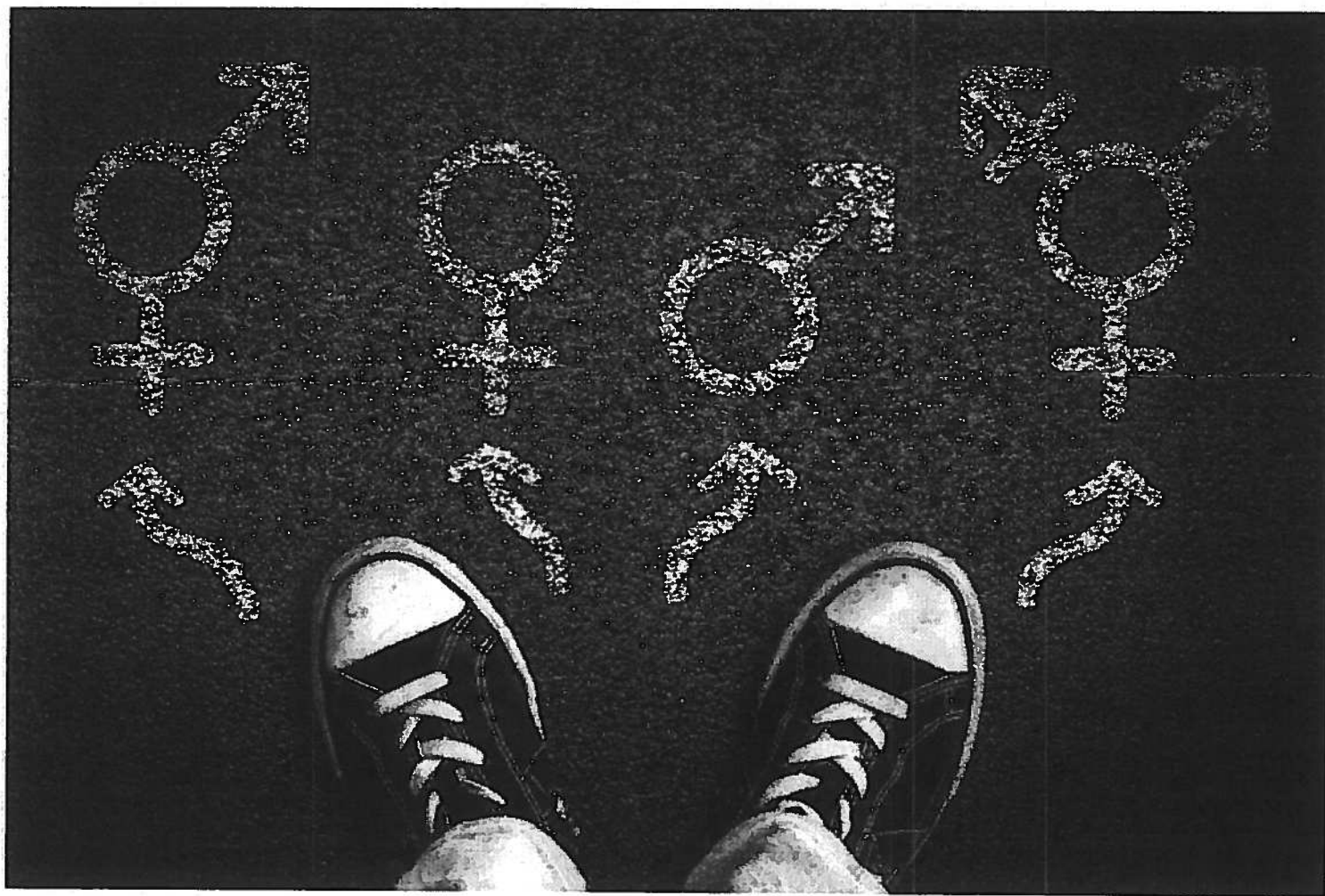


Study From Netherlands: Most Children Outgrow Transgender Inclinations

Hasson expressed concern that counselors are pressuring parents to provide these life-altering drugs and procedures for their children when all they need is time to grow more comfortable with their bodies.



According to the study, 78% of participants never became discontent with their gender. About 19% grew more content over time and only 2% became less content over time. (photo: Ronnie Chua / Shutterstock)

A study from researchers in the Netherlands found that nearly two-thirds of children who had wished that they belonged to the opposite sex as adolescents ultimately became comfortable with their biological sex in early adulthood.

But then there was the difficulty in definitively diagnosing which children will still identify as trans when they are adults; concerns about interfering with the bone and brain development that occur in puberty; complications in male-to-female surgery because an undeveloped penis yields insufficient tissue for an optimal vaginoplasty; and questions about whether young people were equipped to give informed consent. Nearly all of these questions remain central to debates about the treatment today, along with fresh concerns as trans kids grew up — what risks does the protocol pose to fertility and how can it be preserved?

Ashley gets to the heart of the difficulty clinicians have long faced, which is to figure out definitively which children will benefit from the treatment. "Because gender is such a personal experience and because trans people are so diverse, clinicians have almost no tools to ascertain who isn't 'truly trans,'" they said. Clinicians should "trust the child's self-understanding," Ashley added, and provide each child "with the acceptance and support they need to make the best decision for themselves."

This observational study showed an increased mortality risk in transgender people using hormone treatment, regardless of treatment type. This increased mortality risk did not decrease over time. The cause-specific mortality risk because of lung cancer, cardiovascular disease, HIV-related disease, and suicide gives no indication to a specific effect of hormone treatment, but indicates that monitoring, optimising, and, if necessary, treating medical morbidities and lifestyle factors remain important in transgender health care. 4568 subjects

Several countries, including Norway, Sweden, France, Finland, and England, have already banned puberty blockers due to their severe health risks. These drugs cause sexual dysfunction, infertility, cancers, liver, heart and vascular disease, osteoporosis, psychiatric disorders and other complications. The lifelong medicalization of our children brings with it a lifetime of suffering.

Hasson expressed concern that counselors are pressuring parents to provide these life-altering drugs and procedures for their children when all they need is time to grow more comfortable with their bodies.

“Unfortunately, what our children are not being given today is time — time to experience and outgrow the natural (sometimes painful) stages of pubertal growth, along with the reassurance that, with time, they will eventually feel comfortable in their own skin,” Hasson said. “Instead, gender clinicians and counselors convince parents that their children are in crisis and need puberty blockers or other hormonal interventions. It’s not true. What they really need is reassurance and time to mature.”

Another recent study, published in Finland earlier this year, found that providing adolescents with transgender drugs or surgeries did not provide any statistically significant reduction in suicide deaths. Rather, the study found that higher rates of suicide appear to be rooted in the high rate of mental health comorbidities among youths who identify as transgender.

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