



Answers4Seekers, Session #4

Topics Covered:

- A) What is Intersex (and what it isn't)?
- B) What is Rapid Onset Gender Dysphoria?
- C) Is Sexual Orientation fixed by Our Genes?
- D) Dysphoria Persistence, Suicide Rate, and Nuclear Family

Session's Bonus Video Links:

- Dr. Leonard Sax on "Truth About Gender Differences, Danger of "Affirm Only" Care (link: <https://www.youtube.com/watch?v=gmTX2T44UDs>) 1hr:37min
- Dr. Leonard Sax on "How Today's Trans Activism Actually Emboldens Gender Stereotypes" (link: https://www.youtube.com/watch?v=Qk1hT_Uuuko) 8min.
- Dr. Debra Soh How Parents Can Find a Rational Therapist on Gender Identity and Sexuality" 13min. <https://www.youtube.com/watch?v=19jhYKEKZ00>



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A) What is Intersex (and what it isn't)?

a. Why Discuss Intersex First?

Before we can embark properly on the topic of gender-dysphoria, it is helpful to first address the topic of what is “Intersex” (and what it isn’t), since some organizations will use this unfortunate set of birth disorders in an erroneous attempt to promote transgenderism.

b. Like many other human birth defects and disorders, “intersex” does occur, but is rare (as we shall see below). Jesus appears to be mentioning this rare birth disorder in Matthew 19:12 when He said, “eunuchs, who were born so from their mother’s womb.” Birth defects do occur in a fallen world.



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c. What is the clinical definition of “Intersex”?

i. The clinical definition of Intersex is a birth disorder of sex development that would include one of these conditions:

1. (a) the phenotype (physical characteristics) of individual’s genitals are not classifiable as either male or female, or
2. (b) individual’s chromosomal sex (XX or XY) is inconsistent with their phenotypic sex (physical characteristics).

Note: Clearly identifiable gonads (ovaries or testicles) can help identify an individual as to whether they are male or female.

d. Gonads defined: Gonads are human reproductive sex glands that produce sex (germ) cells: Male gonads are Testes (whether descended or undescended) and produce sperm cells, and Female gonads are Ovaries which produce egg cells.



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- e. Clinical Intersex births occur [about 1 in 5500](#), and are pretty rare; compare frequencies to other birth defects or disorders (see below).
- f. For Comparison and Perspective: Sampling of Non-Sex Development [Birth Disorders](#) that occur at a higher rate than “clinical intersex”:
- i. [Clubfoot](#) (a birth defect where one or both feet are rotated inward and downward): **1 in every 593 births**
 - ii. [Down syndrome](#), Trisomy 21 (Down syndrome babies have an extra copy of chromosome #21): **1 in every 707 births**
 - iii. [Atrioventricular septal defect](#) (a heart defect affecting the valves between the heart’s upper and lower chambers): **1 in every 1,859 births**
 - iv. [Spina bifida](#) (condition that affects the spine and is a type of neural tube defect). **1 in every 2,758 births.**
 - v. [Cleft lip without cleft palate](#) (a birth defects that occur when a baby’s lip or mouth do not form properly): **1 in every 2,807 births**



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- vi. [Anencephaly](#) (baby is born without parts of the brain and skull; nearly always fatal): **1 in every 4,647 births**

- g. While clinical Intersex disorders affect 1 in 5500 individuals, many of these individuals have identifiable gonads so that they can be identified as either male or female.

- h. Individuals born with missing or undefinable gonads are extremely rare:
 - i. **True Hermaphrodite/Ovotestes:** Is where the gonadal tissue is mixture of ovarian tissue [female] or testes tissue [male]), typically this mixed-tissue is non-functional; this very rare occurrence ranges from “[less than 1 in 20000 births](#)” to “[1 in 83000 births](#).”

 - ii. **Complete Gonadal Dysgenesis ([Swyer Syndrome](#)):** Is where a “**XY-46 chromosome baby**” lacked testosterone and therefore never developed testes, a penis, or ovaries. They are born sterile and are typically treated with hormones and live as females. This occurrence has a frequency between [1 in 80000](#) to [1 in 150,000](#) human births.



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- i. For clarification, the following five (5) types of sex-development disorders do not meet the clinical definition of “Intersex”:
 - i. [Late Onset \(non-classical\) Congenital Adrenal Hyperplasia \[LOCAH\]](#): A group of genetic disorders that affect the adrenal glands. Non-classic [late onset] CAH is milder and more common. It may not be identified until childhood or early adulthood. Affects females, but they still have ovaries and can become pregnant.
 - ii. [Vaginal Agenesis](#): A rare disorder in which the vagina doesn't fully develop, and the womb (uterus) may only develop partially or not at all; The genitals look like a typical female; The ovaries typically are fully developed and functional.
 - iii. [Turner’s Syndrome](#): A condition that affects only females, results when one of the X chromosomes (sex chromosomes) is missing or partially missing. Turner syndrome can cause a variety of medical and developmental problems, including short height, failure of the ovaries to develop and heart defects.



