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Gender Research Advisory Council + Education

Rebutting the False Narrative That Detransitioning Is Common

I write as the father of a transgender child, an attorney, and a board member of GRACE, an organization that provides fact- and evidence-based education about transgender people and the medical care they receive. Anti-trans idealogues have consistently presented a false narrative that bans on gender-affirming care for adolescents (like HB 68) are necessary to protect them from a supposedly rash decision to transition that many will come to regret and ultimately reverse. This claim simply does not comport with the facts.

Detransitioning Is Exceptionally Rare

Last week, the Committee heard testimony suggesting that gender detransitions are common.[1] The only support for this contention is anecdotal evidence from a handful of people who detransitioned. To be clear, these relatively few detransitioners deserve compassion, empathy and support to address their individual issues.[2] However, physicians do not diagnose and treat patients based on anecdotal evidence. Nor should politicians deprive thousands of adolescent transgender Ohioans of medically necessary healthcare against the express wishes of their parents, and the medical advice of their doctors, based merely on anecdotes.

Robust evidence directly contradict this detransition narrative and demonstrate just how rare detranstions are. A recent longitudinal study of trans youth[3] found that:

- Detransitions “are infrequent” with only 2.5% of participants identifying as cisgender five years after their initial social transition;
- Only 0.5% of youths who transitioned after age 6 were living as cisgender five years after their transition; and
- Of the over 300 initially-transgender youth in the study, only one who had started on puberty blockers ultimately detransitioned.

Similarly, a recent retrospective study from an internationally leading pediatric clinic concluded “that detransition was very rare” and that only 1.6% of transgender adolescents who started puberty blockers subsequently discontinued their use.[4] The study’s authors concluded that this evidence “provides ongoing support for medical interventions in gender-diverse adolescents.”

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[1] “Detransition” refers to someone who had commenced gender transition and then stopped; the term is used interchangeably with “retransition”.

[2] It is worth noting that one of the organizations aggressively promoting the false detransition narrative in Ohio is Partners in Ethical Care (PEC), an advocacy organization that explicitly states on its website: “We believe no child is born in the wrong body.” PEC also offers to connect detransitioners with lawyers who may be willing to sue the care providers who supported their transitions.

[3] Kristina R. Olson, et al., *Gender Identity 5 Years After Social Transition*, Pediatrics 150(2) (July 13, 2022).

[4] Maria ATC van der Loos, et al, *Children and Adolescents in the Amsterdam Cohort of Gender Dysphoria: Trends in Diagnostic and Treatment Trajectories During the First 20 Years of the Dutch Protocol*, Journal of Sexual Medicine 398-409 (Jan. 26, 2023).

This study is especially notable because it captured both a large cohort (1766 participants under the age of 18) and an unprecedented 20-year timespan (1997-2018).

Based on these minuscule rates of detransition, for every 1000 transgender adolescent Ohioans, a ban on gender affirming care would definitively deprive 984-997 of them medically necessary care—and displace parents from such personal family decisions—in an uncertain attempt to spare 3-16 of the 1000 a potential detransition.

*Adolescents Are Not Rushing to Receive Gender-Affirming Medical Car*e

A significant reason for the low rates of detransition is the rigorous diagnostic and treatment protocols imposed by the World Professional Association for Transgender Health (WPATH) Standards of Care, which every major U.S. medical and mental health group endorses for the care of transgender patients.[5] These protocols belie the contention of "social contagion" propagated by anti-transgender organizations whereby children allegedly are influenced to identify as transgender by peer pressure, especially through social media, and then rashly begin medical interventions. These activists would have you believe that once a child declares they are transgender, they proceed immediately to receiving medical gender affirming care. The WPATH Standards of Care and all available evidence demonstrate this to be false.

When first considering the possibility that their child may be transgender, many parents (including me) question whether the child is going through a phase that may pass. Medical and mental health experts agree that a transgender individual is someone who "consistently, persistently, and insistently" identifies as a different gender than their assignment at birth, in contrast to cisgender (non-transgender) people who may merely experiment with gender expression that does not conform to stereotypical notions of gender-appropriate appearances.[6] Mental health professionals also have developed standardized measures to assess a child's gender identity.[7]

Many transgender adolescents experience gender dysphoria, a medically recognized condition that is characterized by debilitating distress and anxiety resulting from the incongruence between a person's gender identity and sex assigned at birth.[8] A diagnosis of gender dysphoria requires

