**Social Gender Transition by Schools**

The recent inclusion of gender identity into the anti-discrimination policies of the Wake County Public School System, among other districts, will mean that social transition of trans-identifying children and adolescents will be practiced by public schools. There are two sets of concerns arising from this action: (1.) What are the outcomes for those who undergo gender transition beginning with social transition, and (2) what will be the impact on faculty, staff, and other students who will be required to assent to social transition in their schools. The present article will deal with just the first concern. The authors wish to make clear that we do not wish to cause distress or any harm to those experiencing real difficulties over their gender. Quite the contrary!!! We wish people to be well-informed so that policies and treatments most beneficial for those having very real feelings of distress may be found by following the science.

The first step in gender treatment for minors is often social transition in school. A review of gender care for children and adolescents was commissioned by NHS England and headed by renowned pediatrician Dr Hilary Cass. The Review took 4 years and the final report1 was published in early 2024. The Review concluded that social transition is an active intervention even though not conducted in a clinic.1 The Review came to this conclusion because evidence suggests that the percentage of students who persist in Gender Dysphoria is increased by social transition,2,3 and most of these proceed onto a medicalised pathway of puberty blockers and hormones.3 For example, one study cited in the Review found that 97.5% of those socially transitioned persisted (94% as trans and 3.5% as non-binary) after 5.4 years, and a total of 71.6 % had proceeded onto the medical pathway, including those already on puberty blockers at the start, by the time the study concluded.3 The percentage who ultimately go on the medical pathway will undoubtedly be much higher because many had not yet reached the age minimum recommended for medical transition by the time the study concluded.3 This is in sharp contrast to many studies that have shown that the overwhelming number of children who have felt Gender Dysphoria outgrow those feelings as they go through puberty if left alone without any intervention.4,5,6,7 Even the clinical guidelines from the pro-trans Endocrine Society acknowledges that social transition is associated with increased persistence, whereas only a minority of pre-pubertal children would otherwise persist.8 There is no objective way to test which patients will persist and which will not,8,9 Factors associated with persistence or desistance have been identified.4,6 Some argue that the high persistence rates were because those who had the strongest Gender Dysphoria were most likely to socially transition.1,4 But this is speculation, because the persistence with social transition has not been compared within the same study with controls without social transition appropriately matched based on some measure of intensity of Gender Dysphoria. The complete switch in persistence rates between the separate studies with and without social transition, coupled with the dramatically increased number of patients who have socially transitioned in recent years,4 makes it difficult to place much reliance on this hypothesis. Moreover, this and other factors associated with persistence have been considered of low clinical utility because of the highly variable nature of individual patient presentations.6

Now, it should be noted that since about 2014, the patient cohort seeking gender treatment has risen exponentially and has also dramatically shifted from almost all pre-pubescent boys to now about 75% or more girls who have already begun puberty and most of whom have psychiatric co-morbidities and/or neurodiversity.1,10 For now, there is no data to suggest that this new demographic would not also get over Gender Dysphoria without social transition, particularly if their other problems were addressed first. The Cass Review notes that we do not know how the new patient cohort would have resolved their Gender Dysphoria because alternate therapies aimed at reducing distress or no intervention at all have not been tried with this cohort.1 In many settings now, therapy to help young people come to accept their sex and body is banned or at least condemned as a form of conversion therapy.1,11,12

Some studies have reported short term improvements in mental health and/or social functioning of students who have socially transitioned.13,14 However, the Cass Review found that no firm conclusion could be drawn from these studies because they were of low quality.1 The quality ratings were provided to the Review by a group at the University of York who are expert at rating the quality of scientific and medical studies.1 Other studies,4,15,16,17 including two rated as moderate quality,4,15 reported no improvement in mental health from social transition. In the latter paper (recently published and not rated in the Cass Review), the authors, one of whom was a top manager of the Tavistock Gender clinic in England before it was shut down, caution that their results should not be taken as proof that there is no benefit to social transition.17 But yet no clear benefit has been demonstrated. (It is interesting to note that the time from when this paper was initially submitted to the journal until its acceptance was nearly four years.17 Anyone experienced in the peer review process for scientific or medical journals would suspect that this length of time before acceptance indicates that there was serious contention between the reviewers, authors, and editor over some aspects of the study, and/or its conclusions, and/or citations of competing views.) Some leading figures in the field of psychiatry who are not opposed to transgender identities and who have treated many patients, have raised very strong ethical and medical opposition to the gender-affirming care model for minors.18, 19, 20 Many rank-and-file clinicians, who went to work at the now shuttered Tavistock clinic because they wanted to help transgender youth, reported grave concerns that they were actually harming their young patients, many of whom presented at the clinic already fully socially transitioned from school with their hearts set on getting puberty blockers and hormones, when clinicians referred those young patients for the said medical treatments.21

The Cass Review did not recommend an outright prohibition of social transition in schools but recommended that it be done with *extreme caution* only under supervision of a clinician, and only after addressing other mental health issues, and only with involvement of parents.1 Note that the State of California has definitively taken the opposite approach on this last point after Governor Newsom signed into law AB 1955 which prohibits local school boards from requiring that parents be informed of their child changing their gender identity in school.22 Thus in California, everyone including administrators, teachers, and other students will know a child is socially transitioning, but not the child’s parents!!! This has already been *defacto* policy in many locales even though legislative approval has not been given and people have not voted for it.

In summary, the preponderance of evidence shows that the strong majority of children will outgrow Gender Dysphoria as they go through puberty if left alone, or perhaps were to receive alternative talk therapy and treatment for their mental health problems. But if they are socially transitioned, there is a very high probability that they will persist and go onto life-altering and life-long medical treatments that involve iatrogenic harms and side effects without ever having felt or experienced their natal gender in maturity after completing puberty. Moreover, there is little to no evidence that social transition improves psychological functioning or mental health. It is therefore hard to see how social transition could be medically indicated. If public schools truly want to protect trans kids, they should not implement social transition.

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