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- iv. 4) [Klinefelter's Syndrome](#): a genetic condition that results when a boy is born with an extra copy of the X chromosome. Klinefelter syndrome is a genetic condition affecting males, affect testicular growth, reduced muscle mass, reduced body and facial hair, and enlarged breast tissue, but assisted reproductive procedures may make it possible for some men with Klinefelter syndrome to father children.
- v. 5) [Other Non-XX and Non-XY Aneuploidies \(chromosomes that don't equal 46\)](#). Gonads are usually clearly identifiable as either Female (ovaries) or Male (testes).

The birth of an clinical intersex child, far from being “a fairly common phenomenon,” is actually a rare event, occurring in fewer than 1 out of every 5500 births. The available data supports the conclusion that human sexuality is a dichotomy, not a continuum, since more than 99.98% of all humans are either male or female.

Based on the above data, the birth of a child with true complete intersex ambiguity is less than 1 in 40000.



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The term “Intersex” can never describe people who have healthy and matching chromosomes, gonads and genitalia. Therefore, a transgender person who has healthy and matching chromosomes, gonads and genitalia cannot be classified as Intersex.

B) What is Rapid Onset Gender Dysphoria?

- 1) In on-line forums, parents have reported that their children seemed to experience a sudden or rapid onset of gender dysphoria, appearing for the first time during puberty or even after its completion. Parents describe that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe.



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Parents also report that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity. Recently, clinicians have reported that post-puberty presentations of gender dysphoria in natal females that appear to be rapid in onset is a phenomenon that they are seeing more and more in their clinic.

Academics have raised questions about the role of social media in the development of gender dysphoria. ([Dr. Lisa Littman, 2018, Signs of a Rapid Onset of Gender Dysphoria](#))

- 2) View the Video Links listed on the first page of this Session #4 for more information.
- 3) [What is Gender Dysphoria \(per American Psychiatric Association, APA's DSM-5\):](#)
The APA says Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender (biological sex) previous DSM-IV term [was] "gender identity disorder." (DSM-5, page 452)
- 4) [Prevalence of Gender Dysphoria among Adults \(frequency of occurrence\):](#)



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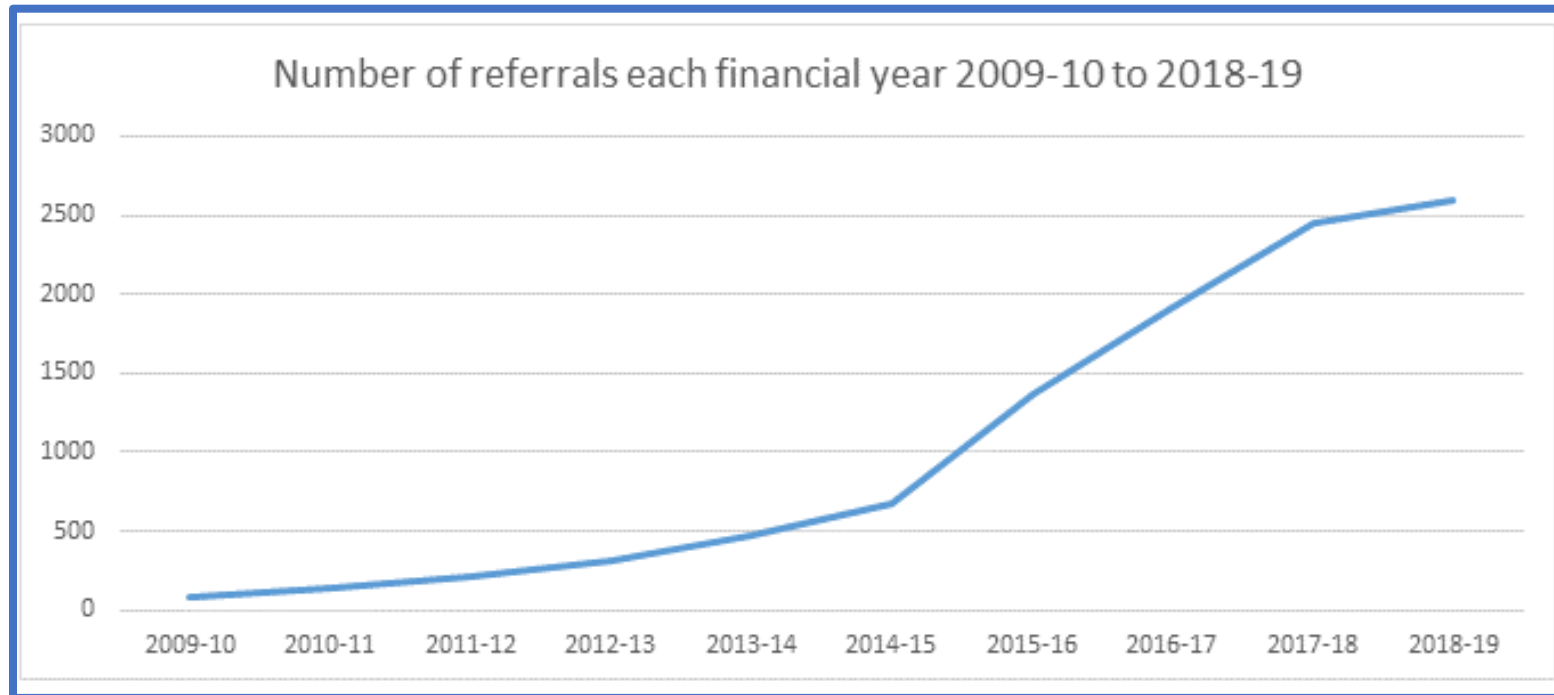
For natal [born] adult males, prevalence ranges from 0.005% to 0.014%, and for natal [born] adult females, from 0.002% to 0.003%. (DSM-5, page 454). Therefore, it appears once a person reaches adulthood, the occurrence of gender dysphoria is very rare.

