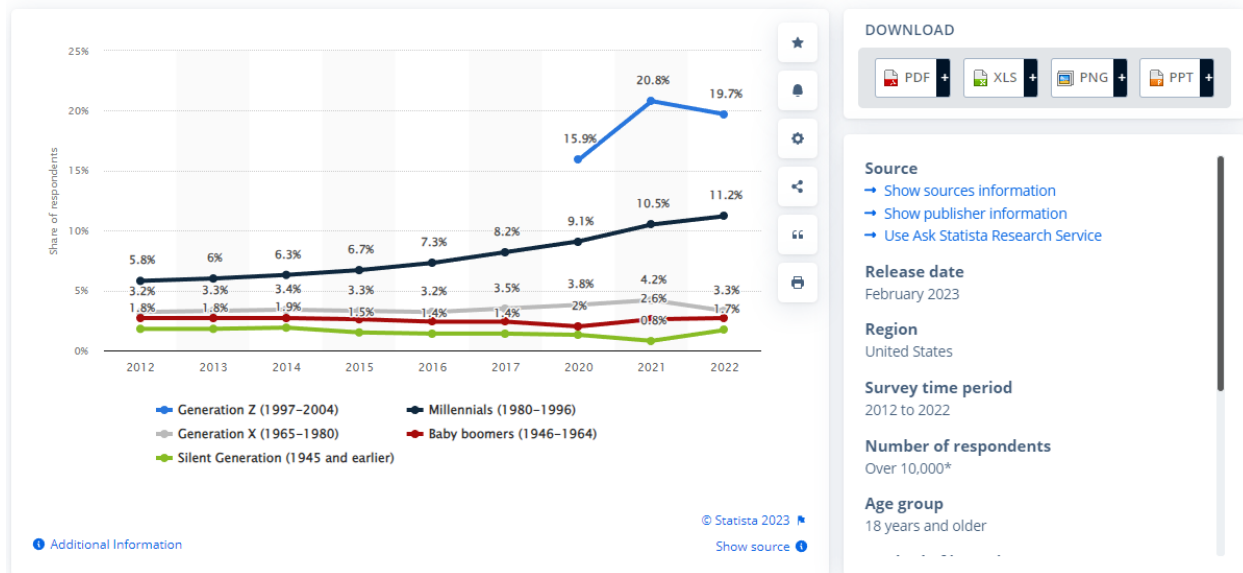


Gender Dysphoria and Transsexualism Fact Sheet

[Statistics from the United States](#) show that the rates at which people identify as LGBT are highest in the youngest generations, indicating that it is a social contagion, as opposed to a genuine civil rights movement. If this increase in rates were really the result of greater levels of openness and acceptance, then we should expect to see the highest concentration of those who so identify in the older generations, who would have been suppressed for the longest period of time. Rates in GenZ are 10x that of the Boomer Generation, and 20x that of the Silent Generation.

Share of respondents who identified as lesbian, gay, bisexual or transgender in the United States from 2012 to 2022, by generation



In 2017, the Government of Canada (GoC) passed [Bill C-16](#), adding gender identity and gender expression to the list of prohibited grounds for discrimination, under the Canadian Human Rights Act.

Prohibited grounds of discrimination

3 (1) For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, **gender identity or expression**, marital status, family status, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

The fall-out of Bill C-16 has resulted in boys who identify as girls being allowed into girls' washrooms, concerned parents who attend school board meetings being silenced for discriminatory speech, and the public health care system adopting the *affirmative care model*. Children who identify as "trans" are put on a regime of puberty blockers, and hormones, leading to gender transition surgery.

“THAT’S NOT HAPPENING IN CANADA!”

The Canadian Paediatric Society’s statement on “[An affirmative approach to caring for transgender and gender-diverse youth](#)” says, “as demand for gender-affirming care is anticipated to continue to increase, some health care providers (HCPs) may wish to develop the knowledge and skills required to initiate adolescents on hormone-blocking agents and gender-affirming hormones.” In the “Clinical components of gender affirming care” section, it lists hormone blockers, gender affirming hormones, and gender affirming surgery.



