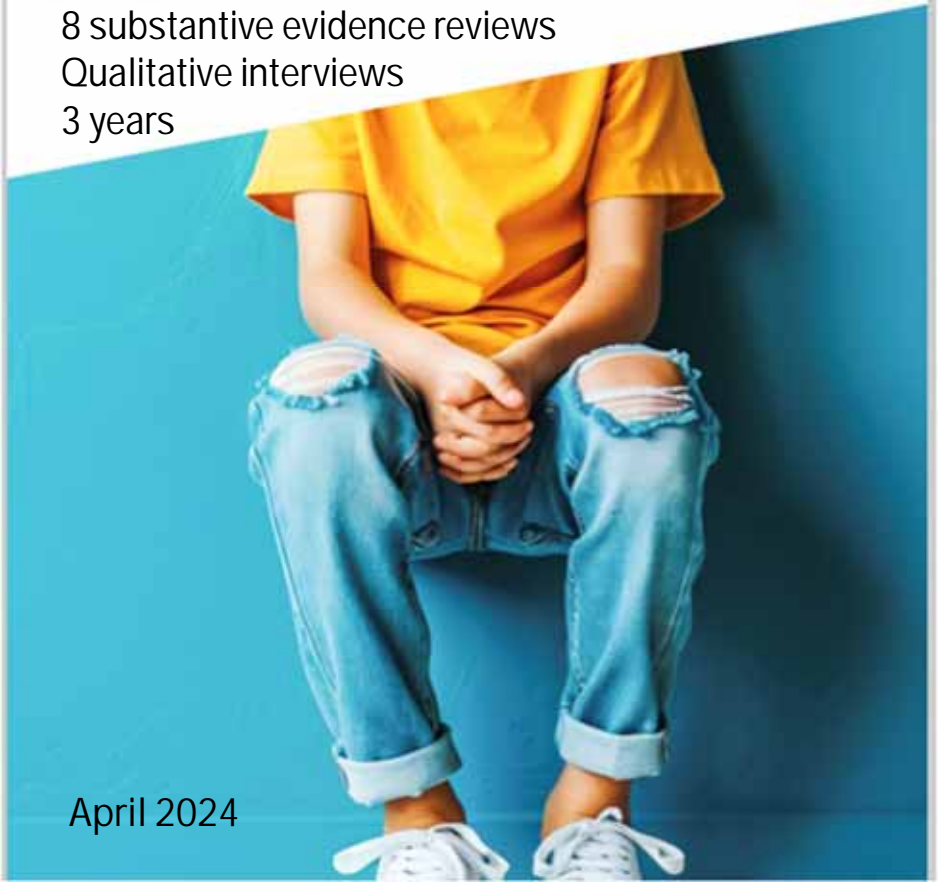
Harm:

- * **Puberty suppression**
bone, brain (IQ), vision, emotional, sterility
- * **Cross-sex hormones**
disable healthy sex/repro function, metabolic, cardiovascular, liver, cancer, genital atrophy, pain, mental health
- * **Surgery**
destroys healthy anatomy, sterility, sexual dysfunction, significant complications
- * **Persistent Mental Health Issues**



