



Sexual Orientation and Gender Identity Position Statement Addendum

Most pre-pubertal children (80 to 95 % depending on the study) reporting Gender Dysphoria (GD) will achieve a normal gender identity as adults unless they are “transitioned.” Tragically nearly 100% of these children will become transgender adults if they receive transgender affirming treatments. Adding to the problem, some states and localities are outlawing any psychological therapies which do not actively “affirm” the lesbian, gay, bisexual, transgender, questioning, plus (LGBTQ+) identity of the individual.⁹ Yet parents who refuse to consent to these dangerous, experimental medical and psychological treatments can lose their parental rights altogether.⁸

Absent hormonal and surgical intervention, only 5-20 percent of pre-pubertal children with GD will face a transgender adulthood which seems to predispose them to certain morbidities and an increased risk of early death. In contrast, the single study of pre-pubertal children with GD who received pubertal suppression makes clear that as many as 100 percent of these children will face a transgender adulthood. Therefore, the current transgender affirming interventions at pediatric gender clinics will statistically yield this outcome for the remaining 80 to 95 percent of pre-pubertal children with GD who otherwise would have identified with their biological sex by adulthood. Translation: most kids will grow out of it.⁷

The University of Cambridge’s Stonewall report [found](#) that 96% of transgender students in Scotland attempted self-harm through actions such as cutting themselves, and 40% attempted suicide. 40% in the United States [have attempted suicide](#), as well, according to a 2016 survey from the National Center for Transgender Equality (NCTE). According to a 2011 study out of Sweden, transgender adults remain [19 times more likely](#) to commit suicide than the general population, even after sex-reassignment surgery.⁶

It is noteworthy that these mental health disparities are observed in one of the most LGBTQ+ affirming nations of the world. It suggests that these health differences are not due primarily to social prejudice, but rather due to underlying trauma that also induced transgender belief, and/or the adult transgender condition or lifestyle. This is also consistent with an American study published in the Journal of LGBT Health in 2008 that found discrimination did not account for the mental health discrepancies between LGBT-identified individuals and the heterosexual population.⁷

SexChangeRegret.com founder Walt Hever said “(These are) very troubled individual(s) and anybody that’s a fair-minded person would look at this and realize that changing genders is not gonna fix what we know to be comorbid psychological and emotional disorders. What so often happens is that we just go headlong into giving people hormones as therapy and then push them into surgery without ever dealing with the actual disorders at work.”⁶

References:

- (1) <https://www.youtube.com/watch?v=bEr3C1YTDpM>
- (2) http://www.drjudithreisman.com/the_kinsey_coverup.html
- (3) https://en.wikipedia.org/wiki/Kinsey_Reports
- (4) <https://www.nytimes.com/1973/12/23/archives/the-issue-is-subtle-the-debate-still-on-the-apa-ruling-on.html>
- (5) <https://www.psychologytoday.com/us/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens>
- (6) <https://www.lifesitenews.com/news/pediatrician-blasts-study-claiming-that-affirming-kids-gender-confusion-red>
- (7) <https://alphanewsmn.com/could-parents-who-resist-the-transgender-narrative-lose-their-kids-yup/>

Additional references can be found at:

<https://arlingtonparentcoa.wixsite.com/arlingtonparentcoa/research-1>