



## New Study Contradicts Transgender Narrative, Suggests Puberty Blockers Increase Youth Suicide

### Description

**Allowing minors easy access puberty blockers and cross-sex hormones has actually increased not reduced youth suicide rates, according to a new report from the Heritage Foundation.**

Released this week, the report offers a direct challenge to claims from pro-transgender clinical organizations, activists, and even the Biden administration who say that puberty blockers, and other gender-reassignment procedures, reduce suicides of minors who believe that they are the opposite sex.

It has been a common argument by those in favor of so-called gender-affirming care is that such medical procedures can help prevent suicide.

Breitbart reports: The 25-page report, written by Senior Research Fellow Dr. Jay Greene, analyzes existing studies about the effectiveness of these treatments in preventing youth suicides. Greene found, similar to a recent report published by Florida Medicaid, that current research “fail[s] to show a causal relationship and [has] been poorly executed.”

The author took his analysis a step further, conducting research with what he called a “superior research design.” He ultimately found “that easing access to puberty blockers and cross-sex hormones by minors without parental consent increases suicide rates.”

I want to tell everyone what they took from us, what irreversible really means, and what that reality looks like for us.

No one told me any of what I'm going to tell you now.

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— TullipR ??? (@TullipR) [June 13, 2022](#)

## Key Findings

### The “Superior Research Design”

Greene looked at states that have provisions that allow minors to access routine medical care without parental consent — policies that “were developed for reasons that have nothing to do with gender identity.”

Greene’s analysis “exploits this natural policy experiment” to compare suicide rates of people ages 12 to 23 in states that require parental consent for medical care and state that do not.

He specifically looked at suicides that occurred between 1999 and 2020 within this age group because those people could have entered puberty between 2010 and 2020, when puberty blockers and cross-sex hormones became available as a “gender-related treatment” in the United States, according to the report. Greene posed:

If making it easier for minors to access puberty blockers and cross-sex hormones is protective against suicide, one should expect the frequency of youth suicide to be lower in states that have a provision allowing minors to get these drugs without parental consent after 2010. There should be no difference in trends in the suicide rate among young people based on whether states have a provision allowing minors to access health care without parental consent before 2010.

However, his model found “strong evidence for the claim that suicides among young people have increased significantly since 2010 in states that have a policy allowing minors to access routine health care without parental consent.”

“That increase in suicide rates accelerated around 2015. Prior to 2010, whether a state had such a policy or not had no significant effect on the trend in suicide rates among those ages 12 to 23,” according to the report. The report continued:

The timing of the increase in suicide rates only among young people, only after puberty blockers and cross-sex hormones are introduced and used widely, and only in states where minors could access those medical interventions without parental consent raises serious concerns about their effects on suicide risks.

Greene noted his research did not directly examine whether minors treated with puberty blockers and cross-sex hormones are at a higher risk of suicide. Instead, the analysis focused on state policies that

“facilitate minors accessing those interventions without parental consent and finds that those policies raise suicide risks among young people.”

“To believe that easier access to puberty blockers and cross-sex hormones are not the cause of elevated suicide risk in those states, one would have to be able to imagine other medical interventions that only became widely available after 2010 and would only affect young people,” Greene challenged.

“The lack of theoretically plausible alternatives strengthens the case for concluding that cross-sex medical interventions are the cause of the observed increase in suicide among young people,” he continued.

## Analyzing Existing Research

Both the World Professional Association for Transgender Health ([WPATH](#)), the [Endocrine Society](#) state that, in addition to being safe and fully reversible, puberty blockers can provide more time for adolescents to explore the gender in which they choose to live. They also claim access to “gender-affirming” care reduces suicide rates.

These groups, including the American Academy of Pediatrics ([AAP](#)), are being cited as experts by [large hospitals](#), Democrats, and the [Biden administration](#), which wants to deliver the drugs to troubled children.

Greene’s report rebuts those claims, based on the fact that the effects of these drugs as a treatment for minors with gender dysphoria have “never been subjected to a large-scale randomized controlled trial (RCT).”

“The fact that randomized experiments were not required for this use of puberty blockers and sex hormones, and that this novel use of these drugs is relatively recent, means that only a handful of studies examine their effects, and all these studies use inferior correlational research designs,” according to the report, which goes on:

The bottom line is that the most influential recent research on the relationship between adolescent cross-sex interventions and later mental health outcomes, including suicide risk, does not provide convincing evidence. Only a small number of studies make comparisons to a control group—and those studies employ correlational research designs that do not allow causal conclusions, nor have those correlational studies been conducted properly.

## Looking Forward

Greene ended his report with state policy recommendations, in light of his findings. At a minimum, he said his research shows efforts to lower legal barriers for minors to receive cross-sex interventions likely increases youth suicides instead of decreasing them. He also said states that currently have policies allowing minors to obtain routine health care without parental or legal guardian consent should consider revision.

Greene additionally encouraged states to “adopt parental bills of rights...” and said the criteria for receiving these interventions should be tightened, including raising the minimum eligibility age.

by Niamh Harris

**Category**

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