Independent review
of gender identity
services for children
and young people

8 substantive evidence reviews
Qualitative interviews
3 years

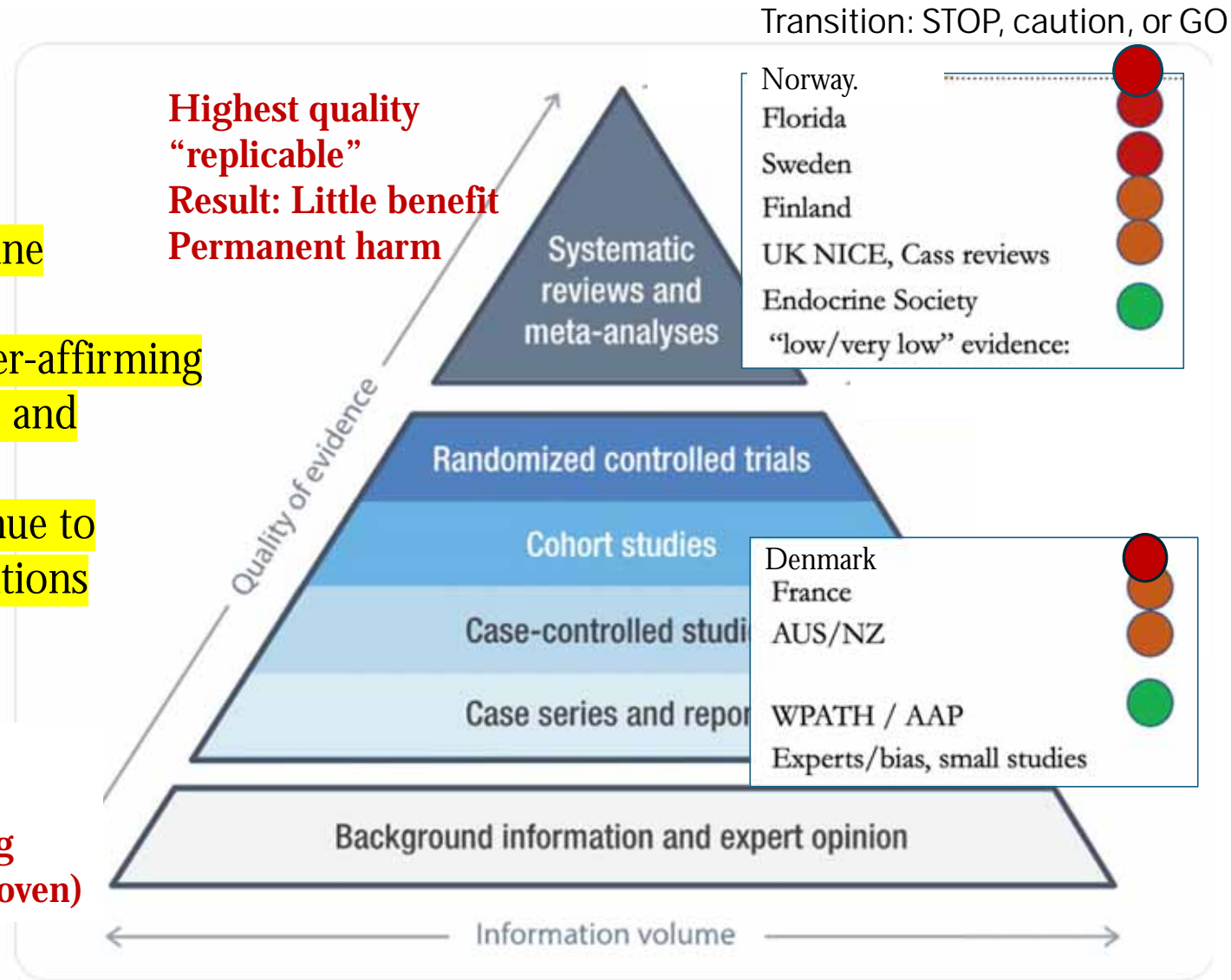


April 2024

EVIDENCE

“Evidence-based” medicine has grades of reliability. Evidence base for “gender-affirming Interventions is of “low” and “very low” quality AAP and WPATH continue to support harmful interventions

Lowest quality evidence: “experts” (biased) CLAIM: “gender affirming care is beneficial.” (unproven)

