

# FACTS & STATS RESOURCES

## TRANSGENDER IDEOLOGY TARGETING OUR YOUTH

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# TRANSGENDER IDEOLOGY: TARGETING OUR YOUTH

## The Experiences, Challenges and Hopes of Transgenders

<https://www.pewresearch.org/social-trends/2022/06/07/the-experiences-challenges-and-hopes-of-transgender-and-nonbinary-u-s-adults/>

- A Pew Research Center 2021 survey finds that 1.6% of U.S. adults are transgender or nonbinary – that is, their gender differs from the sex they were assigned at birth.
- Some 5.1% of adults younger than 30 are trans or nonbinary, including 2.0% who are a trans man or trans woman and 3.0% who are nonbinary – that is, they are neither a man nor a woman or aren't strictly one or the other.
- Compared with 1.6% of 30- to 49-year-olds and 0.3% of those 50 and older who are trans or nonbinary
- More than four-in-ten U.S. adults (44%) say they personally know someone who is trans and 20% know someone who is nonbinary.

<https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

(The Salt & Light Ministry does not support the position or values of the Williams Institute but they are one of the few groups providing this data)

- Over 1.6 million adults (ages 18 and older) and youth (13 to 17) identify as transgender in the United States, or 0.6% of those ages 13 and older.
- Among U.S. adults, 0.5% (about 1.3 million adults) identify as transgender. Among youth ages 13 to 17 in the U.S., 1.4 % (about 300,000 youth) identify as transgender.
- Of the 1.3 million adults who identify as transgender, 38.5% (515,200) are transgender women, 35.9% (480,000) are transgender men, and 25.6% (341,800) reported they are gender non-conforming.
- Research shows transgender individuals are younger on average than the U.S. population. We find that youth ages 13 to 17 are significantly more likely to identify as transgender (1.4%) than adults ages 65 or older (0.3%)
- Youth ages 13 to 17 comprise a larger share of the transgender identified population than previously estimated, currently comprising about 18% of the transgender-identified population in the U.S., up from 10%.

(June 2022)

## Social and Online Influences Impact Teens Decision to Transition

<https://statsforgender.org/social-influence/>

- In one study, almost 9 in 10 young people questioning their gender seemed to be subject to social influence.

- [The Lisa Littman’s 2018 study](#) examined the impact of social media and friend groups on teens transitioning. It found that 86.7% of the young people in the study belonged to a friend group where one or more friends came out as trans at the same time, and/or had an increase in their use of social media.
- This study also found that 66.8% of adolescents and young adults who identified as trans belonged to a friend group where at least one other person became gender dysphoric and came out as transgender.
- There were 63.5% of adolescents and young adults who came out as trans and seemed to exhibit an increase in their internet and social media usage before coming out.
- The study also investigated the role of friendship groups in transgender identification, and found that the majority of the members in the friendship group became transgender-identified in 36.8% of cases – almost 2 in 5.
- Social contagion – the involuntary “catching” of behaviors and attitudes across connected individuals is a well-accepted phenomenon in psychological literature]. It is well-documented that adolescents — and females in particular — are prone to social contagion effects, from cutting to eating disorders. Social network analyses suggest that peer contagion underlies the influence of friendship on obesity, unhealthy body images, and expectations.

## The Supreme Court Jumps into Fight Over Transgender Rights

<https://ifapray.org/blog/supreme-court-wades-into-transgender-battle/>

- The Supreme Court announced in June 2024 that they would take up a case challenging the constitutionality of Tennessee’s ban against gender-affirming care for minors.
- In America today, [26 states](#) have laws banning gender-affirming care on minors claiming to be transgender. Typically, these bans prohibit minors from receiving puberty blockers, cross-sex hormones or sex change surgeries.
- In some states, their bans also include requirements for bathroom usage, sports participation, and informing parents of their child’s social transitioning at school.
- There are [conflicting opinions](#) from lower courts. For instance, the Sixth Circuit Court of Appeals upheld Tennessee’s ban, while a federal court in Arkansas struck down that state’s ban, finding it violated First and Fourteenth Amendments.
- The [ACLU](#), Lambda Legal, and other trans-activist groups asked the Supreme Court to review the Sixth Court’s decision and resolve the confusing legal uncertainty among the states.
- The Department of Justice filed its own challenge to Tennessee’s ban claiming a violation of the [right to equal protection](#) under the law.
- Whichever way the court decides, the decision will apply to every state’s ban. Like *Roe v. Wade* (1973) that legalized and nationalized abortion, and *Obergefell v. Hodges*

(2015) that legalized and nationalized same-sex marriage, this case, entitled *United States v. Skrmetti* could have a huge impact on our culture.