A home for paediatricians. A voice for children and youth.

Gender-affirming care	Care provided to an individual to support their gender identity; this care may be medical, surgical, social, and/or psychological
Gender-affirming hormone therapy (GAHT)	Hormones prescribed to induce the development of secondary sex characteristics associated with an individual's experienced gender: testosterone for those who seek masculine features, and 17β-estradiol for those seeking feminine features
Gender-affirming surgeries	Also called 'transition-related surgeries' or 'gender-confirming surgeries', this term refers to a range of surgical options that individuals may pursue as a component of transitioning

Rainbow Health Ontario

MEDICAL TRANSITION

Your child might be interested in seeking medical assistance to bring their physical appearance in line with their gender identity. This could include transition-related hormone therapy and/or surgery/surgeries. Treatment is determined on a case-by-case basis by the provider, and youth do not need parental consent for medical interventions in Ontario. However, youth have significantly better outcomes when supported by family.

FEMINIZING/MASCULINIZING TRANSITION RELATED HORMONE THERAPIES

A young person may begin transition related hormone therapy if transition is desired. Transition related hormone therapy is a course of gender-affirming treatment that some people take to better represent their gender identity. It involves taking medicines to increase certain hormones in the body and block the production of others. Family physicians in Ontario can prescribe puberty suppression and hormones to youth.

TRANSITION RELATED SURGERY

Also known as sex reassignment surgery, this includes various surgical procedures that a person may choose to undergo to better represent their gender identity. If your child is considering surgery, contact your primary care provider. This provider can guide the process or make a referral to one of the transgender youth clinics in Ontario.

Supportive and knowledgeable primary health care professionals can aid in exploring medical transition options, examining health risks and benefits, initiation and maintenance of transition related hormone therapy, surgery planning and referral.

PRIVACY AND SAFETY

Transition often raises concerns about privacy and safety. These concerns are real, and every family will address them differently. If your child is transitioning, plan together for how to share this information with others, but also keep in mind that plans may change along the way.

Trans, non-binary, gender independent and gender non-conforming adults make a range of decisions about who they want to share their identity and history with. Much the same, young people who are transitioning also differ in how visible they wish to be.

Try to respect your child's comfort level and make decisions together as a family. Despite planning, it's not possible to control how others will respond and advocating for your child may become necessary.

For more information, see our brochures *Advocating for your Gender Independent Child*, and *Supporting Your Child's Gender Identity and Expression*



OTHER RESOURCES

Rainbow Health Ontario
2SLGBTQ health information, service provider directory, training, research and policy services.
RainbowHealthOntario.ca

Family In Transition Guidebook – A Resource Guide for Families of Transgender Youth
<https://ctys.org/wp-content/uploads/CTYS-FIT-Families-in-Transition-Guide-2nd-edition.pdf>

Gender Creative Kids
Canadian resources for supporting gender independent children and youth.
GenderCreativeKids.ca

Trans Parent Canada
Resources for parents of transgender children.
transparentcanada.ca

PFLAG Canada
Resources for families of 2SLGBTQ children.
pflagcanada.ca

SUPPORTS FOR CHILDREN AND YOUTH

Kids Help Phone
kidshelpphone.ca
Phone: 1-800-668-6868

LGBT Youthline
youthline.ca
Phone: 1-800-268-9688

Gender and Identity Support & Resources
<https://teens.aboutkidshealth.ca/article?contentid=3964&language=english>



rainbow health ontario
SHERBOURNE HEALTH

gender affirming options for gender independent children and adolescents

Children's Hospital of Eastern Ontario (CHEO)



Coming to CHEO

Clinics, Services & Programs

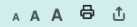
Resources and Support

Get Involved

About Us

Home / Clinics, Services & Programs / Directory / Gender Diversity Clinic

Gender Diversity Clinic



Health Sciences Nord, Sudbury



Health Sciences North
Horizon Santé-Nord

Français

705-523-7100

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About Us ▾

Home / Services and Specialties / NEO Kids and Family Program / Pediatric ACU / Gender Diversity Clinic

Gender Diversity Clinic

The NEO Kids Gender diversity clinic supports children, youth and families at all stages of their journey taking an affirming approach to their gender identity and care.

