

SAHM

SOCIETY FOR ADOLESCENT
HEALTH AND MEDICINE

The Society for Adolescent Health and Medicine strongly rejects the views of those in the medical community pushing political and ideological agendas not based on science and facts.

Recently, Dr. Michelle Cretella, the president of the American College of Pediatricians, penned a scathing attack on the transgender community thinly veiled as an argument against the dangers of transgender surgery and support; an argument based on medical omissions, circumstantial facts, hateful interpretation and peripheral context.

Earlier this month, the Adolescent Health News Roundup, compiled by Multiview and distributed by SAHM, included the article [“I’m a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse”](#). While SAHM welcomes opposing views and tries to include other perspectives in its weekly digest of news culled from around the internet, SAHM does not condone misinformation and hurtful, ideological opinion, not rooted in science or evidence-based medicine. The above-referenced article does not meet these standards and was included as “news” in error. It not only promotes a biased agenda, but does so with outright disregard for the facts. We sincerely apologize for including this alongside legitimate news stories and are currently revising our procedures to ensure this does not happen again.

Dr. Cretella begins with “What doctors once treated as a mental illness, the medical community now largely affirms and even promotes as normal.” She fails to reference historical medical errors with regard to mental illness such as hysteria, a catch-all diagnosis for outspoken women; nostalgia, an affliction to those who had left their home; or the color purple, once argued to drive people insane. She then lists eight “basic facts” which are anything but, and ends with a conclusion of “Transition-affirming protocol is child abuse.”

SAHM is dedicated to fighting this type of misinformation. To combat this hate speech and vitriolic deception, we would like to refute her points one by one.

1) **“Twin studies prove no one is born ‘trapped in the body of the wrong sex.’”**

Dr. Cretella’s argument here, after citing an article from her own organization, relies on the false premise that DNA determines gender. It determines sex, but not gender. She quickly contradicts herself by citing a 2013 study by Dr. Milton Diamond which reports that 20 percent of identical twin pairs both identify as transgender. Dr. Cretella leaves out two important facts – twins have the same DNA, but [assume different characteristics](#) in the womb after separating, and 20% is far above the gender dysphoria national average of 0.3%, which directly refutes her claim there is a “minimal biological predisposition”. She not only cites lackluster science but then makes the leap to “transgenderism will not manifest itself without outside non-biological factors also impacting the individual during his lifetime”. She is supporting the archaic argument that gender identity is a choice, contrary to current reputable [research](#).

2) **“Gender identity is malleable, especially in young children.”**

Dr. Cretella's post is littered with correlation without causation references, and this is her first such reference. She claims 75 to 95% of pre-pubertal children who were distressed by their biological sex outgrew that distress before widespread promotion of transition affirmation. She also cites an increase in referrals for the Gender Identity Development Service in the UK. Both of these arguments can be explained by the widespread oppression and rejection felt by those who are experiencing gender dysphoria until just recently. As acceptance has grown, suppression and denial has decreased, and requests for help and acceptance has increased. SAHM strongly encourages those who need it to seek specialist treatment and to talk to someone who will listen and support them.

3) **"Puberty blockers for gender dysphoria have not been proven safe."**

The author includes evidence [from a report about](#) puberty blockers by the Impact Program, but only highlights the possible negative side effects. She references loss of bone density, without including that bone density loss reverses after puberty. Side effects from cough syrup include blurred vision and confusion, but as is the case with all drugs, the drawbacks must be weighed against the benefits.

4) **"There are no cases in the scientific literature of gender-dysphoric children discontinuing blockers."**

Here, Dr. Cretella suggests that because one study found 100% of pre-pubertal children who were placed on blockers at a young age went on to claim a transgender identity, medical protocol itself may lead children to identify as transgender. Another correlation without causation assumption.

More likely, those children were actually transgender and medical protocol helped them to live their lives. Dr. Cretella does not address this possible explanation.

5) **"Cross-sex hormones are associated with dangerous health risks."**

Again, all drugs have some negative side effects. The author refuses to give any credence to the idea that positive outcomes may be associated with cross-sex hormones. The [study](#) she cites gives equal weight to those positive outcomes.

6) **"Neuroscience shows that adolescents lack the adult capacity needed for risk assessment."**

Adolescence is a time of great change, when young people are figuring out who they are, and neuroscience has shown they are fully capable of sound judgement. While risk taking is part of being an adolescent, adolescent brains are [wired to ensure a range of exploratory behaviors](#) as part of the developmental process. SAHM supports the field of pediatric psychology, which she has completely undermined with this statement.

7) **"There is no proof that affirmation prevents suicide in children."**

The one [study](#) cited showed discrimination *alone* didn't lead to higher rates of suicide for LGBTQ people. However, that same study found that LGBTQ people had higher rates of psychological distress, greater likelihood of diagnosed depression and anxiety and were more likely to report unmet mental healthcare needs.

Meanwhile, she omits the plethora of research which supports affirmation is incredibly important to the LGBTQ community. One [study](#) found high levels of social support resulted in an 82% reduction in suicide attempt risk. [Another found](#) the attempted suicide rate to be 41% among transgender individuals, well-above the 4.6% overall US population average and cited experiencing discrimination, victimization and rejection by family and friends as causes.

Dr. Cretella offers no proof for a claim that “Many gender dysphoric children simply need therapy to get to the root of their depression, which very well may be the same problem triggering the gender dysphoria,” incorrectly assuming gender dysphoria is a treatable mental disorder and dangerously [ignoring the causality](#) between gender dysphoria and depression.

8) **“Transition-affirming protocol has not solved the problem of transgender suicide.”**

No, it has not, because the transgender community is still working hard to fight against needless and harmful attacks such as this one. SAHM supports all communities fighting discrimination. Acceptance, support and compassion, especially from the medical community is one way to help solve a complicated condition such as this.

Dr. Cretella’s citation of a Swedish study showing adults who undergo sex reassignment have a suicide rate 20 times greater than the general population once again is yet again a case of correlation without causation. We must reject hateful ideology. This is not a battle to be won overnight, but as [one study shows](#), things are improving, and we must continue the fight against discrimination, hate and fear.

SAHM will always look to combat misinformation. One cannot claim to be an unbiased medical professional writing for the greater good when one’s entire article is predicated upon gender dysphoria as a choice. It is time to listen to our young people and help them be who they are.

SAHM Executive Committee