- In addition to the equal protection question, the Court will resolve issues of discrimination on the basis of sexual orientation and gender identity, as well as a parent's right to make medical decisions to provide transgender care for their children.
- Transgender activists and many states are hostile to the rights of parents who refuse gender-affirming care for their child, going so far as to [take away their children](#).
- The American Medical Association and the American Academy of Pediatrics oppose the bans, as do most medical organizations.
- If the bans are struck down, gender-affirming care as practiced in the United States will leave vulnerable, confused, often mentally ill children and young adults permanently and physically damaged and often sterile.
- The Supreme Court will hear arguments in the fall with a decision to be released in June 2025.

## Transgender Surgery Spikes

<https://www.grandviewresearch.com/industry-analysis/us-sex-reassignment-surgery-market>

- The U.S. sex reassignment surgery market size was estimated at \$2.1 billion in 2022.
- It is anticipated to grow at a compound annual growth rate (CAGR) of 11.25% from 2023 to 2030 to reach \$5 billion by 2030.
- A study conducted by Komodo revealed that, between 2018 & 2021, at least 776 mastectomies were performed on individuals between the ages of 13 and 17 who had been diagnosed with gender dysphoria.
- The mastectomy segment held the largest market share of 20.1% in terms of revenue in 2022. Gender-affirming mastectomy is a surgical procedure that creates a more masculine chest appearance by removing breast tissue.
- Based on gender transition, the market is segmented into male-to-female (MTF) and female-to-male (FTM). The FTM segment dominated the market with the largest revenue share of 59.81% in 2022.
- The MTF sex reassignment surgery is expected to witness the fastest CAGR of 12.9% during the forecast period owing to the high prevalence of gender dysphoria among males compared to females.
- The 2021 annual report of Mount Sinai Center for Transgender Medicine and Surgery indicated that approximately 41.7% and 25.8% of the transfeminine population aged 25 to 34 and aged 15 to 24, respectively, underwent SRS
- According to the American Society of Plastic Surgeons (ASPS), there was an overall 14% and 13% increase in breast/chest and facial and transgender female sex reassignment surgeries procedures in 2020, respectively.

- According to the 2021 annual report of the Mount Sinai Center for Transgender Medicine and Surgery, approximately 861 sex reassignment surgeries were performed at Mount Sinai Hospital.
- Of the 861 sex reassignment surgeries, 639 surgeries were performed for feminization.
- According to the American Society of Plastic Surgeons (ASPS), transgender males in the U.S. underwent 9,985 gender confirmation surgeries in 2020 compared to 8,986 in 2019. Government support is driving the market. Thus, government support in the form of Medicare coverage and an increase in the number of gender confirmation surgeries are factors expected to boost market growth.
- Government reimbursement policies have significantly contributed to the market growth of sex reassignment surgery. The Affordable Care Act, formerly known as Obamacare, expanded insurance status and coverage for millions of U.S. citizens, including Lesbian, Gay, Bisexual, & Transgender (LGBT) individuals.

## Planned Parenthood Boosting Transgender Services

<https://www.heritage.org/life/commentary/planned-parenthood-taxpayer-funding-abortion-and-transgender-services-high>

- Planned Parenthood first mentioned providing “hormone treatments for transgender patients” in its 2014-2015 annual report. At the time it had 26 centers in 10 states providing these interventions.
- According to Planned Parenthood website, in 2024 they now have 45 affiliates that provide gender-affirming hormone therapy.
- In Planned Parenthood’s annual report, the Other Services category has increased from 8,153 procedures in 2014-2015 to 256,550 procedures in 2021-2022. Planned Parenthoods expansion of gender services is likely the primary driver behind the rise in these services.
- According to Planned Parenthood’s website, gender affirming services include: estrogen and anti-androgen hormone therapy, testosterone hormone therapy, puberty blockers, surgery referrals, and transition support.