We provide information, options and care for children and youth experiencing gender dysphoria including assessment and treatment planning.

Care includes providing medical support through puberty blockers and other hormone therapy as well as resources to local mental health and peer support services.

Referrals



Resources



Contact Us

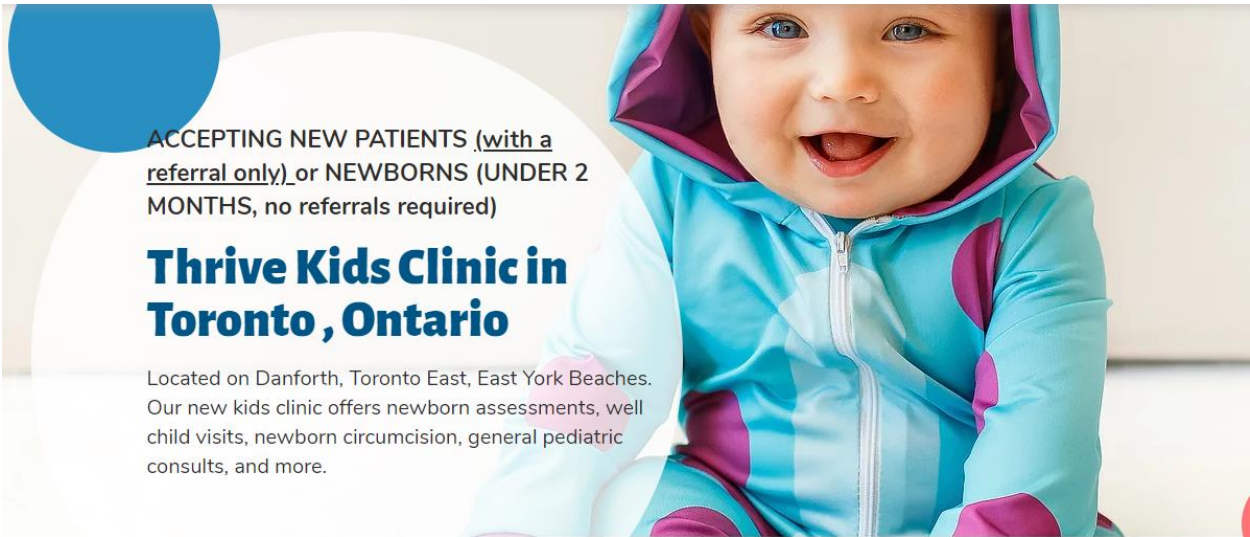
Address

Health Sciences North
Ramsey Lake Health Centre
41 Ramsey Lake Road
Sudbury, Ontario, P3E 5J1

Phone: 705-523-7120 ext 3508 or 3545

Email: neokidsinfo@hsnsudbury.ca

[Thrive Kids' Clinic, Toronto](#)



ACCEPTING NEW PATIENTS (with a referral only), or NEWBORNS (UNDER 2 MONTHS, no referrals required)

Thrive Kids Clinic in Toronto, Ontario

Located on Danforth, Toronto East, East York Beaches. Our new kids clinic offers newborn assessments, well child visits, newborn circumcision, general pediatric consults, and more.

Gender Affirming Care

Offering pediatric care for gender diverse teenagers and adolescent in conjunction with the partnerships of various hospitals and specialists in the GTA. Therapy sessions are done with MD that may last 1-1.5hours covered by OHIP (free)

Sick Kids, Toronto

Transgender Youth Clinic

The primary function of our interdisciplinary clinic is to provide information on medical options and a treatment plan for **puberty blocking and medical transition**. We strive to address the needs of our patients and families as fully as possible, however we are not able to provide ongoing mental health care or comprehensive social work support through our clinic. It is important that if individual and/or family therapy is needed, you connect with local community mental health supports. It would be a good idea to do this prior to your initial visit if warranted. During your appointment, our team may suggest other community-based services that may benefit your family.

