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**Do No Harm Statistics – Texas Values Compiled**

Extreme LGBT ideology drives the United States to provide transgender medical care to younger children, while Europe goes a safer and more scientific route. Scientific data shows an incredible dearth of knowledge and data in a field where practitioners routinely now offer medical “solutions” with potentially devastating consequences for young children.

* The mainstreaming of a belief that sex and gender are socially constructed has coincided with a substantial increase in the number of children receiving transgender medical care. Between 2017 and 2021, the number of children known to be on puberty blockers or cross-sex hormones more than doubled. [[1]](#footnote-1)
* The American Academy of Pediatrics embraced an affirm-only/affirm-early policy starting in 2018.
* Yet studies show that as few as 12% of cases of childhood gender dysphoria persist into adulthood.[[2]](#footnote-2)
* There was no change in anxiety, depression or gender distress following GnRH therapy (puberty blockers) and opposite sex therapy in children.[[3]](#footnote-3)
* Over 60% of transgender adolescents were diagnosed with depression, autism spectrum disorders, psychoses, substance abuse, anxiety or eating disorders.[[4]](#footnote-4)
* 88% of these youth had comorbid mental health diagnoses and other indicators of psychological distress and adverse childhood events. 19 % had a history of sexual abuse. 54% were bullied.[[5]](#footnote-5)
* For females, the use of cross-sex hormones is associated with risks of erythrocytosis, which is an increase in red blood cells; severe liver dysfunction; coronary artery disease, including heart attacks; depression, and other associated risks.[[6]](#footnote-6)
1. Chad Terhune, Robin Respault and Michelle Conlin. As more transgender children seek medical care, families confront many unknowns. Reuters. October 6, 2022. [↑](#footnote-ref-1)
2. Joseph H. Bonifacio et al. Management of gender dysphoria in adolescents in primary care. CMAJ 2019. [↑](#footnote-ref-2)
3. De Vries A. L. et al. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. J. Sexual Medicine 2011; 8: 2276-2283 [↑](#footnote-ref-3)
4. Becerra-Culquie TA et. al. Mental health of transgender and gender nonconforming youth compared with their peers. Pediatrics 2018: 141: e20173845 [↑](#footnote-ref-4)
5. Kozlowska, K. et. al. Australian children and adolescents with gender dysphoria: clinical presentations and challenges experienced by a multidisciplinary team and gender service. Human Systems: Therapy, Culture and Attachments 2021;1: 70-95 [↑](#footnote-ref-5)
6. WPATH Standards of Care 8 at S254 [↑](#footnote-ref-6)