## The U.S. is Out of Step with U.K. and Europe: Cass Report

<https://ifapray.org/blog/supreme-court-wades-into-transgender-battle/>

- In March of 2024, the UK National Health Service released the Cass Report analyzing the care for gender-questioning children and young adults.
- The four-year study conducted by Dr. Hillary Cass, former president of the Royal College of Pediatrics and Child Health, sent shock waves throughout Britain.
- In 400 pages of devastating findings, [Dr. Cass bluntly asserts](#) that **“the entirety of gender medicine for young people is built on shaky foundations,”** and study results have been “exaggerated or misrepresented.”



- Dr. Cass also states that children have been let down by a lack of research and evidence on standard gender care practices. As a result, the NHS has halted its practice of giving puberty blockers to children.
- European nations such as Norway, Finland, Sweden, and the Netherlands are limiting transgender care to minors after reviews have shown a “low certainty of benefits” for puberty blockers and cross-sex hormones.
- Meanwhile, the United States current medical care remains focused on transitioning as many children and young adults as fast as they can.

## Europe Puts Brakes on Transgender Care for Minors

<https://www.usnews.com/news/best-countries/articles/2023-07-12/why-european-countries-are-rethinking-gender-affirming-care-for-minors>

- Citing insufficient research, European health bodies from Sweden to France are taking a more conservative approach to gender-affirming care for minors.
- The changes in Europe are occurring more often at the health care policy level **initiated by medical professionals**, rather than through new or adjusted laws pushed by legislators, and experts say they haven’t been politicized to the extent they have been in the U.S.
- The reluctance seen in Europe appears to be more based on science than politics, with some medical professionals questioning the health risks of administering transitional treatments on minors.
- One 2022 [report](#) commissioned by the Swedish government concluded that the “scientific basis is not sufficient” to continue hormone treatments on children without further research.
- In Finland specialized adolescent psychiatric gender identity teams have been available for minors at two university hospitals since 2011 through the country’s adoption of the so-called “[Dutch approach](#)” which in part holds that adolescents experiencing gender dysphoria “can be considered eligible for puberty suppression and subsequent cross-sex hormones when they reach the age of 16.”
- In Norway, the country’s Healthcare Investigation Board [recommended](#) in part that gender-affirming care treatments such as puberty blockers be defined as experimental.
- In France the Académie Nationale de Médecine in February 2022 [recommended](#) the “greatest reserve” when considering puberty blockers or hormone treatments due to possible side effects such as “impact on growth, bone weakening, risk of infertility” and others, according to a translation.

## Most Youth Grow Out of Gender Confusion

<https://www.dailywire.com/news/usually-just-a-phase-15-year-landmark-study-says-gender-confused-kids-likely-to-grow-out-of-it>

- A landmark 15-year study appears to confirm that “gender-confused” children and teens are more likely than not to “grow out of” their feelings of dysphoria.
- The Netherland study included more than 2700 children beginning at age 11. They were asked every three years — into their mid-twenties—to describe their feelings about their own gender.
- While just over one in ten (11%) reported some degree of “non-contentedness” with their gender at some point during the study, by age 25, that number had dropped to one-in-25 (4%).

<https://www.transgendertrend.com/children-change-minds/>

- Eleven studies have been conducted looking at whether gender dysphoria persists throughout childhood. On average 80% of children change their minds and do not continue into adulthood as transgender.
- The most recent study in this group, published in 2013, confirms that gender dysphoria does not persist in most children past puberty.

<https://statsforgender.org/pre-teens/>

- Evidence from 10 available prospective follow-up studies from childhood to adolescence indicates that childhood gender dysphoria will recede with puberty in 80% of cases. A Dutch paper notes that follow-up studies show the persistence rate of gender identity disorder to be about 15.8%, or 39 out of the 246 children who were reported on in the literature.