- 5) So the [prevalence of gender-dysphoria](#) occurring in adult individuals is less than 1 in 7100 for adult males and less than 1 in 33000 for adult females.
- 6) **Compare the rise of Gender Dysphoria among youths to the rise in the usage of smartphones and Social-Media among youths:**



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A) Gender Dysphoria consultations increased 50X in Britain between 2010 to 2019:
Britain's "Tavistock" Gender Clinic



<https://tavistockandportman.nhs.uk/about-us/news/stories/referrals-gender-identity-development-service-gids-level-2018-19/>



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B) News Article: Britain's "Tavistock" Gender Clinic May Be Sued By Parents (8-11-22)

Daily Mail
.com

Home | U.K. **News** | Sports | U.S. Showbiz | Australia | Femail

[Tavistock transgender clinic is facing mass legal action 'from 1,000 families' | Daily Mail Online](#)

Tavistock transgender clinic could face mass legal action 'from 1,000 families of children who claim they were rushed into taking life-altering puberty blockers' weeks after NHS shut it down in wake of damning report

- Thousands of young people were treated by Tavistock centre in north London
- Many of them were prescribed powerful drugs to delay onset of adolescence
- But now the NHS has ordered it to be shut down in the wake of a damning report

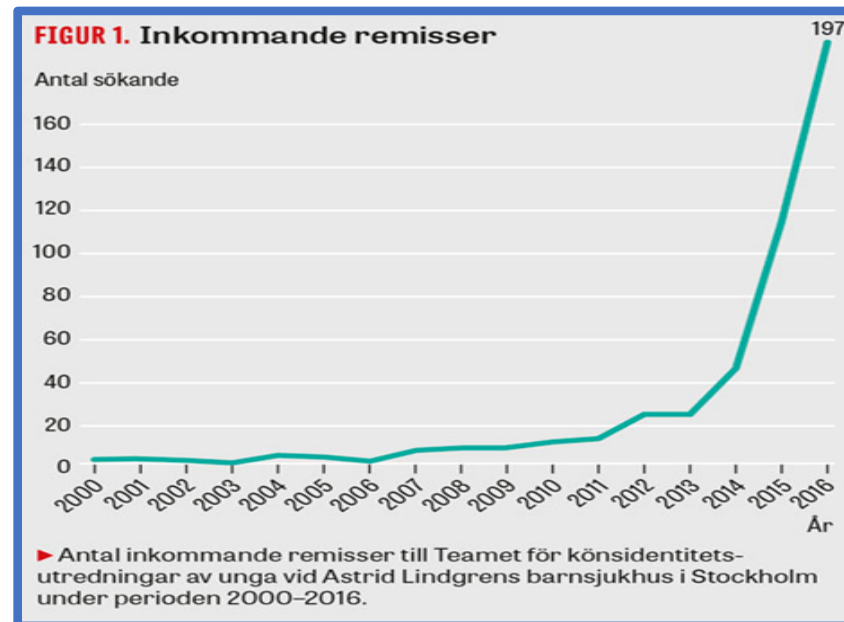
By [MARTIN BECKFORD, POLICY EDITOR FOR THE DAILY MAIL](#)
PUBLISHED: 04:26 EST, 11 August 2022 | UPDATED: 04:53 EST, 11 August 2022

[uks-tavistock-transgender-clinic-is-facing-mass-legal-action-8-11-22](#)



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c) Sweden's Astrid Lindgren's Children's Hospital, incoming referrals regarding gender dysphoria increased 65X from 2000 to 2016:



https://translate.google.com/website?sl=sv&tl=en&hl=en&prev=search&u=http://lakartidningen.se/wp-content/uploads/EditorialFiles/MY/%255bEFMY%255d/2016-157_001_webb.jpghttps://lakartidningen-se.translate.goog/klinik-och-vetenskap-1/artiklar-1/klinisk-oversikt/2017/02/kraftig-okning-av-konsdysfori-bland-barn-och-unga/? x tr sl=sv& x tr tl=en& x tr hl=en& x tr pto=sc



