SEX DIFFERENCE RESEARCH

ILLUMINATED.

MYTHS OF

GENDER
AFFIRMING CARE
Gender dysphoria is a condition in which a person feels incongruent with their biological sex, causing extreme psychological distress.

“Gender Affirming Care” is promoted as a lifesaving treatment. It involves social and medical transition: the patient dressing as the opposite sex while taking puberty blockers and cross-sex hormones to alter their features.

Studies have shown that 43-75% of adolescents with gender dysphoria have at least one type of psychiatric comorbidity. “Gender Affirming Care” ignores many of these contributing factors, such as:

- Anxiety Disorders
- Eating Disorders
- Autism Spectrum
- Childhood Trauma

Comprehensive studies show “gender affirming care” is not safe and effective despite being seen as a cure to gender dysphoria by its proponents.

Many homosexual or gender nonconforming teens may confuse their anxiety disorders, eating disorders, autism spectrum disorders, or childhood trauma with gender incongruity and dysphoria.

The “affirmative care” model prescribes puberty blockers and cross-sex hormones to children and teens who are distressed about their bodies or have sex-atypical interests, and 98% of adolescents on puberty blockers will be prescribed cross-sex hormones.

Puberty blockers and cross-sex hormones can compromise bone health, prevent maturation of the brain, cause infertility, deteriorate genitalia, and triple the risk of heart disease.

Puberty blockers like Lupron are the same drugs used in cancer treatment and the castration of sex offenders. Many of the effects are permanent in adults and children.

Norway, Sweden, and Finland halted pediatric transition because of the harmful effects of childhood transition.

The United Kingdom’s Tavistock gender clinic (set to close in 2023) gave blockers and cross-sex hormones to thousands of children and teens under “affirmative care” without considering mental health comorbidities.

The truthful, compassionate approach for children:

Allow them to explore their interests without sex-based expectations.
Provide them adequate psychological care for other mental health concerns.

No data has shown children will commit suicide if they do not socially or medically transition.

Studies have shown 61-98% of trans-identifying adolescents outgrow their gender dysphoria.