## **American College of Pediatrics: Transgender Services Cause Harm**

<https://acped.org/transgender-interventions-harm-children>

- There is not a single long-term study to demonstrate the safety or efficacy of puberty blockers, cross-sex hormones and surgeries for transgender-believing youth. This means that youth transition is experimental, and therefore, parents cannot provide informed consent, nor can minors provide assent for these interventions. Moreover, the best long-term evidence we have among adults shows that medical intervention fails to reduce suicide.
- Puberty blockers may actually cause depression and other emotional disturbances related to suicide.
- Temporary use of Lupron has also been associated with and may be the cause of many serious permanent side effects including osteoporosis, mood disorders, seizures, cognitive impairment and, when combined with cross-sex hormones, sterility.
- Cross-sex hormones (testosterone for women; estrogen for men) may disrupt mental health.
- The harm from Lupron, cross-sex hormones put youth at an increased risk of heart attacks, stroke, diabetes, blood clots and cancers across their lifespan.
- Physically healthy transgender-believing girls are being given double mastectomies at 13 and hysterectomies at 16, while their male counterparts are referred for surgical

castration and penectomies at 16 and 17, respectively, and it becomes clear that affirming transition in children is about mutilating and sterilizing emotionally troubled youth.

- Many medical organizations around the world, including the Australian College of Physicians, the Royal College of General Practitioners in the United Kingdom, and the Swedish National Council for Medical Ethics have characterized these interventions in children as experimental and dangerous. World renowned Swedish psychiatrist Dr. Christopher Gillberg has said that pediatric transition is “possibly one of the greatest scandals in medical history” and called for “an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects.”

## What the Mainstream Does Not Tell You About Puberty blockers

<https://statsforgender.org/puberty-blockers/>

- Roughly 98% of children who take puberty blockers go on to take cross-sex hormones.
- A 2021 study from the UK found that only 1 out of 44 children placed on puberty blockers did not continue to take cross-sex hormones.
- Similarly, a Dutch study reported that only 1.9% of adolescents who started puberty suppression treatment abandoned this course and did not take cross-sex hormones.
- In a different Dutch study, “no adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment.”
- There is limited evidence that medical transition leads to positive outcomes. An [Australian paper](#) states that most available evidence indicating positive outcomes for gender reassignment is of poor quality. In addition, the few studies with robust methodology suggest that some patients have poor outcomes and may be at risk of suicide.
- [A German study](#) “found insufficient evidence to determine the efficacy or safety of hormonal treatment approaches for transgender women in transition”, adding that “this lack of studies shows a gap between current clinical practice and clinical research.”
- When it comes to gender dysphoric children, there is little evidence that medical transition decreases suicide rates.
- Puberty blockers are drugs that change young bodies in ways we have yet to understand and may be permanent. This is an experimental treatment program: puberty blockers have never been licensed to treat children with gender dysphoria, in any country.



## Concerns About Gender-Affirming Care For Youth

<https://link.springer.com/article/10.1007/s11930-023-00358-x>

- Results of long-term studies of adult transgender populations failed to demonstrate convincing improvements in mental health, and some studies suggest that there are treatment-associated harms.
- Systematic reviews of evidence conducted by public health authorities in Finland, Sweden, and England concluded that the risk/benefit ratio of youth gender transition ranges from unknown to unfavorable.
- Three recent papers examined the studies that underpin the practice of youth gender transition and found the research to be deeply flawed. Evidence does not support the notion that “affirmative care” of today’s adolescents is net beneficial.

## The Dangers of Hormone Therapy among Adults

<https://statsforgender.org/oestrogen/>

- [Evidence](#) suggests that treatments to feminize transwomen result in altered brain structures.

<https://www.acc.org/About-ACC/Press-Releases/2023/02/22/20/29/Hormone-Therapy-for-Gender-Dysphoria-May-Raise-Cardiovascular-Risks>

- People with gender dysphoria taking hormone replacements as part of gender affirmation therapy face a substantially increased risk of serious cardiac events, including stroke, heart attack and pulmonary embolism, according to a study presented at the American College of Cardiology's Annual Scientific Session Together with the World Congress of Cardiology.

<https://www.vumc.org/lgbtq/key-transgender-health-concerns>

- The use of hormones has risks. Testosterone can damage the liver, especially if taken in high doses or by mouth. Estrogen can increase blood pressure, blood glucose (sugar), and blood clotting. Anti-androgens, such as spironolactone, can lower blood pressure, disturb electrolytes, and dehydrate the body.