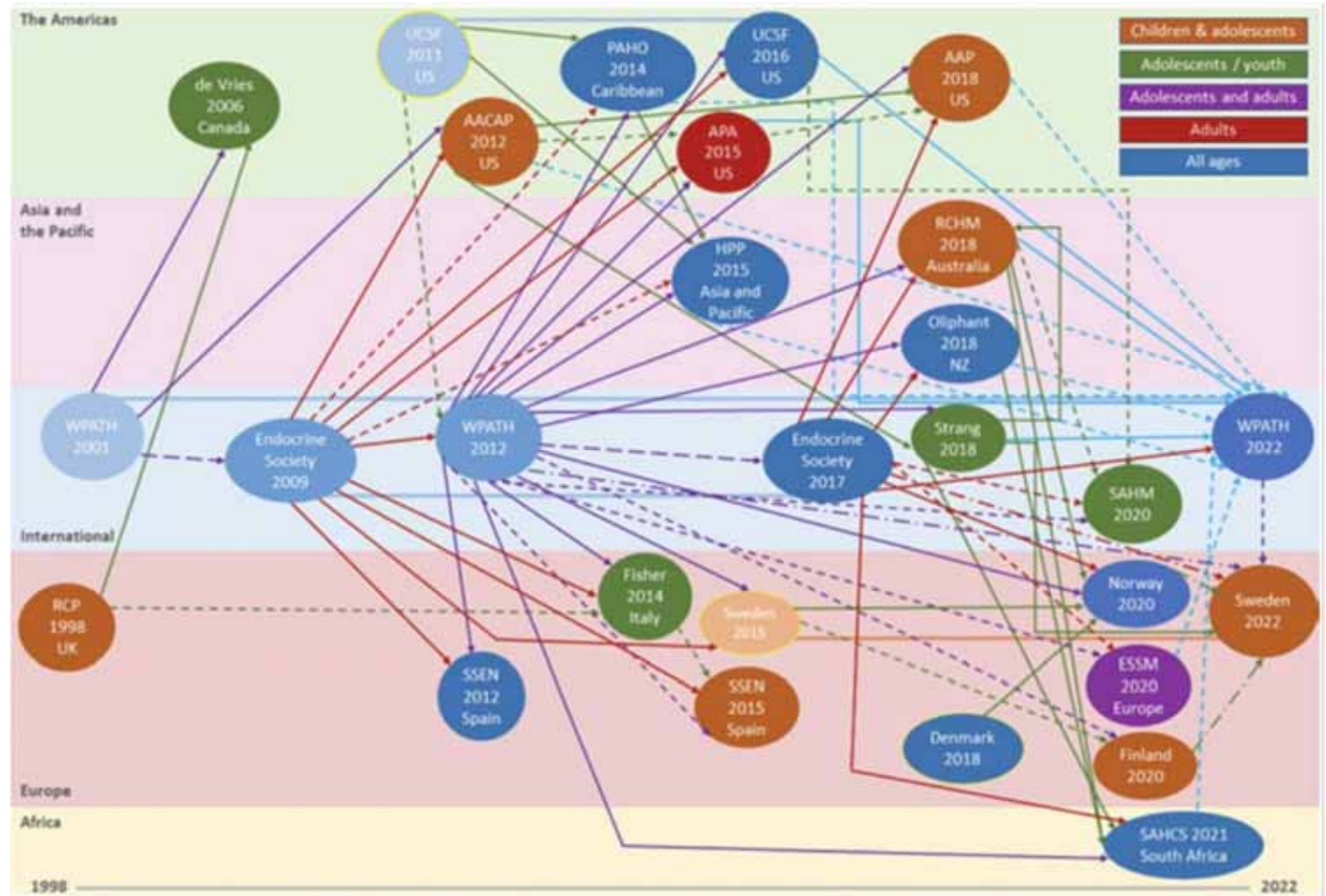


CASS: False consensus in spite of weak evidence



WPATH and Endocrine
society guidelines

Cited by and in turn cite
other national guidelines



Cass report 2024



Ethics

What is “good” for the patient?

Do no harm!

Respect for patient autonomy

Informed consent – **capacity** (age / understand

consent

procedure

risks v benefits

alternatives (incl “doing nothing”)

unknowns



USCCB Doctrinal Note: No one is “born in the wrong body”

- “The soul does not come into existence on its own and somehow happen to be in this body, as if it could just as well be in a different body.”
- **“A soul can never be in another body, much less be in the wrong body. *This* soul only comes into existence together with *this* body.”** (p. 3)



USCCB Doctrinal Note: Catholic health care may not cooperate with “gender transitions”

- “Transition” interventions

- *do not repair a defect in the body:


- normal and healthy bodies**

- * do not sacrifice a part of the body to restore health to rest of body

- no serious threat to health**

- * “attempt to alter the fundamental order and finality of the body and to replace it with something else.”





Is the tide turning? In the UK, yes. In the US, not yet.