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D) In the US, transgender identification has increased 20X among young adults (Gen-Z) when compared to older adults (Baby Boomers) living in the US today. (Gallup, 2021):

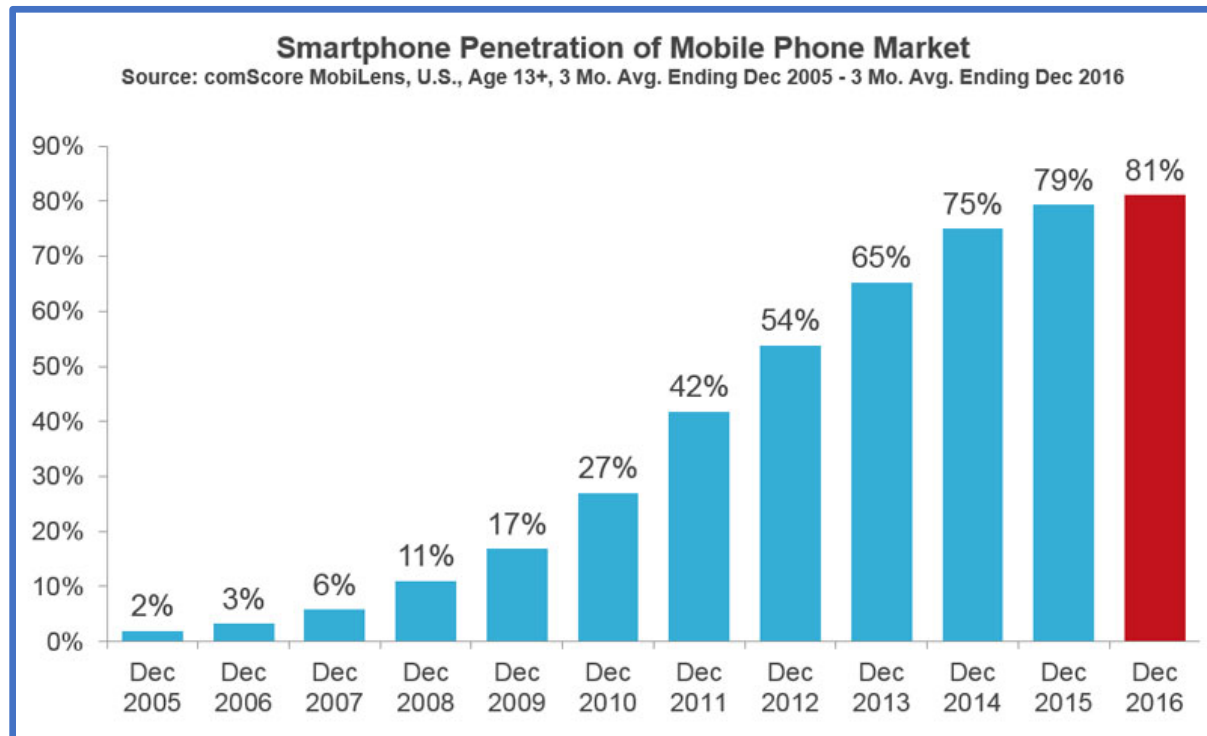
GALLUP, 2021	Transgender
	%
Generation	
Generation Z	2.1
Millennials	1.0
Generation X	0.6
Baby boomers	0.1

<https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>



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E) Smartphone Usage Increased from 2% in 2005 to 81% in 2016