## Healthcare Trans Scorecard: Hospitals Ignore Medical Facts

<https://freebeacon.com/latest-news/how-left-wing-activist-group-teamed-up-with-big-pharma-to-push-radical-gender-ideology-on-american-hospitals/>

- The Human Rights Campaign has gained great influence in the healthcare industry by creating and enforcing the Healthcare Equality Index. This scorecard for hospitals purports to measure the equity and inclusion of their LGBTQ+ patients.
- The index, which uses a 100 point scale, is funded by Pfizer and PhRMA, the trade association that lobbies on behalf of large pharmaceutical companies.
- To earn a perfect score, hospitals must display LGBT symbols, solicit and use patients’ preferred pronouns, and conduct trainings on LGBT issues approved by the Human Rights Campaign.

- In addition to earn a perfect score, they must also provide the same treatments for gender dysphoria that they provide for other medical conditions—meaning a hospital that uses puberty blockers to treat precocious puberty cannot withhold the drugs from children who say they're transgender.
- Hospitals like Children's National were on notice: provide religious conscience exemptions at your own risk.
- Over 2,200 health systems, including dozens of children's hospitals, have been rated by the index. In 2022, Children's National earned a perfect score.
- The most coercive part of the index is its "Responsible Citizenship" deduction. Hospitals can lose as many as 25 points for any behavior the Human Rights Campaign deems "discriminatory," an expansive category that includes statements made by hospital doctors and policies that restrict access to gender medicine, including puberty blockers.
- When the Human Rights Campaign applies the 25 point penalty, it is effectively claiming that a hospital has violated civil rights law. This sends a message to activist groups and the Biden administration, that you should investigate. A poor score puts a target on hospitals.
- Beyond the veiled legal threat, critics say the scorecard creates reputational incentives to defer to activists instead of medical science.
- Though U.S health authorities largely support this treatment model, their European counterparts do not. Europe has moved away from the gender-affirming protocols they once championed, imposing new restrictions on pharmaceutical interventions and even urging caution on social affirmation.
- Missouri, Florida, Tennessee, Utah, and West Virginia are just some of the red states that have banned puberty blockers, cross-sex hormones, and gender surgeries for minors. Measures that could force hospitals in those states to choose between violating the law or accepting a lower Healthcare Equality score.

## Profits to be Made

<https://www.foxnews.com/lifestyle/exposing-trans-agenda-aimed-kids-faith-leader-reveals-how-parents-can-keep-children-safe>

- "Behind all the transgender issue is an industry that intends to make a great deal of profit off gender-insecure children — and an ideology that intends to gain a great deal of power *from* them," said Dr. Jeff Myers. Dr. Myers is President of Summit Ministries and author of "Exposing the Gender Lie: How To Protect Children and Teens From The Transgender Industry's False Ideology".
- More than two-thirds of young women who are diagnosed as gender-dysphoric are found to have been excessively exposed to social media, Myers said.
- Transitional surgeries have become a \$2 billion-per year industry, while pharmaceuticals are raking in "tens of billions of dollars, Dr. Myers said.

- The cost of continuing transgender treatments could rise above \$30,000 a year per child.

<https://www.standingforfreedom.com/2023/03/exposing-the-gender-lie-new-book-details-the-forces-and-goals-driving-the-insidious-rise-of-transgenderism/>

- When Lupron is given to a patient to treat prostate cancer, for example, the company makes around \$7,000 to \$8,000 a year, but when Lupron is used on children to stop puberty, it makes \$30,000 per year.
- The rate of children on puberty-blocking medications and receiving hormone treatments more than doubled from 2017 to 2021.

## **Resources: Getting Help and Protecting Children**

<https://donoharmmedicine.org/2023/08/25/parent-resources-for-gender-ideology/>

- Books (2024 Releases)
- Websites
- Documentaries
- Support Groups
- Podcasts and Substacks
- Help with Navigating School
- Legal Resources
- Resources for Therapists
- Resources for Detransitioners



[www.SaltandLightCouncil.org](http://www.SaltandLightCouncil.org)

888.725.8654