BC Children's Hospital



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Menu

Our Services / Clinics / Gender

SHARE A A

Gender

The Gender Clinic provides **treatment with puberty blockers and/or gender-affirming hormones for transgender and gender-questioning youth**. We accept referrals up to the patient's 17th birthday.

Who we are

Getting a referral

Your first visit



Referrals

You need a [referral](#) from your child's doctor to visit this clinic.

Finding us

4480 Oak Street, Room K2-125
Children's Ambulatory Care Building
2nd floor, Area 12
Vancouver
BC V6H 3V4

Phone: 604-875-2117
Fax: 604-875-3231
Toll-free: 1-888-300-3088, x2117
24-hour emergency pager: 604-875-2161, ask for endocrinologist on-call
E-mail: bcchgenderclinic@cw.bc.ca

Supporting the Gender Affirming Journey for Manitoba Youth

June 30, 2022

"It's always a beautiful moment to be helping youth live their authentic lives."

— Dr. Harpreet Gill (pronouns She/Her), pediatric endocrinologist with the Gender Diversity and Affirming Action for Youth program at HSC Winnipeg Children's Hospital.



Transgender Map — by Andrea James

[Welcome!](#) [Search](#) [Social](#) [Legal](#) [Medical](#) [Money](#) [Youth](#) [Resources](#) [Politics](#) [About](#)

For young people: how to make a gender change

Medical changes

Some young people make [medical](#) changes after several steps. You will probably need to go to therapy and be allowed by your doctors and your family.

- [Therapy](#) (age 3 and up)
- [Healthy weight](#)
- [Hormone blockers](#) (if approved, usually around age 8 and up)
- [Hormones](#) (if approved, usually around age 12 and up)
- [Surgery](#) (if approved, usually around age 15 and up)

The Inconvenient Truth

Persisters – those who remain gender dysphoric

Desisters – those who do not remain gender dysphoric

Gender Identity Disorders in Childhood and Adolescence

“Only 2.5% to 20% of all cases of GID in childhood and adolescence are the initial manifestation of irreversible transsexualism. The current state of research on this subject does not allow any valid diagnostic parameters to be identified with which one could reliably predict whether the manifestations of GID will persist, i.e., whether transsexualism will develop with certainty or, at least, a high degree of probability.”

Psychosexual outcome of gender-dysphoric children

“At follow-up 10.4 +/- 3.4 years later, 54 children (*mean age* **18.9 years**, age range 16-28 years) agreed to participate (emphasis added).”

“At follow-up, 30% of the 77 participants (19 boys and 4 girls) did not respond to our recruiting letter or were not traceable; **27%** (12 boys and 9 girls) were still gender dysphoric (persistence group), and 43% (desistance group: 28 boys and 5 girls) were no longer gender dysphoric.”

A Follow-Up Study of Boys With Gender Identity Disorder

“In childhood, the boys were assessed at a mean age of 7.49 years (range, 3.33–12.99) at a mean year of 1989 and *followed-up at a mean age of* **20.58 years** (range, 13.07–39.15) at a mean year of 2002 (emphasis added).”

“Of the 139 participants, 17 (**12.2%**) were classified as persisters and the remaining 122 (87.8%) were classified as desisters.”