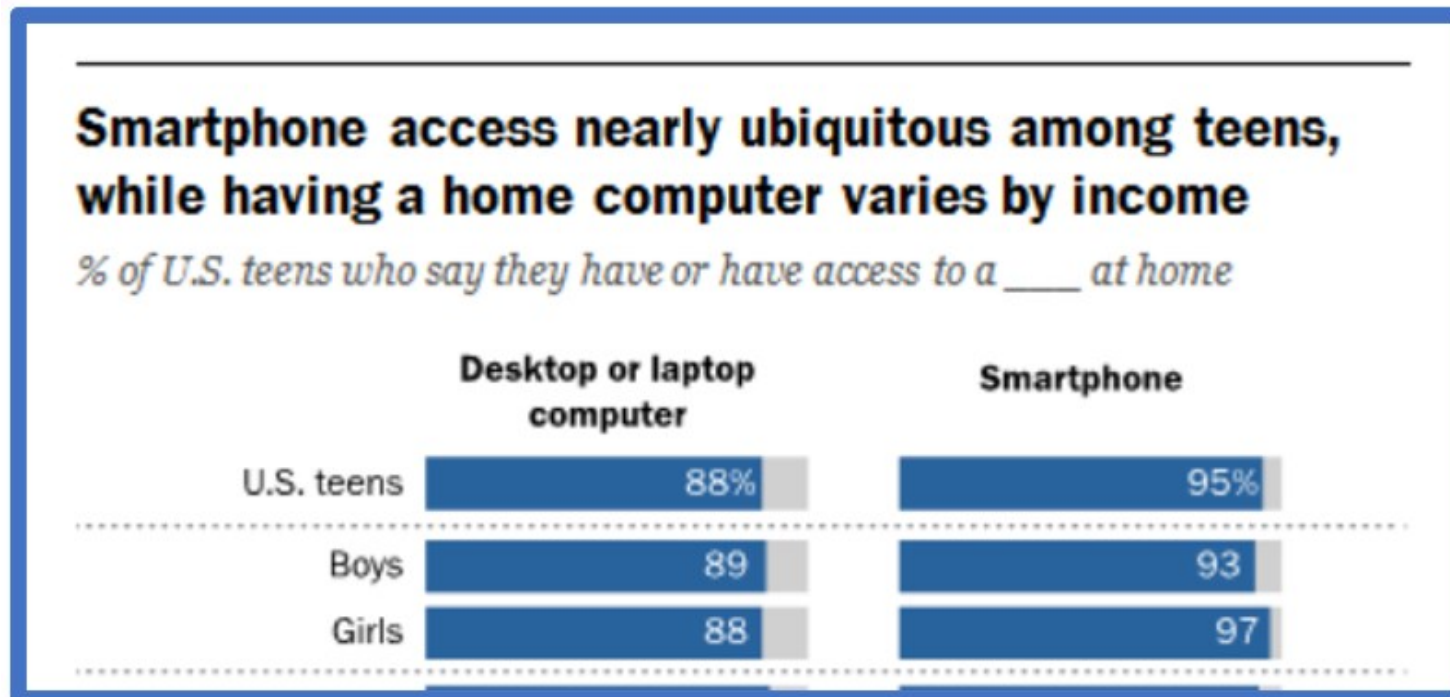


<https://www.comscore.com/Insights/Blog/US-Smartphone-Penetration-Surpassed-80-Percent-in-2016>



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F) Smartphone Usage Among Teens is 95% in 2018

