



American College of Pediatricians®
The Best *for* Children

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Vote YES on SB3 and SB91

"The narrative of 'gender identity experts' defies science and threatens all children."

~ Dr. Michelle A. Cretella, MD, President of the American College of Pediatricians

These are the real facts:

- 1) Biological sex is hardwired at fertilization and cannot be changed.
- 2) Gender identity is NOT hardwired and can change over time due to many factors.ⁱ
- 3) Transgenderism is belief; not science. There is no medical test to diagnose an individual as transgender. Transgenderism exists solely in a person's mind - not in the individual's body. No one is born trapped in the wrong body.ⁱⁱ
- 4) Transgender belief that causes distress is a mental disorder known as gender dysphoria listed in the 5th edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.ⁱⁱⁱ
- 5) Children with gender dysphoria (GD) believe they are not their biological sex.ⁱⁱⁱ
- 6) *75%-98% of children outgrow GD by late adolescence with watchful waiting or therapy that affirms biological sex.*^{iii,iv}
- 7) *This means that the vast majority of gender dysphoric children do NOT commit suicide. One study has found that perceived discrimination does NOT cause suicide. There is NO evidence to prove that perceived discrimination does cause suicide.*^v
- 8) In contrast, 100% of young children affirmed as the opposite sex, and placed on puberty blockers followed by cross-sex hormones, are permanently sterilized.^{vi}
- 9) These blockers and hormones also carry a lifetime risk of potential side-effects: severe bone damage,^{vii} cardiac disease, stroke, diabetes, hypertension, cancers.^{viii}
- 10) Children between 2 and 7 years old often mistake fantasy and appearance for reality.^{ix} Most children know their biological sex by age 3, but may not understand that sex is permanent even at age 7. Teaching school children transgender ideology as fact risks disrupting their development, and sending them down the medical path of irreparable harm described above.
- 11) Adolescents are cognitively immature with poor risk assessment.^x Teaching transgender ideology as fact risks disrupting this psychological stage of "Identity formation versus Role Confusion".

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12) Loving and compassionate solutions are rooted in reality. Facts - not ideology - determine reality.

13) A boy who wants to cut off his penis, or a girl who wants to cut off her breasts, feels alienated from a healthy body and is crying out for help. (Medically and scientifically each is no different from an anorexic child who is on a starvation diet and requesting liposuction because he or she identifies as obese).

14) The loving compassionate response to children with mistaken beliefs about their bodies is not to further divorce them from their bodies and place them at risk for long term harm.

15) The loving, compassionate and common sense response is to nurture all children through natural puberty and into late adolescence when up to 98% of gender dysphoric children will embrace their bodies.

ⁱ Zucker KJ, Bradley SJ. Gender Identity and Psychosexual Disorders. *FOCUS* 2005;3(4):598-617.

ⁱⁱ Gender Dysphoria in Children a Position Statement of the American College of Pediatricians (Aug. 2016). Available at <https://www.acped.org/the-college-speaks/position-statements/gender-dysphoria-in-children> (Accessed 7.20.17).

ⁱⁱⁱ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed; 2013:451-459.

^{iv} Diamond LM and Tolman, DL (eds.) *APA handbook of sexuality and psychology*. Washington, DC: American Psychological Association, 2014. See also: Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. *J Sexual Med* 2008;5:1892–1897.

^v Burgess D, Lee R, Tran A, van Ryn M. Effects of Perceived Discrimination on Mental Health and Mental Health Services Utilization Among Gay, Lesbian, Bisexual and Transgender Persons. *Journal of LGBT Health Research* 2008;3(4): 1-14.

^{vi} Sadjadi S. The endocrinologist's office—puberty suppression: saving children from a natural disaster? *Med Humanit* 2013;34:255-260.

^{vii} Jewitt C. Women Fear Drug Used to Halt Puberty Led to Health Problems, Feb. 2017. Available at <http://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/> (Accessed 7.20.17).

^{viii} Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and healthcare research. *Curr Opin Endocrinol Diabetes Obes* 2016;23:180-187.

^{ix} Sharon T, Woolley JD. Do monsters dream? Young children's understanding of the fantasy/reality distinction. *British Journal of Developmental Psychology*. 2004;22:293–310.

^{xx} Science of Adolescent Development. Available at <https://eji.org/sites/default/files/miller-media-kit-science-adolescent-development.pdf> (Accessed 7.20.17).