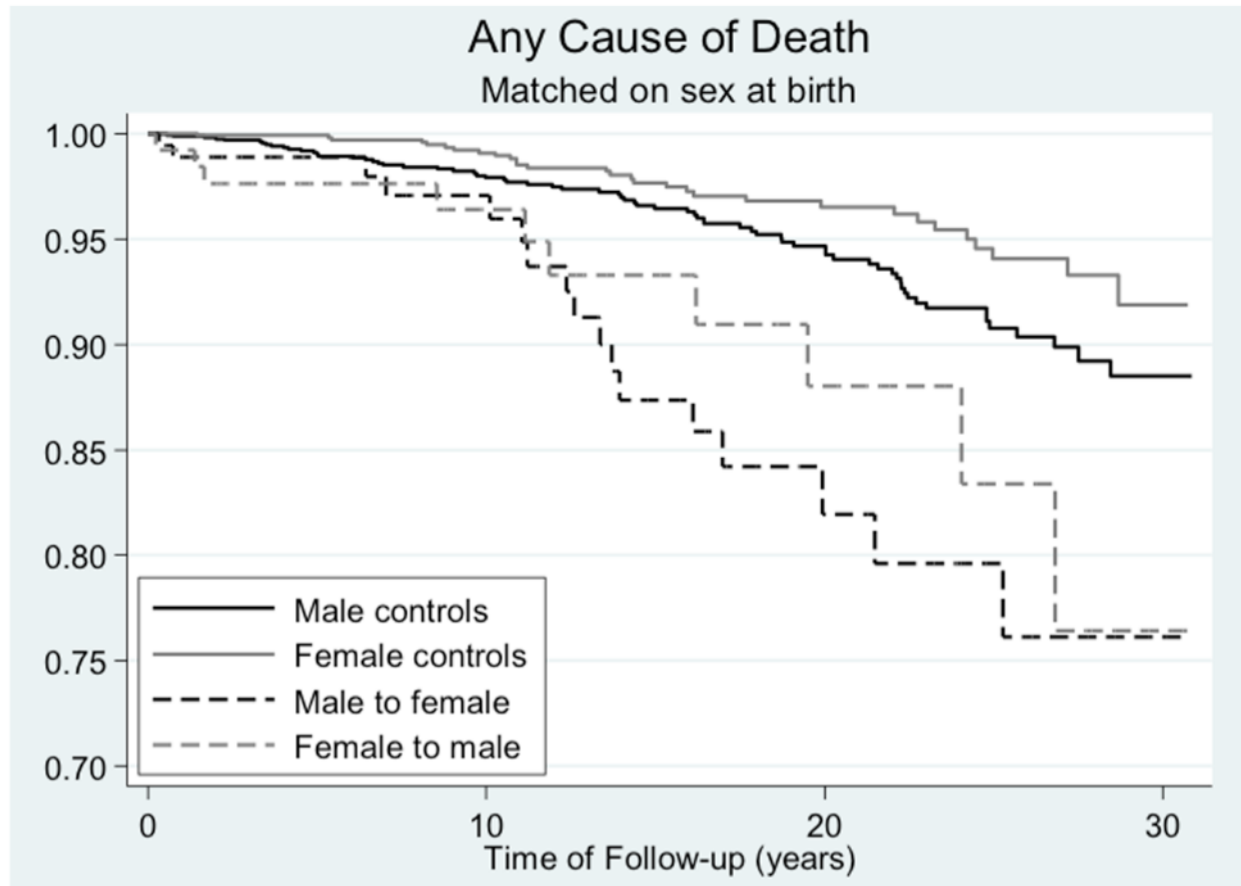
A follow-up study of girls with gender identity disorder

“This study provided information on the natural histories of 25 girls with gender identity disorder (GID). Standardized assessment data in childhood (mean age, 8.88 years; range, 3-12 years) and at follow-up (mean age, **23.24 years**; range, 15-36 years) were used to evaluate gender identity and sexual orientation (emphasis added).”

“At follow-up, 3 participants (**12%**) were judged to have GID or gender dysphoria. Regarding sexual orientation, 8 participants (32%) were classified as bisexual/homosexual in fantasy, and 6 (24%) were classified as bisexual/homosexual in behavior (emphasis added).”

[Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden](#)

“The overall mortality for sex-reassigned persons was higher during follow-up (aHR 2.8; 95% CI 1.8–4.3) than for controls of the same birth sex, *particularly death from suicide* (aHR 19.1; 95% CI 5.8–62.9). Sex-reassigned persons also had an increased risk for suicide attempts (aHR 4.9; 95% CI 2.9–8.5) and psychiatric inpatient care (aHR 2.8; 95% CI 2.0–3.9).”