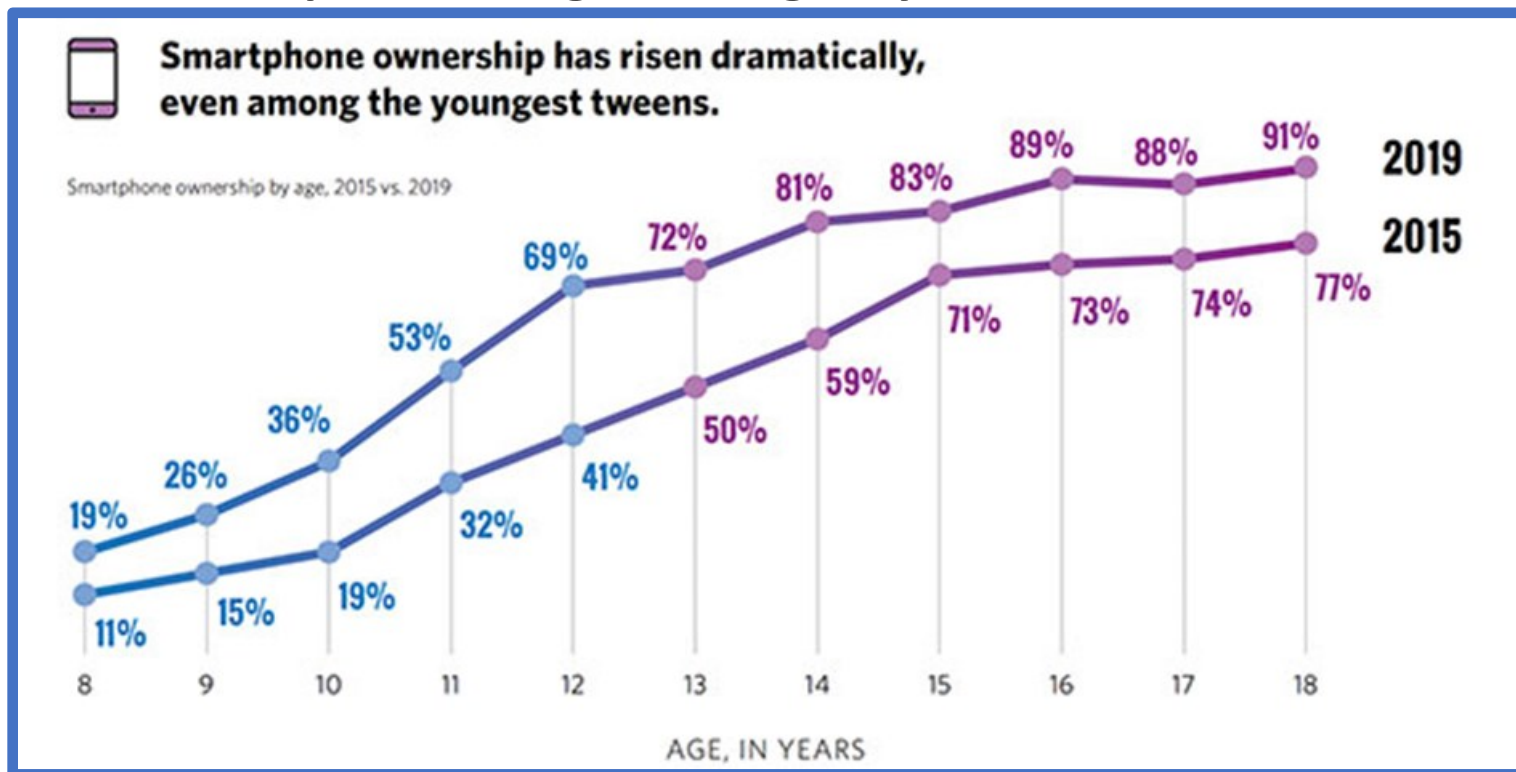


<https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>



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g) Smartphone Usage Among 12 year-olds is 69% in 2019

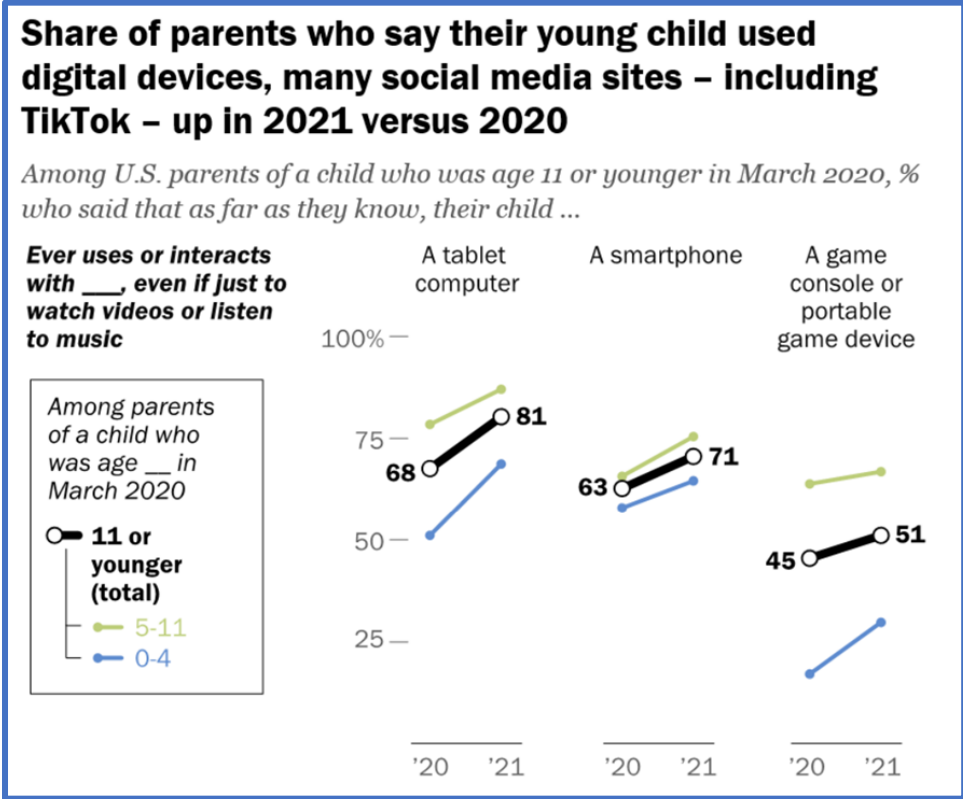


<https://thejournal.com/articles/2019/10/30/how-teens-consume-digital-media.aspx>



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H) Smartphone Usage Among Children 1-4 years-old in 2021: 64%