- “Gender-affirming care” is “built on shaky foundations”
 - “I can’t think of another area of pediatric care where we give young people a potentially irreversible treatment and have no idea what happens to them in adulthood.”
 - --Hilary Cass 2024
-

Secular, medical and psychotherapy-first resources

Medical advocacy



Detransitioner Bill Of Rights



Medical research
and analysis



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WHEN KIDS
SAY THEY'RE
TRANS



A Guide for Parents

SASHA AYAD, LISA MARCHIANO
and STELLA O'MALLEY

Lost in
Trans Nation

A Child
Psychiatrist's Guide
Out of
the Madness

MIRIAM GROSSMAN, MD
FOREWORD BY DR. JORDAN B. PETERSON

Gender Dysphoria

A Therapeutic Model for Working with
Children, Adolescents and Young Adults

Susan Evans and Marcus Evans

Welcome to GETA

Gender Exploratory Therapy
Association

*A psychological approach to
psychological distress.*



Claim: “Trans kids”

FACT: There are no “trans kids.” Only hurting or vulnerable male or female kids

No one is ever born in the wrong body.

Goal: For the person to

- * Accept identity (“gift”) male or female
- * Know they are good, loved, and belong
- * Integrate feelings with reality (“wholeness”)



Claim: “transition” is
“necessary” for “authenticity”

FACT: “Trans” identity rejects truth of
person

Truth: Immutably male or female.

“Transition” is not “authentic” but
mimicry or facsimile.

- Alters appearance to match desire
- Disables body’s natural function.
- Lifelong hormones to keep artificial appearance
- Distress, anxiety about “passing”



Claim: “gender affirmation” is loving and compassionate

FACT: Love means willing the good of
the other

Lying to someone is not loving.

“Gender interventions” don’t address
root issues

Facilitating self-harm is not loving
Facilitating exploitation by others is not
loving.

Children know who they are. Let them lead.



12:05 PM · Sep 5, 2023 · 52.6K Views

Claim: “transition” is “lifesaving”

FACT: “Transition” doesn’t prevent suicide

Trans-identified persons usually have significant pre-existing risk factors that should be treated.

Keep vulnerable people safe.

Amputating healthy body parts is not lifesaving.

When suicide occurs, it is typically about 6 years AFTER transition has begun

 Genspect  @genspect · 5h

LIVE- @detransaqua: The patient is not addressing their root issues & transition doesn’t bring relief. They go further and further. The treatments escalate. There is a downward spiral.
#GenspectBiggerPicture #GenspectDenver



“Prisha” – de-transitioner

Current Treatment of Minors experiencing “identity or body-related distress”

Dutch – medical model 2000s childhood onset

- **Social transition**
- **Puberty suppression**
- **“Cross-sex” hormones**
- **Surgery**
- **(Legal recognition)**
- **Nearly all persist**

NOW: “Gender-affirming”

- Since 2007 – rise in teen onset
- Affirm “gender identity”
- Puberty suppression
- Cross-sex hormones
- Surgery



(97% persist in trans identification)

children given gender affirmative care

[Carmichael \(2021\)](#) 98% persist

[Olson \(2022\)](#) 97.5% persist

2/3 Female teens

Mental health conditions
Not an obstacle

88% pre-existing mental health issues; high rates adverse childhood experiences (Kozlowska 2021)

No minimum ages
(WPATH 2022)



Who: Vulnerable youth: hurting, troubled backgrounds

- CASS: Among youth who ID as “trans”
- * Autism dx - 3-6 x more likely
- * High rates mental health dx (89%)
- * High rates of adverse childhood exp.
- physical abuse (15-20%)
- sexual abuse (5-19%)
- emotional abuse (14%)
- maternal mental illness or substance abuse (53% and 49%) (paternal - 38%)
- domestic violence (23-25%)
- Parental death or loss (abandonment) (.5 – 19%)
- Earlier study (2002)– 50% single-parent

Higher rates of suicidality (ideation or attempt) but similar to peers w mental health dx. Deaths - “Relatively rare”

Diagnosis? Self-diagnosis by minor.

