



# Clarity and Care for Children with Gender Confusion

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## Introduction

Gender issues are everywhere in this post-Christian culture, creating confusion and chaos. My colleagues and I have the privilege and obligation of preparing the next generation of teachers to enter both Lutheran and public schools. Christian day school administrators, teachers and pastors are pleading for resources they can use with confidence. Through the years I have found much information on gender dysphoria, or the distress caused by misalignment of body and mind. Hopefully this provides clarity in caring for children.

## Clarity

**1. Gender dysphoria is rare.** According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, .005 to .014% of males report this condition. This means there are 5–14 cases for every 100,000 males. In females, gender dysphoria is even more infrequent. The percentage of females experiencing this is .002 to .003% (2–3 cases for every 100,000 females).<sup>1</sup> Abigail Shrier, author of the book *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, noted this condition occurred mostly in boys ages 2–4 over the past 100 years. However, today gender dysphoria is more often seen in girls.<sup>2</sup>

**2. For the vast majority of children, gender dysphoria resolves itself.** Dr. Paul McHugh, former psychiatrist-in-chief at Johns Hopkins University, reported that 70–80% of patients lose the feelings of distress on their own, without hormone treatment or surgery.<sup>3</sup> This is due to the fact that gender dysphoria has no certain physiological or genetic cause according to the *DSM-5*. In other words, no one is

“born that way.” The remaining 20–30% of people are struggling with the disconnect between their biological sex and perceived gender. According to the Centers for Disease Control and Prevention (CDC), 15% of transgender students reported a suicide attempt requiring medical help, compared to 3% of all students.<sup>4</sup> Consequently, the fear of suicide is the motivation for permitting transitions.

**3. Counseling was utilized more in the past.** Before 2013, “gender identity disorder” was the term used in the *Diagnostic and Statistical Manual of Mental Disorders*, psychiatry’s “bible” for diagnosing mental illness. Counseling was used for treating underlying conditions: autism, trauma, anxiety and stress. After 2013, this condition was redefined as a dysphoria. Treatment changed from repairing a disorder to managing distress, anxiety, depression over the body/mind disconnect.<sup>5</sup> Today, counseling for gender dysphoria by a licensed mental health professional is prohibited in 20 states. This applies even if the patient and/or a minor patient’s parents desire it, according to the Family Research Council.<sup>6</sup>

<sup>1</sup> Commission on Theology and Church Relations, *Gender Identity Disorder or Gender Dysphoria in Christian Perspective* (St. Louis: The Lutheran Church—Missouri Synod, 2014), [files.lcms.org/api/file/preview/53E2B773-CD82-4B0D-96F4-D3FB56B17952](https://files.lcms.org/api/file/preview/53E2B773-CD82-4B0D-96F4-D3FB56B17952).

<sup>2</sup> Nick Gillespie, “Abigail Shrier Worries Teenage Gender Transitions Lead to Irreversible Damage,” *Reason.com*, July 13, 2021, [reason.com/video/2021/07/13/abigail-shrier-worries-teenage-gender-transitions-lead-to-irreversible-damage](https://reason.com/video/2021/07/13/abigail-shrier-worries-teenage-gender-transitions-lead-to-irreversible-damage).

<sup>3</sup> Paul McHugh, “Transgender Surgery Isn’t the Solution,” *The Wall Street Journal*, June 12, 2014, [wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120](https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120).

<sup>4</sup> Centers for Disease Control and Prevention, “2017 Youth Risk Behavior Survey,” 2018, [cdc.gov/healthyyouth/data/yrbs/data.htm](https://cdc.gov/healthyyouth/data/yrbs/data.htm).

<sup>5</sup> Commission on Theology and Church Relations, *Gender Identity Disorder or Gender Dysphoria in Christian Perspective* (St. Louis: The Lutheran Church—Missouri Synod, 2014). Retrieved from [files.lcms.org/api/file/preview/53E2B773-CD82-4B0D-96F4-D3FB56B17952](https://files.lcms.org/api/file/preview/53E2B773-CD82-4B0D-96F4-D3FB56B17952).