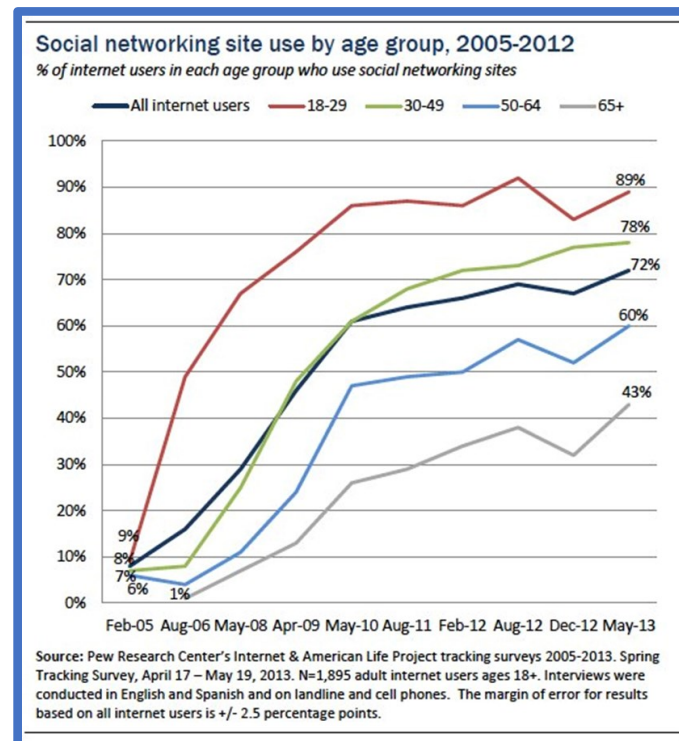


<https://www.pewresearch.org/fact-tank/2022/04/28/how-parents-views-of-their-kids-screen-time-social-media-use-changed-during-covid-19/>



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1) Social Media Use Grew from 8% in 2005 to 89% in 2013 (for 18+)



<https://kamber.com.au/thinking/2013/11/social-media-trends-2014-part-two>



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C) Is Sexual Orientation fixed by Our Genes?

1) What are Identical Twins?

Identical twinning is officially described as monozygotic. Monozygotic twins form from a single (mono) fertilized egg (zygote). The zygote splits into two parts after conception, resulting in the development of two individual embryos. Because the two embryos are the result of a single egg/sperm combination, they have the same genetic origins and thus the same DNA.

The odds of having identical twins is about 3 in 1,000, whereas the birth rate for all (identical and fraternal) twins is about 33 in 1,000.



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2) Identical TWIN's Study on Homosexuality

(Reference: [My Genes Made Me Do It, Chapt-10, Whitehead, 2020](#))

Studies of twins have provided some of the strongest numerical evidence that “Our genes do not make us do it.” In a nutshell, if you take pairs of identical twins in which one twin is homosexual, the identical co-twin (a monozygotic [MZ] twin) is usually not homosexual.

[Jones and Yarhouse](#), examining the important [Australian Bailey et al.](#) (2000) SSA twin study paper, find that for self-declared lesbians and gays the pairwise concordance is 14% and 11% respectively.

This means that for every nine (9) sets of male identical (MZ) twins (where one of the twins is a homosexual), one (1) twin-set will have both as homosexuals, while the other eight (8) twin-sets will be a mix of one homosexual and one heterosexual. Based on that study, a male identical MZ twin-set where both are homosexuals had an occurrence of only 11%, which is not very much.



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Homosexuality is not genetically inevitable. If it were, identical twins would show 100% concordance for SSA (Same-Sex Attraction), not 11%. This is a long way from genetic determinism.

That means, given that identical twins are always genetically identical, homosexuality cannot be genetically dictated.

That said, this does not mean that Same-Sex Attraction is never felt, it just means it is not determined by their genes; and since sexual orientation and attraction has evidence of fluidity, there exists the possibility for change, when desired.

Felt sexual attractions can also exist between heterosexual singles or heterosexual married persons, but these don't require an action. For example, a heterosexual sexual attraction of a single person or a married person towards another person (who is not their spouse) can be experienced, but to honor that person or their spouse (and if that person is a Christian, to honor Christ), that person can choose not to act on that sexual attraction.



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Regarding SSA changes in adults:

About half of those with exclusive SSA move towards heterosexuality over a lifetime. Put another way, 3% of the practicing heterosexual population (both men and women) claim to have once been either bisexual or homosexual.

- These changes are not therapeutically induced, but happen “naturally” in life, some very quickly.
- Most changes in sexual orientation are towards exclusive heterosexuality.
- The Numbers of people who have changed towards exclusive OSA (Opposite Sex Attraction) are greater than current numbers of bisexuals and exclusive SSA people combined. In other words, “Ex-gays outnumber actual gays.”



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- Exclusive OSA is 17 times as stable as exclusive SSA for men, and 30 times as stable as exclusive SSA for women. (Women move about more in their sexual orientation than men.)

Regarding SSA changes in adolescence:

- Most teenagers will change from SSA. In fact, in the 16 to 17 year age group, 98% will move from homosexuality and bisexuality towards heterosexuality.
- 16-year-olds saying they are SSA or Bi-attracted are 25 times more likely to say they are opposite sex attracted at the age of 17 than those with a heterosexual orientation are likely to identify themselves as bi-sexual or homosexual.
- 16-year-olds who claim they are opposite sex attracted will overwhelmingly remain that way.



