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FACTS about Gender Dysphoria

FACT #1 – Gender Identity Disorder (GID) was recognized as a mental disorder for many years and was listed as a mental disorder in the Diagnostic and Statistical Manual, DSM-III, 1980-1994, and DSM-IV-TR, 1994-2013, of the American Psychiatric Association (APA) for 33 years.[1,2]

FACT #2 – When the DSM-V was published in 2013, Gender Identity Disorder had been removed from the manual. In its place was Gender Dysphoria, or a conflict “between one’s experienced/expressed gender and assigned gender, [accompanied by] significant distress or problems functioning.”[3]

FACT #3 – The change from GID to Gender Dysphoria was primarily made to reduce stigma against “individuals who see and feel themselves to be a different gender than their assigned sex.”[4]

FACT #4 – One effect of the change is that medical professionals are no longer encouraged (and in some places are actually forbidden) to treat a person’s feelings that he/she is actually a member of the opposite sex as a disorder that can potentially be overcome. Instead, the focus of psychologists, counselors, and psychiatrists is on relieving the distress experienced by those with gender dysphoria, rather than aligning the mind's perceived gender with their biological sex.[5]

FACT #5 – Studies have shown that as many as 70% of patients with gender dysphoria have another psychiatric condition (comorbidity) currently or in their lifetime. [6,7]

FACT #6 – The APA affirms that a person’s “true self” is whatever that person believes him/herself to be.[3] It is doubtful that the APA would consistently apply this standard to other cases such as “anorexia nervosa”.[8] Should the therapist tell the patient diagnosed with anorexia nervosa that if she believes her “true self” is in fact much thinner, then she is right and should continue to starve herself? Why is there a separate set of standards for biological sex?

FACT #7 – Biological sex is determined at conception for most individuals. Chromosome pair 23 determines this biological sex (XY male, XX female). About the sixth week of gestation, sexual differentiation of the fetus to develop male and female genitalia begins to occur.[9] At birth, biological sex is determined on the basis of a person’s genitalia. Some people are born intersex, meaning their genitals are not recognized clearly as being male or female. This condition is rare and occurs in only about 0.05% of live births. This condition is primarily the result of genetic abnormalities leading to the dysfunctional production or action of hormones occurring during the sex differentiation and development process. [10]

FACT #8 – Gender “denotes the public (and usually legally recognized) lived role as boy or girl, man or woman”.[3] These roles, behaviors, etc. can vary from culture to culture.[11] Gender can be variable while biological sex is almost always stable. Gender is not the same as biological sex, but recent changes, such as those to the U.S. Passport and Social Security policies, replace “sex” with the more fluid term “gender.”[12]

FACT #9 – Young children confused about their sexual identity generally conform to their biological sex as they grow up, in fact 60% to 90% accept their biological identity upon reaching adulthood.[13]



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FACT #10 – Some people argue that gender categories exist along a spectrum, rather than as a binary (male and female), but even the gender “spectrum” is rooted in binaries. Think of male and female as the colors black and white resting at opposite ends of a spectrum of grays. Every shade of gray is still a combination of the two binaries, black and white. In a similar way, every gender along the “spectrum” is still some combination of male and female, the originating genders.

FACT #11 – A careful analysis of the study evidence for hormonal therapy and sex reassignment surgery for gender dysphoria has shown that the quality of the evidence for benefit is very low. The studies that have been conducted and outcomes from those trials are nowhere near, for example, the quality and results required to obtain FDA approval for a new medication or device. [14,15]

FACT #12 – Scientific studies have not been able to prove that transgenderism is genetic. If it were, then identical twins (who carry the same genetic code) would both identify as transgender nearly 100% of the time. But a clear majority of time, they don't. Furthermore, no gene or set of genes conferring transgenderism has ever been found. [16,17]

FACT #13 – Science has not proven that the brains of transgender individuals are “wired differently” than others with the same biological sex. In other words, there has been no conclusive evidence of a “female brain” being contained in a biological male body or vice versa. [18]

FACT #14 – Using hormone suppressants to halt puberty in normal children is an off-label use that has not yet been proven safe.[19]

FACT #15 –Infertility, life threatening blood clots, sexual dysfunction, cardiovascular disease, decreased bone mineral density, diminished spatial memory, obesity, and breast and uterine cancer are some of the potential medical risks that could result from placing children on puberty blockers and cross-sex hormonal therapy.[17,20,21]

FACT #16 – Transgender people, both before and after sex reassignment surgery and hormones, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.[22] Studies have shown that the very high suicide rate (as high as 19 times greater than the general population) is NOT significantly impacted by sex reassignment surgery and hormone treatment, so why go through the pain and expense of it? [22,23,24]

FACT #17 – The treatment of gender dysphoria using cross sex-hormones, puberty blockers, and sex reassignment surgery is founded upon ideology, not medicine.[25]

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