<sup>6</sup> “2022 State Legislative Sessions: An Overview on Counseling Bans and Counseling Protections,” *Family Research Council*, [frc.org/statelegislative-round-up/2022-state-legislative-sessions-an-overview-on-counseling-bans-and-counseling-protections](https://frc.org/statelegislative-round-up/2022-state-legislative-sessions-an-overview-on-counseling-bans-and-counseling-protections).

**4. Hormonal treatment has grown immensely without research on effects.** A Reuters Special Report stated there were zero gender clinics in America 15 years ago; today there are more than 100. While gender clinics will dispense puberty blockers and cross-sex hormones, these don't have U.S. Food and Drug Administration (FDA) approval for treating children with gender dysphoria. Furthermore, Reuters noted no clinical trials have confirmed safety for such use. In addition, there is no research tracking children's satisfaction or regret after using such treatment.<sup>7</sup> Because they have not been rigorously studied, puberty blockers' long-term effects on patients are unknown. However, known short-term effects are lower bone density, high blood pressure, weight gain, abnormal glucose tolerance, breast cancer, liver disease, thrombosis, cardiovascular disease and infertility.<sup>8</sup>

**5. Surgery does not cure gender dysphoria.** In 1966, Johns Hopkins University was the first American institution to perform sex-reassignment surgery. According to *WORLD* magazine, Johns Hopkins' research revealed patients were no better psychologically or socially than those without surgery. Therefore, they discontinued the practice. Dr. Paul McHugh, former psychiatrist-in-chief at Johns Hopkins, compared transgenderism to anorexia — both are delusional. Removing healthy tissue would be ill-advised for both conditions.<sup>9</sup> Sadly, even one of the most thorough *studies* on the long-term effects of transitioning done in Sweden revealed patients after surgery were more likely to commit suicide, at a rate 19 times higher than the general population.<sup>10</sup> Indeed, the world's largest dataset on sex-reassigned patients reveals no mental health benefits. According to the authors, "the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts."<sup>11</sup>

**6. European doctors have slowed transitioning of children.** Due to little psychological improvement in patients, doctors in Sweden and Finland have slowed or reversed course on transitioning children. Similarly,

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<sup>7</sup> Chad Terhune, Robin Respaut and Michelle Conlin, "As more transgender children seek medical care, families confront many unknowns," *Reuters*, Oct. 6, 2022, [reuters.com/investigates/special-report/usa-transyouth-care](https://www.reuters.com/investigates/special-report/usa-transyouth-care).

<sup>8</sup> Paul W. Hruz, Lawrence S. Mayer and Paul R. McHugh, "Growing Pains: Problems with puberty suppression in treating gender dysphoria," *The New Atlantis* (Spring 2017), [thenewatlantis.com/publications/growing-pains](https://thenewatlantis.com/publications/growing-pains).

<sup>9</sup> Marvin Olasky, "The truth test," *WORLD*, Oct. 4, 2014, [wng.org/articles/the-truth-test-1620623058](https://www.wng.org/articles/the-truth-test-1620623058).

<sup>10</sup> Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström and Mikael Landén, "Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden," *PLOS ONE* 6, no. 2 (Feb. 22, 2011), [doi.org/10.1371/journal.pone.0016885](https://doi.org/10.1371/journal.pone.0016885).

<sup>11</sup> Richard Branstrom and John E. Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study," *The American Journal of Psychiatry* 177, no. 8 (August 2020), [ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080](https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080).

England's National Health Service (NHS) closed down the Gender Identity Development Service at the Tavistock Clinic in London, the world's largest clinic for transgender youth.<sup>12</sup> According to *The Telegraph*, the NHS advises doctors to use a watchful approach with children because transgenderism is a transient phase.<sup>13</sup> As stated earlier, gender dysphoria resolves itself for the vast majority of children.

**7. Various parties profit from "gender-affirming" care.** Despite the lack of positive effects from treatments or surgery, gender-affirming care continues to grow in the United States. Doctors, insurers and pharmaceutical companies make large amounts of money from transgender patients. For one patient, estrogen injections will cost up to \$2,400 per year, while testosterone gels will cost up to \$4,200 per year. A female to male sex-reassignment surgery could cost up to \$380,000.<sup>14</sup>

## Care

**1. Think biblically about God's creation and order.** The reality of biological sex is not the construction of a "male-dominated" or "heterosexual-dominated" Western civilization. It is scientific fact. God created male and female — two sexes. Genesis 1:27 says, "So God created man in his own image, in the image of God he created him; male and female he created them." Rejecting reality has consequences and costs in physical, psychological and spiritual realms.