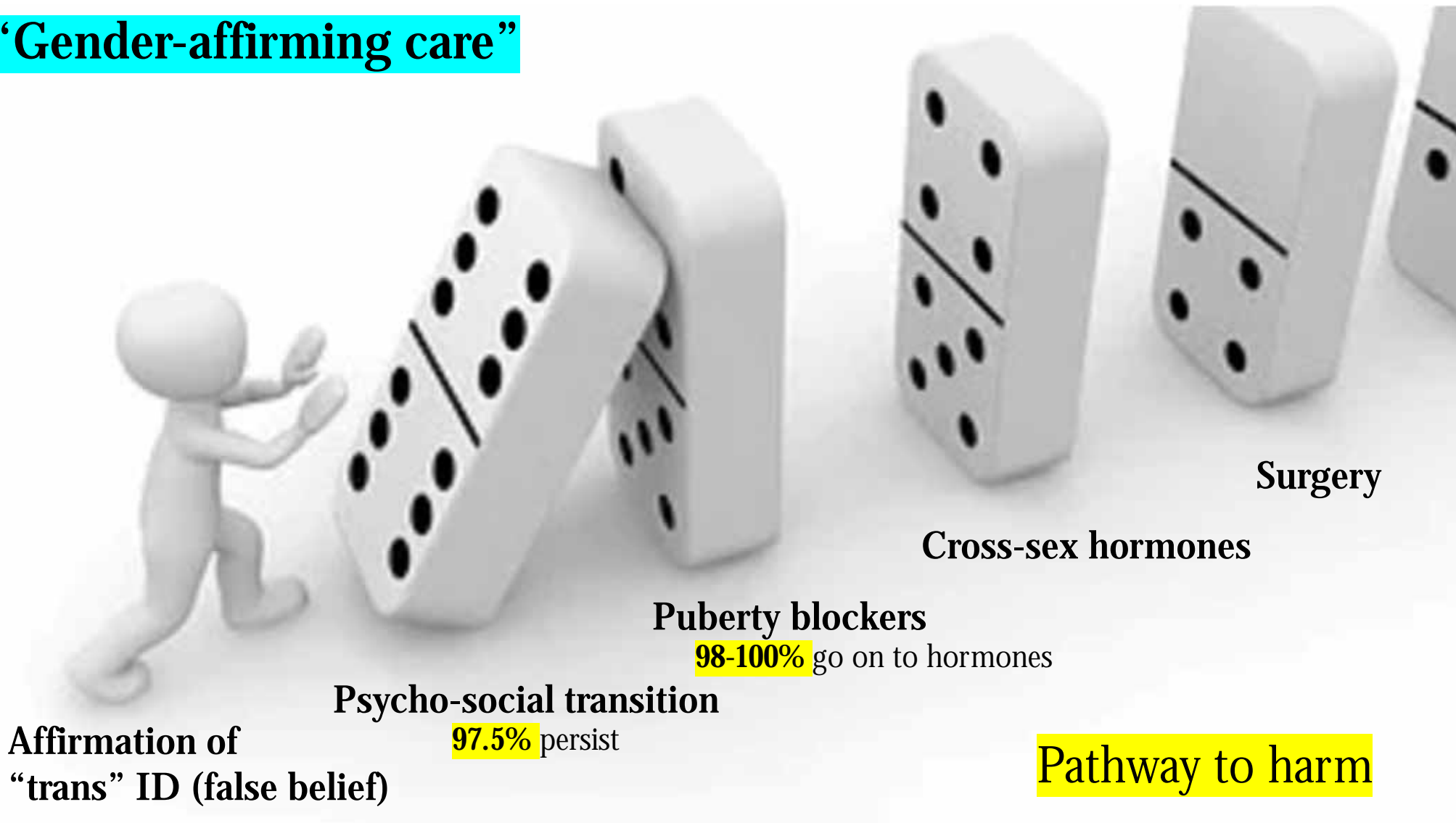
“[P]arents will [say], ‘I want to make sure my child is really trans...’ I turn to the child... ‘what gender identity do you have?’ There’s no form, there’s no scale, no psychological battery of tests that needs to be done.”



Robert Garofalo, MD Lurie Children's Hospital, Chicago

July 29, 2020 Amaze (Facebook)

“Gender-affirming care”



Affirmation of
“trans” ID (false belief)

Psycho-social transition

97.5% persist

Puberty blockers

98-100% go on to hormones

Cross-sex hormones

Surgery

Pathway to harm

HEALTH

Puberty blockers could cause long-term fertility and health issues for boys, study finds: 'May be permanent'