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[5] The World Professional Association for Transgender Health (WPATH) is a non-profit, interdisciplinary professional and educational organization devoted to transgender health. WPATH publishes the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (Version 8), which the "major medical and mental health groups in the U.S. expressly recognize…as representing the consensus of the medical and mental health community regarding the appropriate treatment for gender dysphoria." Brief of *Amici Curiae* The American Medical Association et al., at 15 n. 5, *Fain v. Crouch*, No. 22-1927 (4th Cir. Dec. 7, 2022)("AMA Brief").
[6] Am. Acad. of Pediatrics, *Gender Non-conforming & Transgender Children* (2015); Am. Psychol. Ass'n, *Report of the APA Task Force on Gender Identity and Gender Variance* 52-53 (2008)("APA Task Force Report"); Kristina R. Olson et al., *Mental Health of Transgender Children Who Are Supported in Their Identities,* 137 Pediatrics 1, 2 (Mar. 2016).
[7] *See* Stanley R. Vance, Jr. et al., *Psychological and Medical Care of Gender Nonconforming Youth*, 134 Pediatrics 1184, 1187 (Nov. 2014).
[8] American Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* 451-53 (5th ed. 2013)("DSM-5").

such incongruence to persist for at least six months, as manifested by at least two of six criteria, and be accompanied by "clinically significant distress or impairment in social, occupational, or other important areas of functioning."[9] The onset of puberty and its associated development of secondary sex characteristics can trigger or exacerbate gender dysphoria.[10]

Critics of gender-affirming care for adolescents baselessly claim that children are rushed into such care, but the opposite is true: a recent study found that transgender adolescents wait on average over 10 months between contacting a clinic and receiving puberty blockers or cross-sex hormones.[11] This long wait reflects both the care and deliberation families invest in such decisions as well as the scarcity of medical professionals experienced in providing such care.

These protocols and the rigorous clinical assessment tools confirm that neither parents nor medical professionals blithely accept an adolescent's contention that they are transgender without substantial additional observation, analysis and dialogue over a considerable period of time.

The other important consideration when evaluating the relative risks and benefits of puberty blockers and hormone therapy for adolescents is that there simply is no other approved medical care to treat gender dysphoria. The anti-LGBTQ organization Alliance Defending Freedom[12] told Ohio legislators that trans youth should receive "therapy" by which they mean conversion therapy, which is explicitly rejected by every leading U.S. medical association[13] and is illegal in jurisdictions representing over half the U.S. population. Conversion therapy is not just cruel, but demonstrably dangerous to the mental and physical health of transgender adolescents.

Proponents of HB68 Rely on Junk Science and Discredited Theories

Unlike the political arena, where unscrupulous idealogues can recklessly promote junk science and discredited theories, courts of law make decisions based on evidence presented under stringent rules and subject to the rigors of the adversarial system. In this arena, junk science is revealed for what it is. Nearly every trial court to consider the evidence in challenges to bans on gender-affirming care has concluded that such care is medically necessary, safe and effective, and supported by every major medical association in the country. Just a few months ago, a trial court in Montana issued a preliminary injunction barring enforcement of the State's recently enacted ban on gender-affirming care, concluding:

> "The Court is forced to conclude that the purported purpose given for [the statute (protecting children)] is disingenuous. It seems more likely that the [statute]'s purpose is to ban an

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[9] *Id.* at 452.
[10] APA Task Force Report, *supra*, at 45.
[11] Diana M. Tordoff *et al.*, *Factors Associated with Time to Receiving Gender-Affirming Hormones and Puberty Blockers at a Pediatric Clinic Serving Transgender and Nonbinary Youth*, Transgender Health 420-428 (Oct. 4, 2023).
[12] Alliance Defending Freedom is a virulently anti-LGBTQ organization that has been characterized as a hate group. See https://www.splcenter.org/news/2020/04/10/why-alliance-defending-freedom-hate-group
[13] AMA Brief, *supra*, at 15 n. 5.

> outcome deemed undesirable by the Montana Legislature veiled as protection for minors. The legislative record is replete with animus toward transgender persons, mischaracterizations of the treatments proscribed by [the statute], and statements from individual legislators suggesting personal, moral, or religious disapproval of gender transition."[14]

This description could apply to any of the other state laws that ban gender-affirming care. Ohioans deserve better.

Our family has first-hand experience with the life-saving benefits of providing gender-affirming care to adolescents suffering from gender dysphoria, and our experience is representative of all of the available evidence that such care is safe and effective. Politicians should stop trying to impose one-size-fits-all, statewide mandates and interfering in the private, individualized medical decisions of families with transgender children and their physicians.

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[14] *Van Garderen v. State of Montana*, No. DV-23-541 (Mont. 4th Jud. Dist. Ct. Sept. 27, 2023), slip op. at 33-34.