**2. Show care for children and their issues.** Don't mock or dismiss this condition. Listen to the pain and confusion that some children are experiencing. Studies of youth with gender dysphoria at the Tavistock clinic revealed a high occurrence of eating disorders, depression and autism — all known to increase the probability of suicide.<sup>15</sup> Instead of pushing sex reassignment, deal with the issues that are at the core of the despair.

**3. Encourage counseling to deal with confusion.** Children's brains develop as they mature, and adolescents struggle in making rational decisions. How can emotionally troubled children make decisions about life-altering and

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<sup>12</sup> Lisa Selin Davis, "The Beginning of the End of 'Gender-Affirming Care'?" *The Free Press*, July 30, 2022, [thefp.com/p/the-beginning-of-the-end-of-gender](https://www.thefp.com/p/the-beginning-of-the-end-of-gender).

<sup>13</sup> Hayley Dixon, "Most children who think they're transgender are just going through a 'phase' say NHS," *The Telegraph*, Oct. 23, 2022, [telegraph.co.uk/news/2022/10/23/children-who-think-transgender-just-going-phase-says-nhs](https://www.telegraph.co.uk/news/2022/10/23/children-who-think-transgender-just-going-phase-says-nhs).

<sup>14</sup> Dave Muoio, "Transgender Patients: Calculating the Actual Cost," *HMP Global Learning Network*, September 2017, [hmpgloballearningnetwork.com/site/frmc/article/transgender-patients-calculating-actual-cost](https://hmpgloballearningnetwork.com/site/frmc/article/transgender-patients-calculating-actual-cost).

<sup>15</sup> Michael w, "Suicide by Clinic-Referral Transgender Adolescents in the United Kingdom," *Archives of Sexual Behavior* 51 (2022): 685–690, [doi.org/10.1007/s10508-022-02287-7](https://doi.org/10.1007/s10508-022-02287-7).

fertility-destroying treatments and surgeries?<sup>16</sup> Instead of changing the body to fit thoughts and feelings, help children accept the reality of their bodies. Treating the underlying psychiatric conditions of anxiety or depression often offsets the desire for hormonal treatment and surgery.

**4. Speak the truth in love.** Tell children and parents what they need to hear — the truth. Through the conversations, listen and treat everyone respectfully. Love everyone by letting them know the science as well as the Scripture. Biology is not bigotry. However, expressions of femininity and masculinity can change from culture to culture, such as having long hair or wearing a dress. We can show love to children who don't fit in. But encouraging a confused child to take hormones or have surgery when their brain is still developing is not loving.

**5. Share Law and Gospel.** Because we live in a fallen, sinful world, there are many manifestations that the world is not right. People suffer from disease, disaster and death. Gender dysphoria is another symptom of this fallen world. As Christians we can offer help and hope. God's gift of sexuality is given even before birth and will not change throughout our lifetime. But living in willful opposition to God's created order of biological sex is sin. Deuteronomy 22:5 says, "A woman shall not wear a man's garment, nor shall a man put on a woman's cloak, for whoever does these things is an abomination to the LORD your God." Thankfully, there is forgiveness in Christ for all sins. First John 1:9 says, "If we confess our sins, he is faithful and just to forgive us our sins and to cleanse us from all unrighteousness." We all need to hear God's perfect will through the Law, as well as God's love in Christ through the Gospel.

## Conclusion

Our biological sex is unchanging, but our feelings can change. Instead of being led by our emotions, we can let biological facts inform our identity. More importantly, we can let the Bible inform our identity in Christ as dearly loved children of God.

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<sup>16</sup> Paul W. Hruz, Lawrence S. Mayer and Paul R. McHugh, "Growing Pains: Problems with puberty suppression in treating gender dysphoria," *The New Atlantis* (Spring 2017), [thenewatlantis.com/publications/growing-pains](http://thenewatlantis.com/publications/growing-pains).

