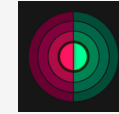


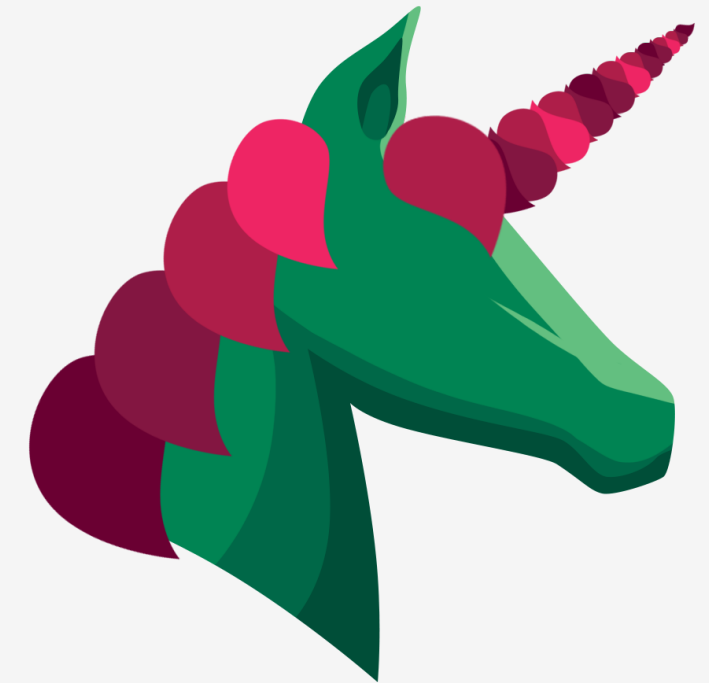


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PARADOX PRESS

SEX DIFFERENCE RESEARCH
ILLUMINATED.



MYTHS OF
**GENDER
AFFIRMING CARE**



Gender dysphoria is a condition in which a person feels incongruent with their biological sex, causing extreme psychological distress.

“Gender Affirming Care” is promoted as a lifesaving treatment. It involves social and medical transition: the patient dressing as the opposite sex while taking puberty blockers and cross-sex hormones to alter their features.

Studies have shown that **43-75%** of adolescents with gender dysphoria have at least **one type of psychiatric comorbidity**. “Gender Affirming Care” **ignores** many of these contributing factors, such as:



Anxiety Disorders



Eating Disorders



Autism Spectrum



Childhood Trauma

AFFIRMATIVE CARE **HARMS** CHILDREN AND TEENS.

1

Comprehensive studies show “gender affirming care” is **not safe and effective** despite being seen as a cure to gender dysphoria by its proponents.

2

Many **homosexual** or **gender nonconforming** teens may **confuse** their anxiety disorders, eating disorders, autism spectrum disorders, or childhood trauma **with gender incongruity and dysphoria**.

3

The “affirmative care” model prescribes puberty blockers and cross-sex hormones to **children and teens** who are **distressed about their bodies** or have **sex-atypical interests**, and **98%** of adolescents on puberty blockers will be **prescribed cross-sex hormones**.

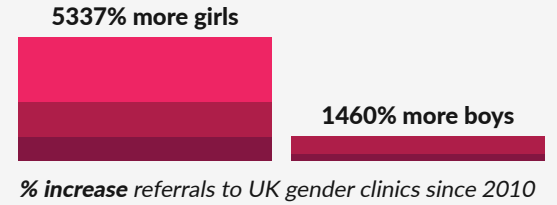
4

Puberty blockers and cross-sex hormones can **compromise bone health, prevent maturation of the brain, cause infertility, deteriorate genitalia, and triple the risk of heart disease**.

5

Puberty blockers like Lupron are the **same drugs** used in **cancer treatment** and the **castration of sex offenders**. Many of the effects are **permanent** in adults and children.

AN INTERNATIONAL **CRISIS**



The United Kingdom’s **Tavistock** gender clinic (set to close in 2023) gave blockers and cross-sex hormones to thousands of children and teens under “affirmative care” **without considering mental health comorbidities**.

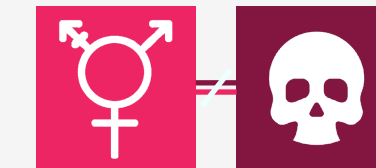
Norway, Sweden, and Finland **halted pediatric transition** because of the harmful effects of childhood transition.



A TRANS CHILD OR A **DEAD** CHILD?

Proponents of childhood transition often ask, “Would you rather have a **trans child, or a dead child?**”

Studies have shown **61-98%** of trans-identifying adolescents **outgrow their gender dysphoria**.



The truthful, compassionate approach for children:

Allow them to explore their interests without sex-based expectations.

No data has shown children will commit suicide if they do not socially or medically transition.

Provide them adequate psychological care for other mental health concerns.