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D) Dysphoria Persistence, Suicide Rate, and Nuclear Family

- Only 2.5% to 20% of all cases of GID [Gender Dysphoria] in childhood and adolescence result in a persistent gender identity disorder. (Korte, A; Goecker, D et al, 2008). 80%+ of gender identity disorders resolve in individuals after adolescence.
- According to APA's DSM-5 (pg 454), once a person reaches adulthood, the prevalence (occurrence within the population under review) of gender dysphoria averages only 1 in 5,892 adults (4 Males for every 1 Female).
- Wikipedia lists only a total of 4 Transgender related suicides in the United States over the past 13 years (2009-2023). Every suicide is tragic, but 4 suicides, compared to the total of 57,876 (calculated estimate) for all 15-24 year-old suicides in the US during that same time period, is a very small percentage. (The current annual suicide rate for 15-24 year-olds is 10.6/100K – please see below).
- The historic annual Suicide rates among youth (15-24) from 1900 thru 1960 (pg 225) averaged 4.5/100K. Annual Suicide rates among youth (15-24) from 1970 thru 2016 averaged 10.6/100K. That is a 135% increase from the stable past.



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- The start of the decline of the nuclear family in the United States can be estimated to be around 1965; it is interesting to note that youth suicide rates quickly doubled starting from the 1970's and have stayed doubled thru today.
- Adult Transgender people's attempted-suicide rate is 8.9 times more than that of the average US population (lifetime rate, 40.4% vs 4.6%). (Why, as adults, are their suicide attempt rates still 9X of the US population? Is gender transitioning not the solution that they are really needing?)
- The Transgender Suicide-attempt rate remains very high throughout their whole adult life, especially from age 18 thru age 64 (please see page 10).



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Explaining the Rise in Youth Suicide 225

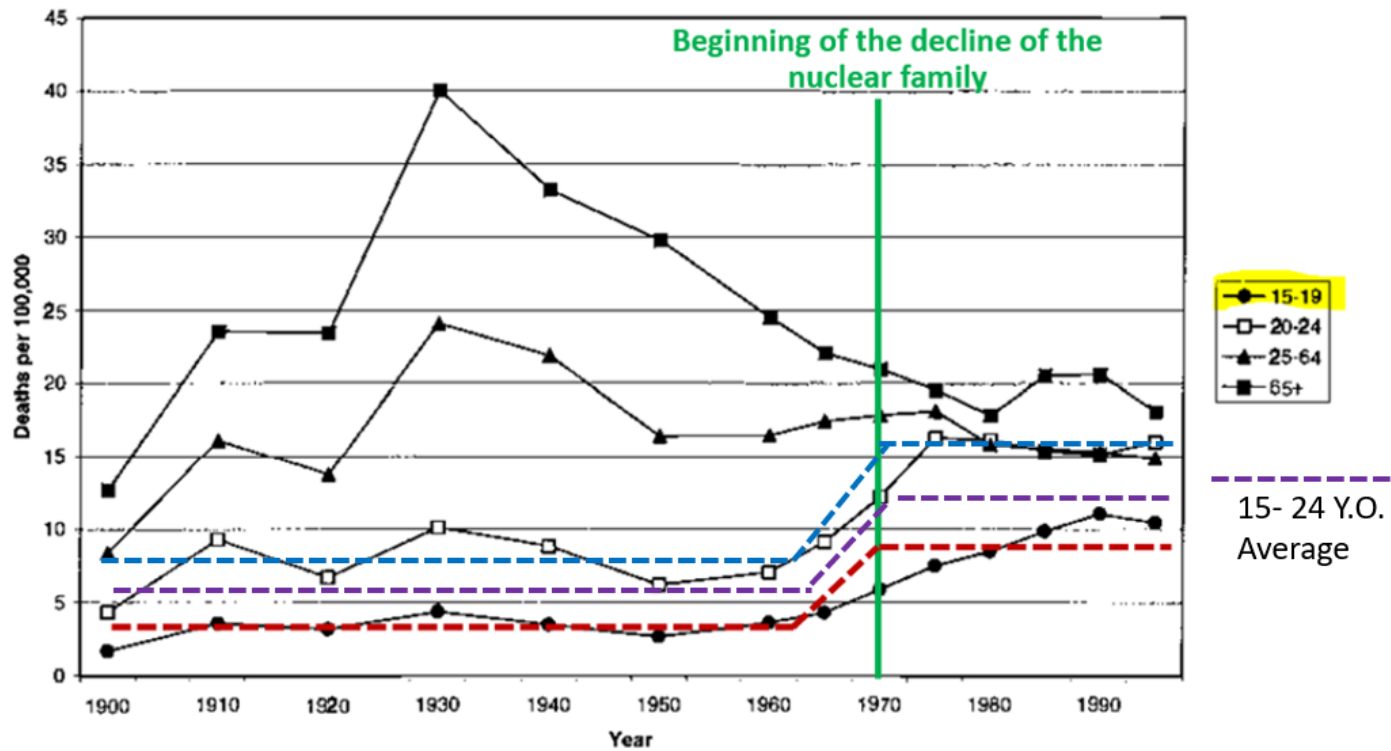


Fig. 5.2 Suicide rates by age over time



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