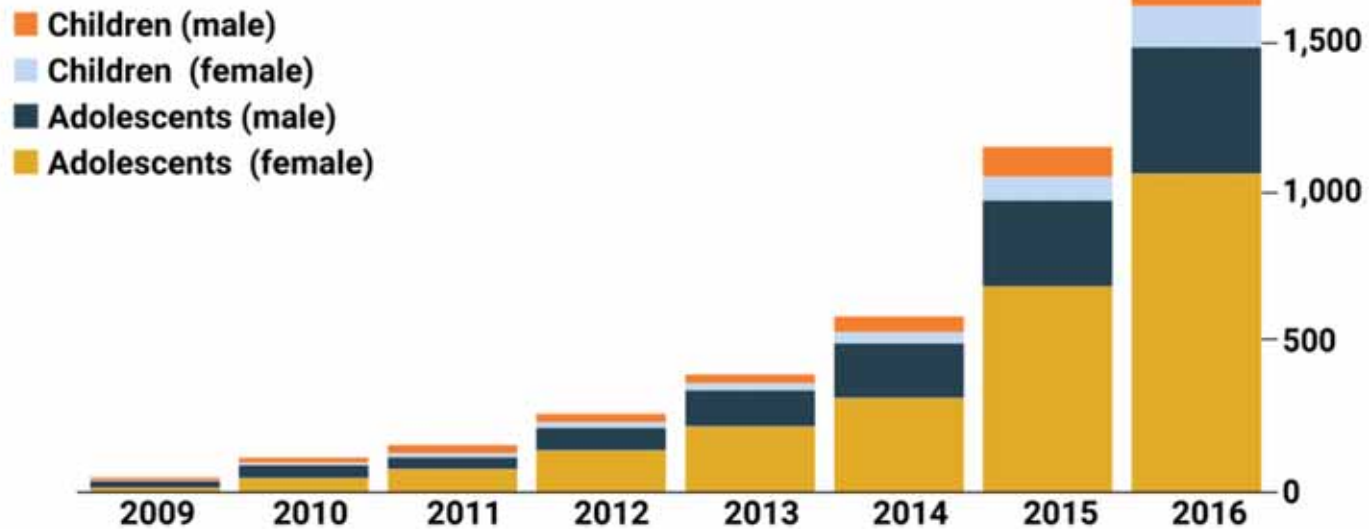
Mayo Clinic researchers identified 'detrimental' effects on boys' sperm cells, among other impacts



By **Melissa Rudy** · Fox News

Published April 11, 2024 3:22pm EDT

Number of children and young people presenting to the UK NHS Gender Identity Service

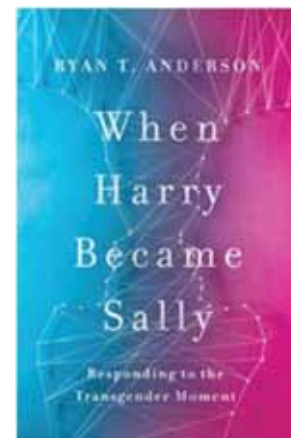
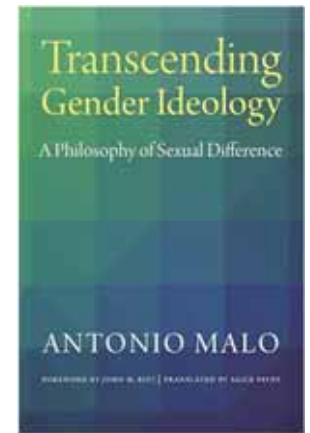
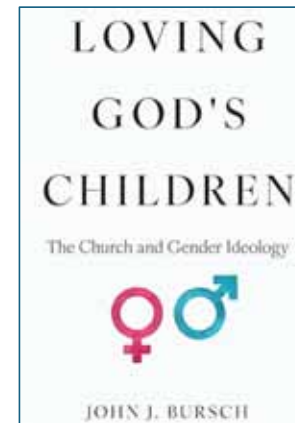
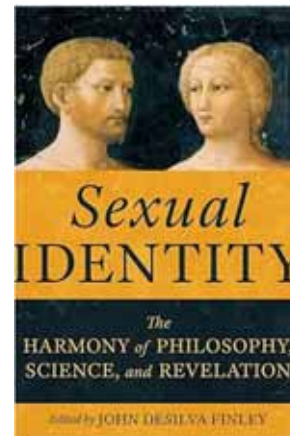


Source: The CASS Review

Resources: Person and Identity [dot] com



Extensive Resources, FAQs, videos



50 Questions on Gender Ideology

Mary Hasson
Theresa Farnan

Coming soon!
Summer 2024