[World Professional Association for Transgender Health Standards of Care](#)

“An important difference between gender dysphoric children and adolescents is in the proportion for whom dysphoria persists into adulthood. Gender dysphoria during childhood does not inevitably continue into adulthood. Rather, in follow-up studies of prepubertal children (mainly boys) who were referred to clinics for assessment of gender dysphoria, the *dysphoria persisted into adulthood for only 6-23% of children* (Cohen-Kettenis, 2001; Zucker & Bradley, 1995). Boys in these studies were more likely to identify as gay in adulthood than as transgender (Green, 1987; Money & Russo, 1979; Zucker & Bradley, 1995; Zuger, 1984). Newer studies, also including girls, showed a *12- 27% persistence* rate of gender dysphoria into adulthood (Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Wallien & Cohen-Kettenis, 2008).

In contrast, the persistence of gender dysphoria into adulthood appears to be much higher for adolescents. *No formal prospective studies exist.* However, in a follow-up study of 70 adolescents who were diagnosed with gender dysphoria and given puberty suppressing hormones, all continued with the actual sex reassignment, beginning with feminizing/masculinizing hormone therapy (de Vries, Steensma, Doreleijers, & Cohen-Kettenis, 2010) (emphasis added).”

[Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment](#)

“Further research is needed to elucidate the longer-term impact of medical affirmation on mental health, including family and social factors associated with the persistence and discontinuation of mental healthcare needs among TGD youth.”

Canada Bans “Conversion Therapy”

In 2021, the GoC passed [Bill C-4](#), to expand the definition of “conversion therapy” to include talk therapy from a qualified mental health professional that would alleviate gender dysphoria without puberty blockers, hormone replacement, and surgery. Any parent who does so is liable to **imprisonment of up to five years**. All 338 MPs voted in favour of the Bill.

Conversion Therapy

Definition of conversion therapy

320.101 In sections 320.102 to 320.104, *conversion therapy* means a practice, treatment or service designed to

- (a) change a person’s sexual orientation to heterosexual;
- (b) change a person’s gender identity to cisgender;
- (c) change a person’s gender expression so that it conforms to the sex assigned to the person at birth;
- (d) repress or reduce non-heterosexual attraction or sexual behaviour;
- (e) repress a person’s non-cisgender gender identity; or
- (f) repress or reduce a person’s gender expression that does not conform to the sex assigned to the person at birth.

For greater certainty, this definition does not include a practice, treatment or service that relates to the exploration or development of an integrated personal identity — such as a practice, treatment or service that relates to a person’s gender transition — and that is not based on an assumption that a particular sexual orientation, gender identity or gender expression is to be preferred over another.

Conversion therapy

320.102 Everyone who knowingly causes another person to undergo conversion therapy — including by providing conversion therapy to that other person — is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than five years; or
- (b) guilty of an offence punishable on summary conviction.

Cui Bono? (who benefits?)

In short: Big Pharma

Puberty Blockers

Share price and profitability of the share AbbVie (LUPRON)

Share price 8/24/23 USD 146.59	Yield (Dividend per share) 3.98 % (annualized)	Share price variations over 1 year +6.42 %	(2018-2022) Stoxx Europe 600 : +10.30 % S&P 500 NY : +42.40 %	Share price variations over 5 years +50.45 %
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Summary

The data show that rates of desistance for gender dysphoria increase with age. The higher the mean age at follow-up, the higher the rates of desistance. This would suggest that dysphoria is by-and-large transitory, and likely related to puberty. When the “watchful waiting” approach is applied, the overwhelming majority of people will desist by age 25; however, preliminary data for children who receive “affirmative care” in adolescence indicate that, once they start on the hormone therapy, 100% of subjects proceed to sex reassignment, which is associated with dramatically shortened lifespans and significantly higher rates of suicide. Once transitioned, patients have no choice but to remain on cross-sex hormones for life.